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INTRODUCTION

Michigan has one of the highest rates of opioid prescription and overdose fatalities in the US. In 2018, WSUGME developed a pain management standardized patient (SP) case involving opioid prescription based on existing models for use in an OSCE [1]. We created the case in response to new state legislation designed to improve patient education on the dangers of opioid abuse in the context of the prescriber-patient relationship [2]. WSUGME sought to train our residents in shared decision-making around opioid-prescribing practices and adherence to state guidelines.

HYPOTHESIS

We hypothesized that resident case performance would correlate with three year-end systems-based practice (SBP) competencies: **SBP1** (Coordinates patient care within various health care delivery settings), **SBP2** (Works in interdisciplinary teams to enhance patient safety and improve patient care quality), and **SBP3** (Practices and advocates for cost-effective, responsible care).

METHODS

- Participants included PGY-1 and PGY-2 residents in two cohorts ($n = 50$ and 51) in 7 programs in 2018 and 2019
- Prior to the OSCE, residents were provided with MDHHS's Opioid Start Talking Form, which details opioid prescription requirements [3]
- During the OSCE, SPs rated residents' performance using the Kalamazoo Essential Elements of Communication Checklist-Adapted (KEECC-A) [4]
- We conducted a linear regression of SPs' KEECC ratings on residents' SBP milestones ratings by their Clinical Competency Committees

RESULTS

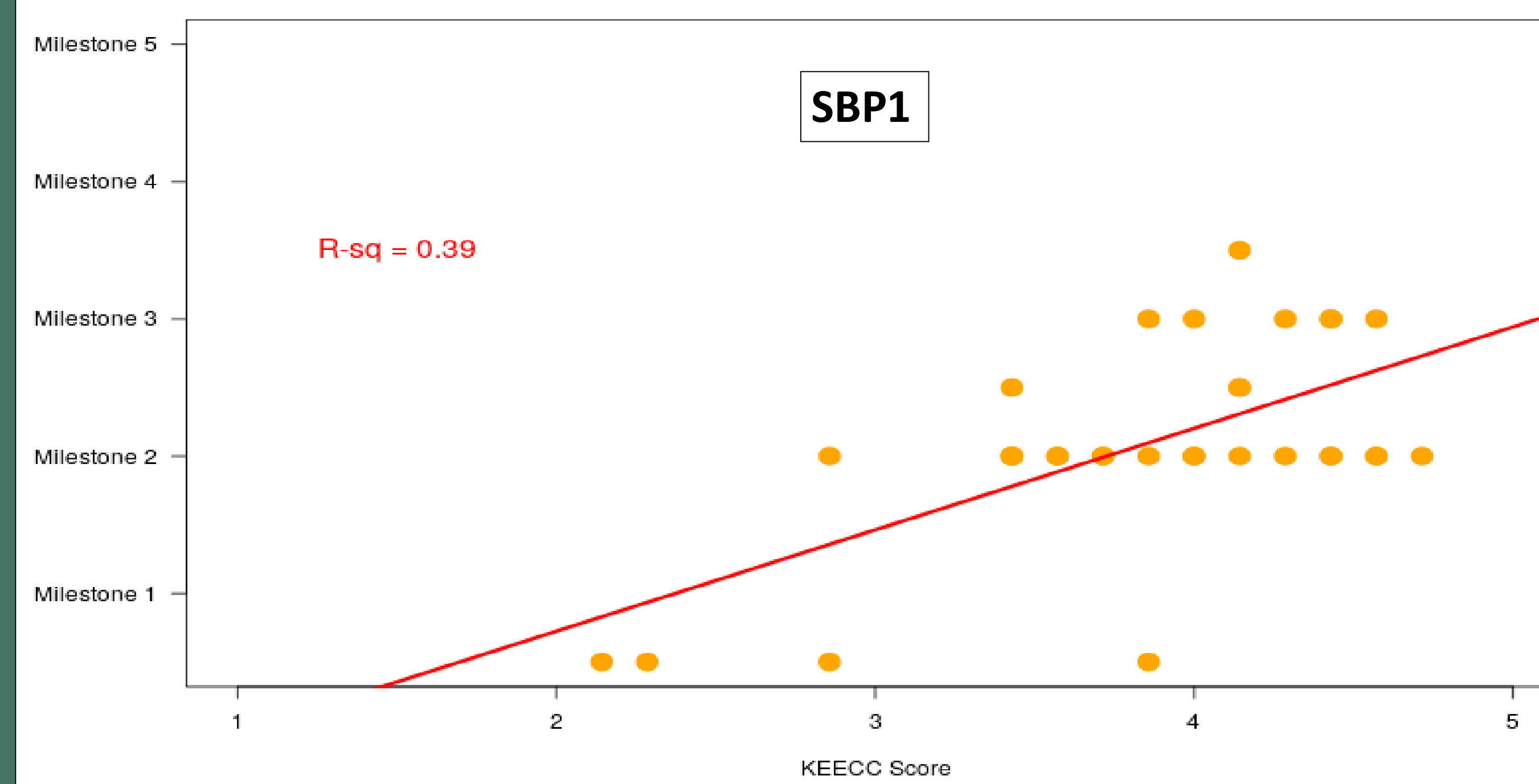


Figure 1. Milestones ratings for Systems-Based Practice subcompetency 1 (Coordinates patient care within various health care delivery settings) by KEECC mean scores.

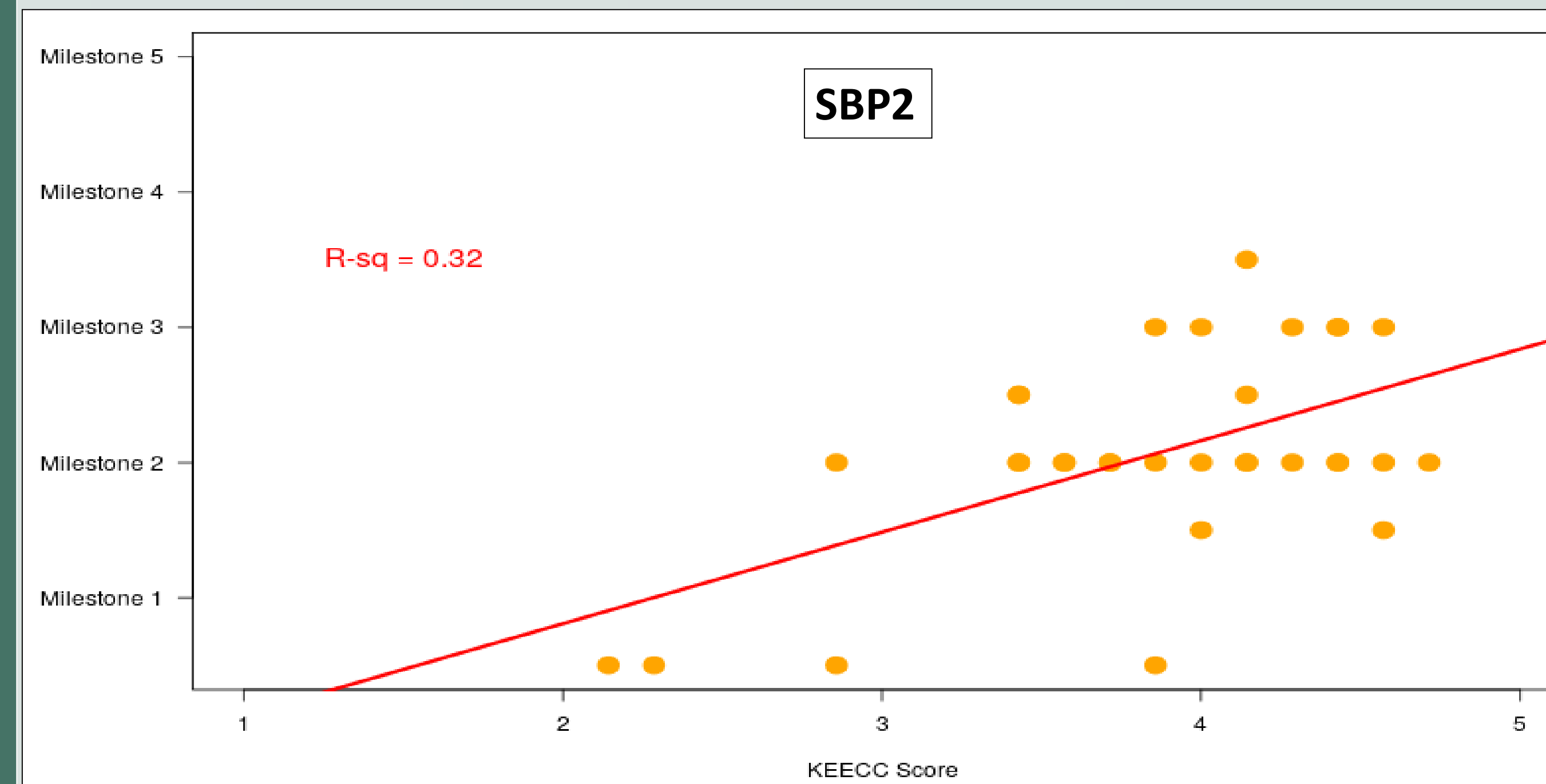


Figure 2. Milestones ratings for Systems-Based Practice subcompetency 2 (Works in interdisciplinary teams to enhance patient safety and improve patient care quality) by KEECC mean scores.

SP CASE

Morgan Tempo is a 59-year-old female who visits the clinic for a follow-up about chronic lower back pain. An MRI revealed mild-moderate degenerative changes at multiple lumbar levels and mild spinal stenosis. NSAIDs and tramadol had been prescribed, with no relief. Tempo has refused physical therapy and steroid injections. She obtained Norco from a neighbor which helped her pain considerably and seeks a prescription since Tempo needs to return to work as a teacher after being on medical leave for 2 months.

RESULTS

- SP ratings on the KEECC were reliable (Cronbach's alpha = .85)
- Communication skills of PGY-1 residents did not predict year-end SBP milestones ($R^2 < .01$, n.s.)
- Communication skills of PGY-2 residents did predict, on two milestones: SBP1 ($R^2 = .39$, $p < .001$), SBP2 ($R^2 = .32$, $p < .001$), but not SBP3 ($R^2 < .01$, n.s.)

CONCLUSIONS

Residents' SBP competence after 1 year of residency was reflected in their performance on this OSCE case involving opioid prescription. This suggests some SBP competence is gained across the first year and that the OSCE opioid case is a valid measure of that competence.

Limitations of this study include

- small sample size
 - sample from only one institution
 - use of a newly developed case
- WSUGME will repeat the study after using the case for a third time during our 2020 OSCE.

References

- [1] Alford DP, et al. Improving residents' safe opioid prescribing for chronic pain using an Objective Structured Clinical Examination. *J Grad Med Educ* 2016; 8(3): 390-397.
- [2] Michigan Dept. of Health and Human Services. 2017 Michigan Opioid Laws. https://www.michigan.gov/documents/lara/LARA_DHHS_Opioid_Laws_FAQ_05-0-2018_622175_7.pdf
- [3] Michigan Dept. of Health and Human Services. 2018 Opioid Start Talking Form. <https://ihacares.com/images/landing-pages/controlled-substances/Start-Talking-Consent-Form.pdf>
- [4] Porcerelli JH, et al. Resident ratings of communication skills using the Kalamazoo Adapted Checklist. *J Grad Med Educ* 2015; 7(3): 458-461.