



Substance Use Disorder Knowledge and Perception Amongst Family Medicine Residents at Samaritan Health Services

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BACKGROUND

- Approximately 20 million people in the United States age 12 years and older have a Substance Use Disorder (SUD).⁶
- SUD has a large economic cost related to morbidity and mortality.^{4,10}
- Primary care providers (PCPs) are often the first line for early identification and management for patients with SUD. However, half of individuals with SUDs have not been diagnosed or treated by their PCP.^{1,8}
- Close to half of the referrals for addiction treatment come from the criminal justice system while only 5.7% come from health care providers.¹
- The current educational structure for Samaritan Health Services (SHS) Family Medicine residents for SUDs includes encounters in continuity clinic as well as a behavioral health and addiction medicine rotation during the third year of residency.

OBJECTIVES

- Identify attitudes regarding SUDs among family medicine residents at SHS
- Identify knowledge gaps for screening, counseling and treating SUDs among family medicine residents at SHS

METHODS

- An anonymous pre-survey was sent to 27 SHS family medicine residents
- Based on the results of the survey, a 2.5 hour presentation was created and provided to the residents
- A post-intervention survey was sent out 2 weeks after the presentation

RESULTS

- Data from 13 residents who responded to both the pre and post surveys were included in the analysis.
- Initial survey data revealed that most residents did not feel confident discussing SUDs with patients and did not know the medical management options available for individuals with SUDs (Figure 1).
- When reviewing referral to local resources, there was an increased utilization of some of the lesser-known programs (Figure 2).

Figure 1. Percent of FM Residents who Agreed or Strongly Agreed to Each Statement

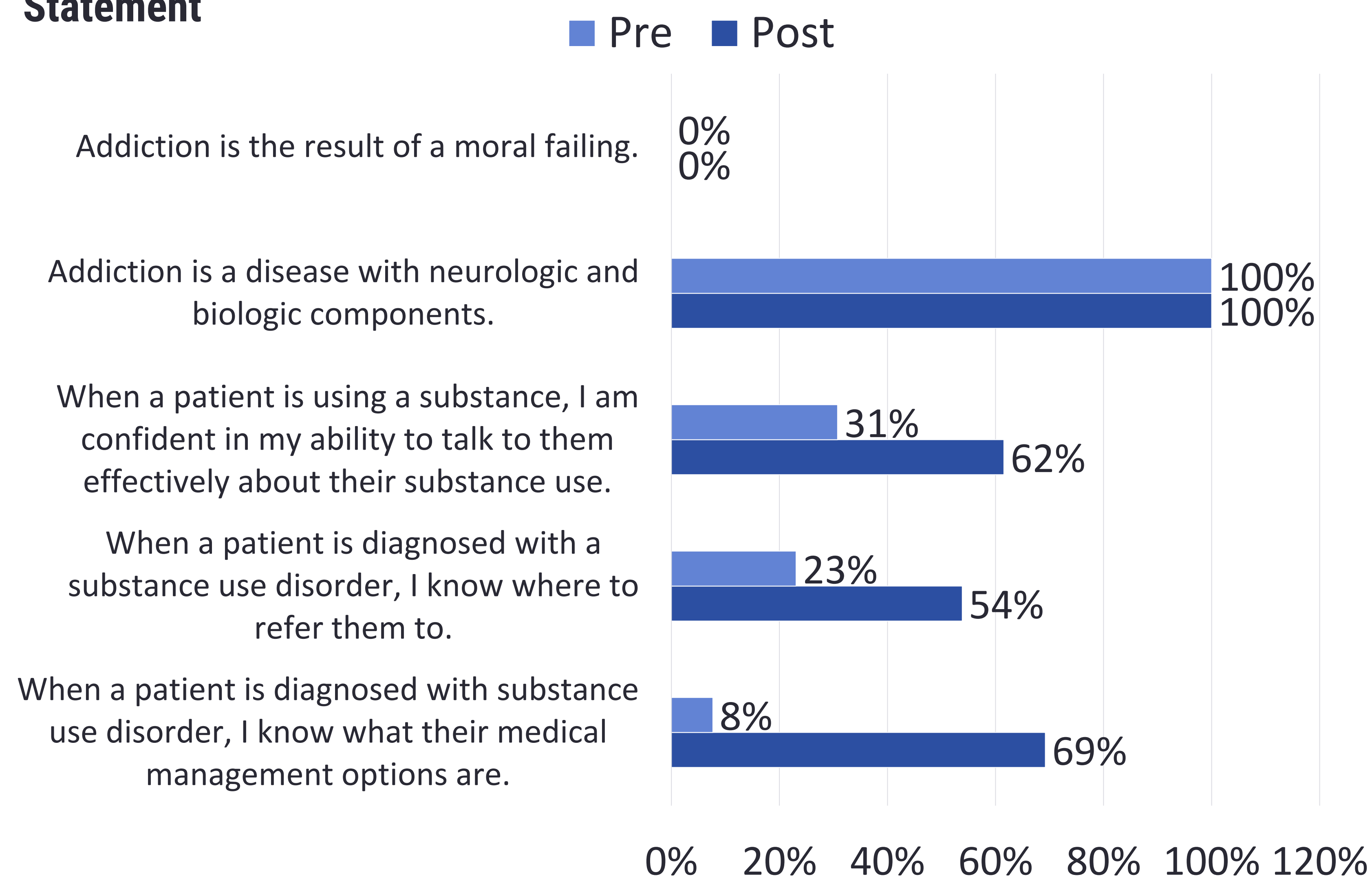
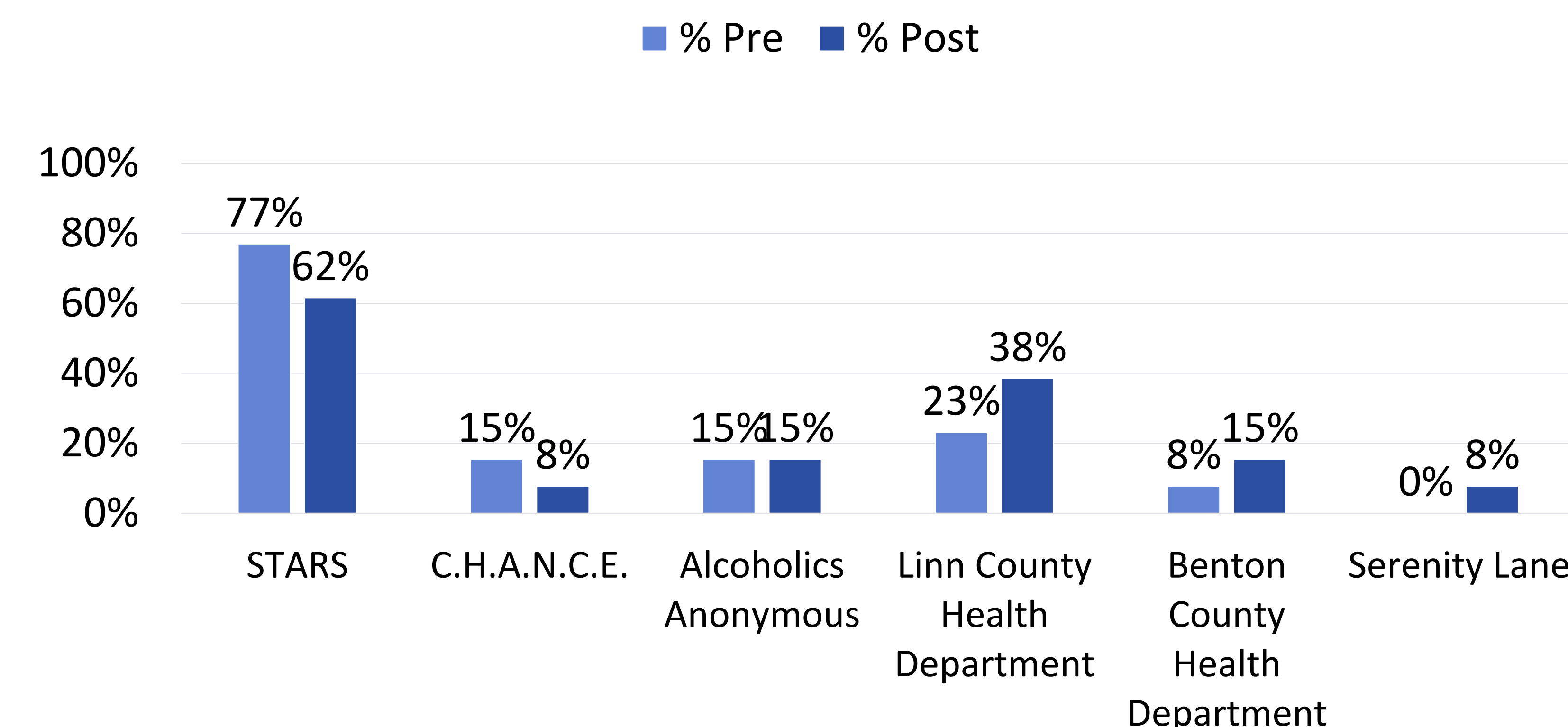


Figure 2. Percent of FM Residents who Referred Patients to SUD resources



CONCLUSIONS

- SHS Family Medicine residents had similar attitudes regarding SUDs before and after the intervention.
- We did see a significant improvement in understanding of medical management of SUDs (McNemar's Chi-Squared p-value = 0.01).
- We also observed increased utilization of referrals to lesser-known programs in our local community which is most likely related to the educational intervention and increased knowledge of options available.
- We did not see a significant change in knowledge of which screening tools are most appropriate for various SUDs.
- Some limitations to our research include a small sample size (n = 13). Another limiting factor includes length of time between intervention and follow up on the survey. Residents may not have had time to utilize what they learned and refer to local community resources.

FUTURE IMPLICATIONS

- Earlier education on SUD may improve medical management.
- Rotations with addiction medicine may be beneficial earlier on in FM residency training.
- Accessible references for local resources may improve utilization of community programs.

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