

The Impact of Mandatory Buprenorphine Training for Emergency



Medicine Residents

Introduction

- ED encounters involving opioid misuse are **increasing**
- In 2019, ACGME mandated addiction training in medical education programs.
- SUD curriculums are **not** standardized or incorporated into EM resident education nationally.
- Programs with addiction training have successfully improved knowledge and reduced stigma among residents.

This study examines the:

1. **Impact on graduated residents' practice and comfort in treating SUD patients**
2. **Perceptions of the SUD curriculum and buprenorphine training on career opportunities and successes of graduated residents**

Methods

Surveys were given to 2 groups of residents (n=63):

- Before SUD curriculum (2016-2017) (n=17)
- After SUD curriculum (2018-2022) (n=46)
- **Important to note that this study was conducted before the x-waiver was abolished.**

Authors & Disclosures

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A. Nothing to disclose

Results

I was asked to help with the group creating the bupe initiation protocol since it was known that I had great SUD training coming from Cooper. It was mentioned on my initial interview for an academic position.

Gave me tools to work with this patient population in the ED. Increased my interest in treating opioid use disorder and learning more, contributed to me choosing a fellowship in addiction medicine. My training empowered me to provide better care to my ED patients.

My training has helped me build my career in the ED as well as in public health, working with overdose systems of care and building networks for treatment for patient with OUD.

Table 1. Residents Characteristics

	2016-2017	2018-2022	All
Urban Primary location	8 (47.1)	29 (63.0)	37 (58.7)
Community Hospital Type	11 (64.7)	27 (58.7)	38 (60.3)
Obtain your x-waiver	14 (82.4)	44 (95.7)	58 (92.1)
ED has a formal protocol for buprenorphine initiation or dosing	6 (35.3)	26 (56.5)	32 (50.8)
Helped create this protocol	0 (0)	4 (8.7)	4 (12.5)
Prescribes buprenorphine to patients now	10 (58.8)	35 (76.1)	45 (71.4)
Felt that they were better prepared to treat patients with SUDs than their colleagues where you work now	15 (88.2)	43 (93.5)	58 (92.1)
SUD training impacted where they chose to work and other career choices	1 (5.9)	9 (19.6)	10 (15.9)
SUD education impacted your career	4 (23.5)	17 (37)	21 (33.3)

Conclusion

ED residents reported that they were **more likely to prescribe buprenorphine and receive their X-waiver than the national average.**

Residents who received the standardized SUD training reported that they were **better prepared to treat patients with SUDs** than their colleagues and that this **training had positively impacted their careers.**

References

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