



School of Pharmacy

# Implementation of Core Competencies in Addiction, Opioids, and Pain Management at Virginia pharmacy schools

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## Introduction

- November 21, 2016 - Governor of Virginia declared the Opioid Addiction Crisis a state Public Health Emergency.<sup>1</sup>
- February 2017 - Virginia Legislation passed directing the Secretary of Health & Human Resources to convene a workgroup to develop “educational standards and curricula for training health care providers... in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse.”<sup>2</sup>
- May 2017 - The Opioid Curriculum Workgroup comprised of representatives across health professions schools in Virginia began its work.
- June 2018, the Virginia Department of Health Professions published the Virginia Core Competencies in Addiction, Pain Management, and Opioid Prescribing.
- Health professions schools, including pharmacy, were expected to use these competencies as a framework for developing curricula.

## Objectives

- To determine the inclusion and extent of implementation of the 2018 Virginia Core Competencies in Addiction, Pain Management and Opioid Prescribing into the curricula in Virginia pharmacy schools.

## Methods

- The Dean at each Virginia pharmacy school was contacted to identify the content expert(s) in pain management and substance use disorders.
- Each content expert was contacted and invited to complete an interview where curricular content was mapped to each competency.
- Interviews were conducted by the same person and questions included whether the competency was covered and the amount of time spent on each.
- All 3 accredited Virginia pharmacy schools were included.

## Results

- Two faculty members from Virginia Commonwealth University (VCU) School of Pharmacy, one faculty member from Shenandoah University (SU) and one Appalachian College of Pharmacy (ACP) completed the interview.

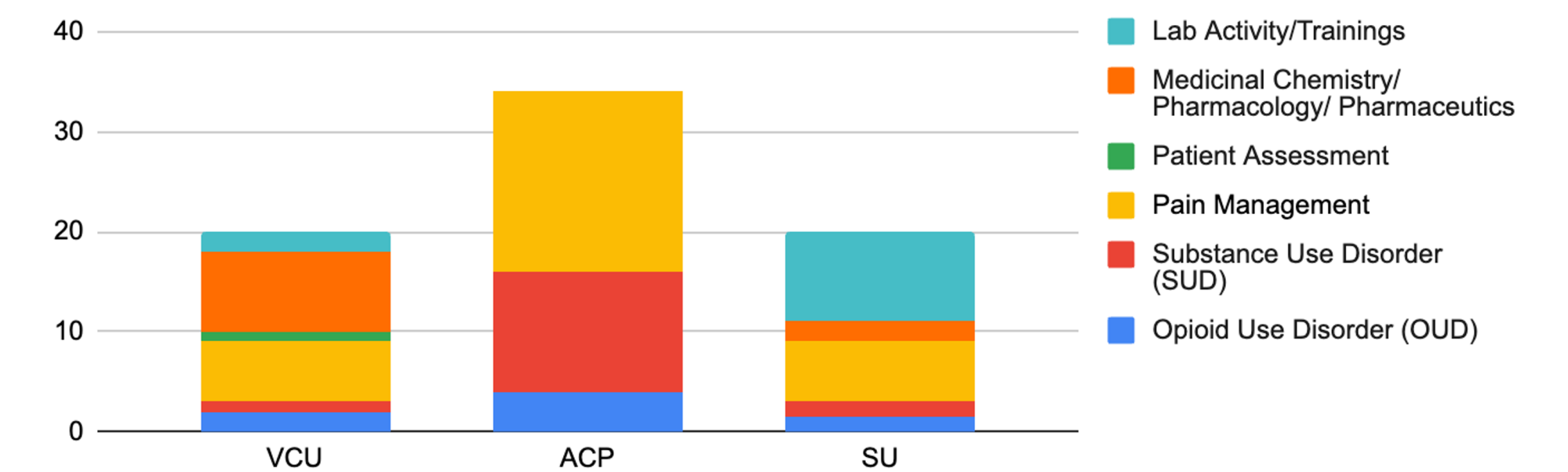
Table 1: Coverage of Core Competency Topics

Core Competency Topic	ACP	SU	VCU
Statistics, trends and demographics surrounding the crisis in Virginia and nationwide	✓	✓	✓
Relationship of opioid prescribing to illicit opioid use and to overall opioid overdose deaths	✓	✓	✓
The prevalence of co-occurring mental health disorders	■	■	■
The shift in attitudes in the 1990's toward pain management and use of opioids	✓	✓	■
The stigma associated with addiction	✓	■	✓
Population health and other public health aspects of the crisis	✓	■	✓
Biopsychosocial, spiritual and behavioral aspects, and the lifecycle of addiction	✓	✓	■
Risk and protective factors in opioid addiction	■	✓	■
Special populations at risk of addiction	✓	✗	✗
Motivational interviewing and other communication strategies	■	■	■
Naloxone co-prescribing	✓	✓	✓
Roles of family and social institutions in prevention and early intervention	✗	✗	✗
DSM-5, and ASAM's six dimensions and continuum	✓	✓	✓
Clinical and behavioral elements of addiction	✓	✓	✓
Practice-appropriate screening tools, including co-morbidity screening	✓	✓	✗
Addiction as a chronic disease	✓	✓	✓
Evidence-based treatment models for addiction in general and opioid addiction specifically	✓	✓	✓
Medication-assisted treatment	✓	✓	✓
The continuum of care in opioid addiction treatment	■	✓	✓
How and when to make a referral for treatment	✗	✓	✓
The roles in an interdisciplinary addiction team	✗	✗	✓
The role of peers in the treatment of addiction	✓	✗	✗
The management of patients in recovery, including factors contributing to relapse	■	✗	■
Naloxone use and availability	✓	✓	✓
Monitoring of concurrent prescribing	✓	✓	✓
IASP definition of pain	✓	✓	✓
Neurobiological basis of pain; biopsychosocial model of pain	✓	✓	✓
Types of pain (e.g., neuropathic)	✓	✓	✓
Acute, sub-acute and chronic pain; the continuum from acute to chronic to chronic disabling pain	✓	✓	✓
The underlying science of pain relief	✓	✓	✓
Pain-related health history and exam; role of family	✓	■	■
Practice-appropriate screening tools	✓	✓	✓
Differential diagnosis of pain and placement on pain continuum	✓	✓	✓
Special populations in pain management	✓	✓	✓

■ Yes, with opportunity for improvement  
 ✗ No

## Results

Table 2: Hours Dedicated to Core Competency Topics



## Discussion

- The total number of hours devoted to each topic varied at each institution (range: 20 - 34 total hours)
- All 3 schools consistently delivered content related to the opioid crisis, the science, recognition and treatment of addiction, overdose prevention and pain management.
- All 3 schools recognized the need for improvement in teaching about the prevalence of co-occurring mental health disorders, the spiritual aspects of addiction, special populations at higher risk, the role of family and social institutions in prevention and early intervention, management of patients in recovery, application of motivational interviewing to addiction, and strategies for difficult conversations.

## Conclusion

- Without intentional content integration, such statewide competency initiatives will not succeed in the aim to consistently educate students.
- Colleagues at each school are working together to develop content in those areas where improvement is needed.

## References

- <https://www.vdh.virginia.gov/commissioner/declaration-of-public-health-emergency/>
- <https://townhall.virginia.gov/L/ViewMeeting.cfm?MeetingID=26086>

## Correspondence

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 AACP Annual Meeting  
 July 20 – 23, 2024