

Opioid Prescribing Presentation Post Assessment

Introduction: The purpose of this study is to research best practices for pain education curricula, develop an evidence-based curriculum focusing on improving opiate prescribing for women, and create core competencies for opioid prescription education for the School of Osteopathic Medicine of Rowan University. In order to continuously improve upon opioid education, this questionnaire was developed to measure provider knowledge and attitudes. **This is not a performance based test**, it is simply to gauge practitioner impressions of identifying where further education should be directed. Please answer honestly to the best of your ability.

Instructions: Please answer the following questions #1-10.

1. Which of the following are the most appropriate pharmacologic treatments for opioid dependence?

- A. Acamprosate.
- B. Disulfiram.
- C. Buprenorphine.
- D. Naloxone.

2. Which of the following is the most appropriate approach to maintaining sobriety for opioid addiction?

- A. Abstinence-based approach with counseling.
- B. Opioid replacement therapy with counseling (i.e. Methadone or Suboxone).
- C. Behavior modification therapy.
- D. Motivational interviewing based counseling.

3. Buprenorphine works most appropriately as a(n):

- A. Full opioid agonist.
- B. Partial opioid agonist.
- C. Opioid antagonist.
- D. Combination opioid agonist/antagonist.

4. Naltrexone can be administered by the following method:

- A. Intravenous (IV).
- B. Intramuscular (IM).
- C. Intranasally.
- D. All of the above.

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5.) According to the FDA, for which of the following conditions are extended release/long-acting (ER/LA) opioids indicated?

- A. Severe consistent pain at the end of life.
- B. Episodic migraine pain.
- C. Cancer breakthrough pain.
- D. None of the above.

6.) Which of the following are most likely to be true of female patients?

- A. Females have lower utilization of healthcare and physician visits.
- B. Females have a higher mortality rate from opioid overdose compared to men.
- C. Females experience and report pain more frequently compared to men.
- D. All of the above.

7.) Two female patients present with dull or achy pain in the lower back. Upon assessment, there appears to be no definitive cause.

- The first patient, a non-Hispanic white middle-class woman, is being treated with benzodiazepines and extended release oxycodone for her chronic back pain. She has private insurance and complains that the prescribed medication is not enough.
- The second patient, a non-Hispanic black low-income woman with Medicaid, is being treated with metformin for her diabetes, but her primary care physician has declined to treat her with long-term opioid medication.

Both patients want opioid treatment. You continue the same dose for the first patient and start the second patient on low-dose, long acting opioids. Assuming both live in Camden County, which patient is most at risk for engaging in heroin use?

- A. The first patient.
- B. Both patients.
- C. The second patient.
- D. Neither patient.

8.) When providing obstetric care to women, which of the following approaches to care is most appropriate?

- A. It is best practice in obstetric care to focus drug screenings based on factors such as poor adherence to prenatal care and history of prior adverse pregnancy outcome.
- B. It is recommended for the patient to undergo medically supervised withdrawal to avoid any risks to the fetus when treating pregnant women with opioid use disorder.
- C. Pregnant women with an opioid use disorder are prone to high relapse rates and it is preferable to treat patients with opioid agonist pharmacotherapy.
- D. Providers should only use Screening Brief Intervention and Referral to Treatment (SBIRT) when a pregnant female patient is suspected of opiate use disorder.

9.) When providing clinical care to breastfeeding women, who are not using illicit drugs, the most appropriate recommendation should be:

- A. To discourage women from breastfeeding if taking an opioid agonist.
- B. To encourage women to breastfeed if taking an opioid agonist.
- C. To provide pros & cons of breastfeeding while on opioid agonists.
- D. To assess for risk of relapse while on opioid agonists.

10.) Before prescribing opioids for non-pregnant female patients, the most appropriate next step for health care providers is to:

- A. Ensure that there is no family medical history of opioid dependence or abuse.
- B. Discuss the risks and benefits of opioid use and check vital signs for patients' pain intensity.
- C. Take a thorough history of substance use and use formal screening tools with patients at risk.
- D. Discuss family planning and duration of opioid use effects on the body with reproductive-aged female patients

Instructions: Please take the time to read each statement carefully and respond with your honest feedback. There are no right or wrong answers. These evaluations are anonymous and confidential. The information you provide will help us to identify where further education should be directed to improve effectiveness. Please answer honestly to the best of your ability to complete this statement.

Finish this statement: Currently in my practice...

Question	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I trust that most of my patients with chronic pain are able to provide an accurate self-assessment of their pain.	1	2	3	4	5
I trust that available pain scales provide reliable assessment of pain.	1	2	3	4	5
Female patients are less likely to be compliant in pain management than male patients.	1	2	3	4	5
I look forward to treating chronic pain patients in my practice.	1	2	3	4	5
It is very difficult to feel satisfied with the treatment outcomes of most chronic pain patients.	1	2	3	4	5
More men than women who receive opiates subsequently become addicts.	1	2	3	4	5
Prescribing opioids is a high risk clinical activity for a primary care physician.	1	2	3	4	5
I understand general strategies on how to implement patient prescriber agreements.	1	2	3	4	5
I am able to educate my patient about proper storage and disposal of extended-release/long-acting (ER/LA) opioids.	1	2	3	4	5
I counsel about the risk of overdose.	1	2	3	4	5
I counsel about the particular risks associated with female patients when prescribing opioid analgesics.	1	2	3	4	5
I explain to my patient the methods I use to monitor opioid misuse (urine drug tests and/or pill counts).	1	2	3	4	5
I understand how to read a urine drug screen.	1	2	3	4	5
I understand how to obtain information on state and federal requirements for prescribing opioids.	1	2	3	4	5
I know how to calculate conversion doses of commonly used opioids.	1	2	3	4	5
I am comfortable in responding to family calls about my patients' possible misuse of opioids.	1	2	3	4	5
I feel prepared to diagnose addiction.	1	2	3	4	5
I am confident that I am personally skilled in treating chronic pain.	1	2	3	4	5
I am familiar with general strategies for providers prescribing opioid medications that help decrease the risk of misuse.	1	2	3	4	5
I know how to refer a patient with an addiction.	1	2	3	4	5

I know how to distinguish requests for increased medication for untreated pain versus requests for increased medication because of an underlying addiction disorder.

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