

A Solution to the Problem of Sustainability of Opioid Initiatives in Graduate Medical Education

Alford et al¹ shared an outstanding educational innovation on how to improve the comprehension of internal medicine residents on safe opioid prescribing. This study showed that all groups reported improvement in knowledge, and among those who participated in the objective structured clinical examination (OSCE), there was improvement in confidence and self-reported practices when compared to the control. These are extremely important outcomes for graduate medical education; however, the intervention was not able to continue after grant funding ceased, hence the basis of our letter. The authors mention that the intervention had an impact but additional resources are needed, and thus we offer a suggestion on how to obtain these resources.

We are in the midst of an opioid epidemic, and the time to influence the practices of prescribing physicians is now. We commend the authors on providing the first study to address prescribers in graduate medical education. It has been reported that primary care specialties account for almost half of opioid prescriptions; however, others were also noted in pain medicine, surgery, physical medicine and rehabilitation, and in the emergency department.² Although these specialties are directly named, we can imagine how this epidemic touches many other specialties in some way.

Knowing we are all affected, we propose that this education be provided during intern orientation when prescribers from all specialties can be impacted. Many institutions are utilizing the “boot camp” model of orientation. With this format, information is provided

and skills are assessed of all incoming first-year residents during their on-boarding process.^{3–5} Implementing a safe opioid module with accompanying OSCE during intern orientation would allow for delivery to a larger audience, resulting in a more effective impact on turning the tide on this epidemic.

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