

Adapting evidence-based addiction teaching to your medical school curriculum: an optimal role for family medicine

- Why
 - Addiction affects tens of millions of Americans, 36% of primary care patients per year
 - There's an education, training, and accountability gap on addiction care
 - Teachers of Family Medicine are well positioned to teach the advanced skills required for effective addiction care

Designing an addiction curriculum program at your institution

Components, examples	Applied at your institution
<p>The What</p> <ul style="list-style-type: none"> • Biopsychosocial models/theories of addiction • Social and structural determinants of treatment success • Effective screening and accurate diagnosis • Pharmacology, medication-assisted treatment (MAT) • High-quality counseling skills (CBT, MI) • Interdisciplinary and interprofessional collaboration skills 	
<p>The How (emphasis on adult learning styles)</p> <ul style="list-style-type: none"> • Discussion • Interprofessional instruction (e.g., psychoeducation) • Live (telehealth) and recorded interviews • Role play • Flipped classrooms • Think-pair-share, comparison, summary • Case-based collaborative learning • Standardized patients • Immersive learning environments • Patients as teachers 	

Witt LB, Poje AB, Bridges K, Higdon J, Butler F, Liese BS. Adapting high-quality addiction teaching to your medical school curriculum: an optimal role for family medicine. STFM Medication Student Education Conference, Jan 2022, virtual. Corresponding author: Dr. Witt at lwitt2@kumc.edu.

<p>Barriers</p> <ul style="list-style-type: none"> • Faculty time • Curricular priorities • Program cost • Learner level • Site-specific... 	
<p>Solutions</p>	

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