Medical Student Knowledge and Perceptions of Medications for Opioid Use Disorder

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Introduction

- Medications for opioid use disorder (MOUD) are the gold standard for treating opioid use disorder (OUD)[1].
  - MOUDs = Methadone, Buprenorphine, & Naltrexone
  - Only 25% of individuals with OUD received treatment with MOUD in 2022[2].
- The 2023 elimination of the X-waiver increased the number of providers eligible to prescribe MOUD, yet utilization has not proportionally improved[3].
- Barriers to MOUD prescribing include provider knowledge gaps, stigma, and misconceptions about substance use disorders (SUD)[4].
- New DEA requirements mandate eight hours of training on the treatment of SUD, but no standardized curriculum exists.
- The OUWB curriculum meets the DEA requirement, but its effectiveness in preparing students to prescribe MOUD is unclear.
  - Behavioral Medicine and Psychopathology (BMP) course in M2 year = 8 hours lecture material on SUD
  - Psychiatry Clerkship in M3 year = Clinical exposure to SUD

Aims and Objectives

- We aim to identify potential gaps in knowledge that will guide curriculum improvements to better prepare future physicians in MOUD counseling and prescribing.
- In this study, we assess OUWB student understanding of MOUD, including:
  - Pharmacology and clinical indications
  - MOUD effectiveness
  - Attitudes toward patients taking MOUD
  - Evaluation of the OUWB SUD curriculum

Methods

Study Design: Cross-sectional survey designed from previously validated instruments and distributed to OUWB medical students via Qualtrics[4,5]

Data analysis: Participants who completed the survey were divided into three groups based on their progression through the OUWB curriculum: pre-BMP/Psychiatry (n=14), post-BMP (n=9), and post-BMP/Psychiatry (n=10). Scores were calculated based on participant answers to ten knowledge-based questions (M=4.60, SD=2.18). The data were uploaded to SPSS for analysis.

Results

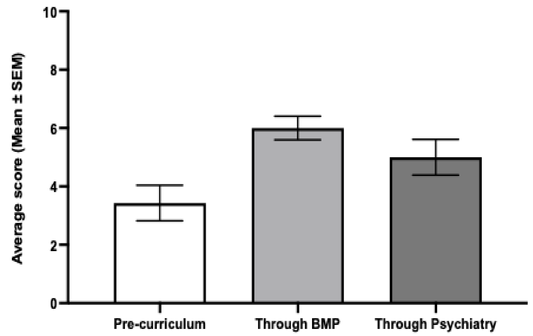

Figure 1. Average score on knowledge-based questions at three points of progression through the OUWB SUD curriculum.

	True	False	Unsure
Buprenorphine is a first-line treatment for patients with OUD	**39.4***	15.2	45.5
Evidence recommends continuing buprenorphine during pregnancy	**48.5***	12.1	39.4
Physicians must have a special license (X-Waiver) to prescribe buprenorphine	45.5	**24.2***	30.3

Table 2. Percent of participants responding true, false, or unsure to statements about buprenorphine (*=correct).

Item Question	Correlation with Knowledge-Based Score	
Treatment with buprenorphine is overvalued because it substitutes one drug for another	r = -.383	p = 0.028
Treatment with buprenorphine discourages patients from seeking long-term remission	r = -.359	p = 0.040

Table 1. Negative Pearson correlations between participant knowledge-based score and agreement with negative statements about buprenorphine.

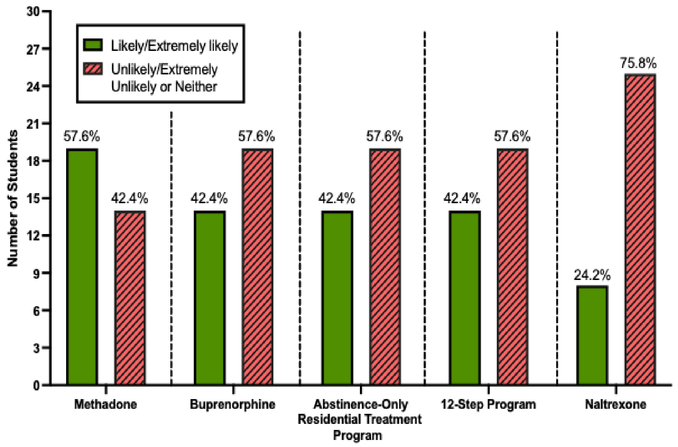

Figure 2. Student perception of the likelihood of a patient achieving remission from OUD with each mitigation strategy alone.

Discussion

- Our findings support the need for enhanced, longitudinal MOUD training across all phases of medical education.
- The largest limitation in the interpretation of our results is our sample size, and we plan to continue data collection.

Conclusions

- All participants indicated support for MOUD, but many demonstrated gaps in knowledge about MOUD prescribing.
- Knowledge scores peaked after the BMP course (M2-M3s) but declined post-psychiatry clerkship, suggesting a need for reinforcement during clinical years.
- Greater endorsement of negative views about buprenorphine was linked to lower knowledge-based scores.
- Knowledge Gaps:
  - Underestimating buprenorphine's effectiveness compared to methadone and misidentifying 12-step programs as equally effective compared to buprenorphine.
  - The majority (60.7%) of students could not identify buprenorphine as a first-line treatment for OUD.

References

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