

**Meeting of the Medical and Dental Education**  
**Working Groups on Prescription Drug Misuse - January 12, 2016**  
*Recommendations from Medical Students for Long Island*

**I. Background on Medical Students for Long Island (MSfLI)**

MSfLI was formed after the closure of the Long Island bridge displaced hundreds of patients with homelessness or substance use disorders, disconnecting them from treatment and safe housing. As students from all four Massachusetts medical schools, we have advocated for increased access to housing and healthcare for patients affected by the bridge closure, especially those with substance use disorders. We also advocate for evidence-based medical education and increased access to medication-assisted treatment.

**II. Medical Education Core Competencies:** We applaud the competencies and are eager to work with the Medical and Dental Education Groups to ensure that they are implemented and evaluated in an effective, standardized way.

<b>Competencies</b>	<b>Suggestion for implementation</b>
7	All medical schools should include training on the use of naloxone in the mandatory first responder training that occurs preclinically.
4, 6, 8, 9	All students should have preclinical exposure to patients who have SUDs, e.g. bringing a patient to speak with the class and/or having students attend a recovery group meeting. Options for students should focus on wider exposure to evidence-based treatments including buprenorphine or methadone clinics.
1, 2, 4	All students should be required, during their clinical years, to participate in evidence-based screening of a patient with an opioid use disorder.
5, 8	All students should be required, during their clinical years, to participate in the treatment of a substance use disorder. Students should also be evaluated on these skills through a mandatory OSCE
5, 8, 9	Faculty in teaching hospitals should be incentivized and supported to become waived in buprenorphine prescription and be trained in other forms of medication assisted treatment.
1, 10	Discussion of the social determinants of health should be central to all teaching on the prevention and treatment of opioid use disorders.

**III. Going beyond the Core Competencies**

Training in medication-assisted treatment for medical students:

- Increase the number of clinical hours dedicated to training in substance use disorders and medication-assisted treatment
- Increase the number of faculty who provide training in substance use disorders and medication-assisted treatment.
- Allow medical students to qualify for waivers to prescribe buprenorphine upon graduation based on training received in medical school.

Training in medication-assisted treatment for residents and physicians:

- Broaden residency competencies to include screening, diagnosing, referring, and treating substance use disorders.
- Facilitate the opportunities for residents to receive training and waivers to prescribe buprenorphine.
- Provide support for practicing physicians as they pursue training in addiction medicine.

Interprofessional learning:

- Strengthen relationships between medical students, dental students, and the recovery coaches, counselors, social workers, nurses, and nurse practitioners who already support and treat patients with substance use disorders.

Data collection and quality improvement:

- Collect standardized data on the effects of interventions in medical education and make this data publicly accessible.
- Study the barriers that prevent physicians from providing medication-assisted treatment and publicly report the results.