

A call for increased addiction psychiatrist engagement in medical student education

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Abstract

Background and Objectives: Addiction psychiatrists are ideally trained to provide trainees with supervised clinical experiences in caring for patients with co-occurring substance use disorders and other complex psychiatric disorders.

Methods: This is a call for addiction psychiatrists to step up as clinical champions in medical student education. Our targeted audience is practicing addiction psychiatrists who do not currently have medical students on their clinical services.

Results: We suggest several approaches to incorporating learners into existing addiction psychiatry clinical services both at academic institutions and in the community.

Discussion and Conclusions: For medical schools without addiction psychiatrists on faculty, we suggest unique solutions for collaborating with external educational venues.

Scientific Significance: There is limited literature on the role of addiction psychiatrists in providing supervised experiential learning experiences for medical students. There has been no previous publication specifically advocating for increased addiction psychiatrist engagement in the clinical education of medical students.

The COVID-19 pandemic has had wide-reaching effects on medical education. Learning and working in unprecedented times has worn out not only practicing psychiatrists but students and trainees as well, with fewer psychiatry residents choosing to pursue fellowship training to subspecialize in addiction psychiatry. Substance use disorders (SUDs) are the most common types of psychiatric disorders, with a lifetime prevalence of 14.6%.¹ Additionally, other psychiatric disorders co-occur at high rates in patients with SUDs. Among patients with SUDs receiving specialty treatment, up to 81% have one or more additional psychiatric disorders.²

The growth in the number of addiction medicine specialists has increased access to care for patients with SUDs, which is sorely

needed. However, patients with SUDs co-occurring with other complex psychiatric disorders benefit most from addiction psychiatrists who are extensively trained in both addictions and in the psychopharmacological and psychotherapeutic management of psychiatric illness.³ Accordingly, addiction psychiatrists are uniquely suited to provide trainees supervised clinical experiences in caring for this patient population.

The pipeline for addiction psychiatry begins with undergraduate medical education. It is well established that most medical schools and residency programs do not adequately prepare future physicians with the core skills needed to evaluate and treat SUDs.^{4,5} As patients with SUDs are encountered across all healthcare

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settings, trainees will be poorly prepared for real-world practice. It has been shown that lack of addiction training in residency programs can be a barrier to early intervention for patients with SUDs co-occurring with other psychiatric and physical illnesses.⁶ However, limited attention has been paid to medical student exposure to this patient population. In particular, medical students seldom have opportunities to work with faculty dedicated to treating these conditions within general medical settings. Experiential learning in addiction psychiatry will help medical students dispel any pre-existing biases and may help attract more to work with patients with SUDs and other psychiatric conditions in their professional careers.⁷

Stigma plays an unfortunate role in deterring students and residents from wanting to work with patients with SUDs and from pursuing careers in addiction psychiatry. Firsthand exposure to patients engaged in recovery and having supervisors role model compassionate, competent care can help to reverse these attitudes.^{4,7} Didactic sessions alone do not adequately prepare students for working with real-life patients with SUDs and other psychiatric disorders, nor do they have a meaningful impact on stigma reduction.⁸ The components of effective clinical training have been described as the clinician's triad: an adequate knowledge base; a positive attitude towards the patient and treatment; and a sense of professional responsibility for treating SUDs.⁴ By incorporating undergraduate medical learners into established SUD treatment settings, addiction psychiatrists can provide educational opportunities that enhance clinical training while also combatting stigma.

Additionally, the philosophy of approaching patients with curiosity and a desire to understand their narrative and what matters to them rather than what is wrong with them is a perspective taught by addiction psychiatry that is invaluable for all specialties and something learners will experience in addiction psychiatry services. This approach helps combat stigma by beginning to deconstruct our tendency to distinguish "us" from those with the disease of addiction as "them."^{4,7} Such real-life skills cannot be taught or learned in a classroom setting and require clinical exposure to patients with clinician-educators serving as role models.

Assuredly, many addiction psychiatrists are already teaching medical students within formal curricula via traditional lectures and didactic sessions. This is a particular call to promote increased exposure of medical students to supervised clinical experiences involving patients with SUDs and other psychiatric disorders. We are asking for addiction psychiatrists to step up as champions in medical student education for our specialty. Our targeted audience is practicing addiction psychiatrists who do not have medical students on their clinical services at their respective academic medical centers or community addiction psychiatrists who may not otherwise have affiliations with medical schools and are not engaged in the clinical teaching of medical students.

Addiction psychiatrists providing clinical services can incorporate medical students onto their services in both the inpatient and outpatient settings. Such experiences can vary from several half-days over the course of a year to serving as a clinical site for the core psychiatry clerkship. Addiction psychiatrists affiliated with academic

medical centers who already have medical students on their clinical services can also find additional opportunities to expand their impact; for example, leveraging the expansion of telehealth could allow for medical students from another institution (lacking addiction psychiatrists) to participate in telepsychiatry visits with patients. Incentivizing nonacademic community-based addiction psychiatrists to seek potential opportunities for clinical supervision of medical students may occur with awarding of volunteer faculty status. Being a clinical teaching site for a medical school may also raise the credibility of the clinic or treatment center.

According to the American Board of Medical Specialties, 24 states have 10 or fewer board-certified addiction psychiatrists.⁹ Accordingly, some academic medical centers, particularly those in rural and underserved areas, may lack access to an addiction psychiatrist. Notably, even general psychiatry residency programs affiliated with academic institutions may struggle to find addiction psychiatry faculty to provide clinical supervision.⁶ In response, suggestions have been made for how to enhance psychiatry residency education and training in addiction psychiatry with limited resources.¹⁰ Although there is no identified best practice, these strategies can also be flexibly applied to medical student education depending on the resources available at the particular medical school.

For medical schools without board-certified addiction psychiatrists, collaboration with educational venues outside of the home academic medical center can prove beneficial. These can include community settings with an on-site addiction psychiatrist such as residential treatment facilities, public sector or county health clinics, intensive outpatient or day programs, methadone clinics, and mandated treatment settings such as court-ordered diversion programs.¹⁰ For medical schools with addiction psychiatrists providing clinical care, medical students can be incorporated into outpatient clinics and hospital consultation services as well as inpatient psychiatric units where patients frequently have co-occurring SUDs and other psychiatric disorders. Where students joining existing clinical services is not possible, another option might be experiential learning followed by an interactive debrief with an addiction psychiatrist, such as attending a mutual aid group meeting or visiting a local supportive living environment. This strategy can help expose students to people in recovery and debriefing with an addiction psychiatrist can help put patients' lived experiences into clinical context.^{7,10}

It is essential for practicing addiction psychiatrists to expand the current approach to medical student education in addiction psychiatry. The goals of this would be twofold: first, to develop the pipeline for budding addiction psychiatrists as early as possible, and second, to equip future physicians with the basic knowledge and skillset to recognize SUDs and other psychiatric disorders in their patients. Whether students go into general psychiatry or another specialty, not only will we have fostered an interest in addiction care, but specifically we would have taught the importance of identifying and addressing the other co-occurring psychiatric disorders that may complicate recovery from the SUD(s).

Patients with addiction are everywhere. What is lacking are teachers with the knowledge, enthusiasm, and available time to

invest in clinical supervision. For the field of addiction psychiatry to thrive, it is essential that practicing addiction psychiatrists expand clinical experiences for medical students and be open to engaging with medical schools to offer medical students supervised clinical exposure to patients with SUDs and other psychiatric disorders.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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