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Welcome to voices in the work, a continuing education podcast from the Texas Opioid Training Initiative. I'm Doctor Lindsey Loader, associate director of the Pharmacy Addictions Research and Medicine program and assistant professor of practice at the University of Texas at Austin College of Pharmacy. Voices in the work is designed to share new ideas and fresh perspectives with health professionals and other members of the workforce about substance use disorder prevention, treatment, and recovery.

00:00:29:02 – 00:00:52:17
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The first season will highlight innovative training strategies used to teach future health professionals about substance use disorders as part of their health professions curricula. This continuing education activity is supported by the Texas Targeted Opioid Response, a public health initiative operated by the Texas Health and Human Services Commission. Through federal funding from the Substance Abuse and Mental Health Services Administration.

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00:01:17:14 – 00:01:44:04
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Information about continuing education credit is available in the podcast description. We've all been there a three hour class on a Friday afternoon and content that really matters. But how do you keep students engaged and make it land? That's what this episode is all about. We're going to dive in and discuss a novel case based, card structured activity used at the University of Texas at Austin.

00:01:44:06 – 00:02:17:09
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Within a course that has become a leading model for interprofessional education today. And we're going to hear directly from the students who experienced it. I'm honored to be joined by Megan Lewis, a student in the School of Social Work and year two of three, working towards her Master of Science in Social work. Tina, when a rising P two doctor of Pharmacy student in the College of Pharmacy, and Luke Rodriguez, also a rising second year doctor of Pharmacy, student in the College of Pharmacy.

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So thank you all so much for being here today. Thank you for our effort to be here. Yeah, okay. So I'm so excited to dive in and talk about today's topic. It was a definite highlight of my teaching this year. But before we talk about the specific activity itself, let's back up and first talk about what is this course, the foundations for Interprofessional Collaborative Practice or efficacy.

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And tell me a bit about what that courses at UT.

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Sure. So it's a course at UT where we can practice interprofessional collaboration, specifically between pharmacy, nursing, social work and medicine. It's my first time working and collaborating in a health care setting. So that's been a really special experience for me as a social work student. And it's not very often that we get to collaborate in an interdisciplinary setting like this classroom.

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So that's been a great, fun learning environment. A great experience overall. I definitely agree. In my personal experience working in a pharmacy so far, outside of schooling, I've had interactions with both the nurse nurses and doctors, of course, but I feel like I never really got to interact with, social working aspect of it. And I feel like that was especially working with other social workers.

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It was really enlightening. I work in the community setting, so I'm exclusively working with pharmacists. So this is my first time also working with medicine and nursing and social work. So yeah. Yeah. So sounds like a good opportunity to learn about other professions while you're still a trainee, you know, before you get out into practice. Part of the curriculum includes learning a bit about each of the disciplines and what their trajectory looks like.

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What does the career path education look like. And just learning about each other's interests and different paths that they can go. Especially coming from a social work perspective, there's many different routes and places where social workers can be. So it's, it's been a great experience to be able to share that with other folks in the health professions and also just hear, from fellow students, what

brought them to the career path that they chose, the education that they're seeking and what they're hoping to do with that degree.

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So I really enjoyed hearing from fellow students about that. I think a lot of the times, like we're stuck in our own world, like me and pharmacy, like I only viable pharmacy, and I get the perspective of pharmacy, but that one class, like it really brings it together. Yeah, yeah. And what were yours? So you were all in teams.

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We had many teams like over 30 this past year. But what were your teams like. And you three were not all on the same team. Right. Yeah. There were, as you said, a lot of teams that I think had varying, roles. I would say, like some teams may have had only, you know, a pharmacist, a pharmacy student, a medical student, nursing student, and some others may have had, social working.

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I feel like especially in my team in particular, I felt that even though I had never worked really with, people from these professions before, that they were able to meet me on ends that I never really could think of before. I, as Tina said, I have my own ways, I think exclusively, mostly in, pharmacist perspective, but I don't really ever think of, oh, how can a social worker help with this patient's experience.

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And I feel like with the input that I received from other professions in my team, I feel like we were able to collaborate in a beautiful way, that we were able to come to conclusions that I would have never come to personally before by myself. That's awesome. My team had every discipline, represented, which was special. So we had medicine, nursing, pharmacy and social work.

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I think something else that was very special about this course at large was the fact that for most of us, it stretches both semesters. So you become very close with your team. Just being able to learn from each other was very unique. And Tina, you said that too. We're very much so in our own worlds a lot of the time.

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So being able to see how different professions, different students

would handle different situations. For example, I think about my nursing friends and they know, like as far like the back of their hands. And I had never heard that before before coming into this course. So being able to learn different tools and see where different professions can really flex their skills was special.

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And being able to borrow from one another was, a very unique experience. And who else made up your teams or facilitator? Yes yes yes yes. I love my facilitator very much. So, mine was from the College of Nursing. And so she had so many stories about how certain things that we've learned about in the course applied to directly to practice.

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I believe that she was a Nick nurse and she had years and years of experience and was very, mature and helped us form our collective thoughts very well. Mine was also an ACU nurse. Oh, wow. Yes. So I wonder if it's the same one, but I'm wondering as well. But she she was she was a safe space for us, for sure.

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I think having that facility, facility facilitator, it gave us a, like a direction to go down, with every module. But she gave us, like creative freedom to explore as a team. That's so important to have. So glad you had that. I would also describe my facilitator as a safe space professor Morgan. She was wonderful.

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Also from the College of Nursing. She was amazing at helping us to, exercise skills that maybe we were a bit unfamiliar with or when we were role playing in different activities throughout the course, just giving us that space in that confidence to, try things out. And if we, you know, had wanted to do something different the next time, you know, we received feedback and then try it again.

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So she was great. Now that we've got like, background on the the course, let's get dive into, specifically the module that we're here to talk about today, which was substance use disorders and, and or professional care for substance use disorder. Tell me a bit about the study module. We were essentially given a patient that, was in active substance use, and the goal was to move that patient from active substance use to treatment and then hopefully to recovery.

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But something that was demonstrated in the activity was sometimes the person doesn't make it all the way to recovery. Sometimes they're in recovery. And then they are they have an experience and they're no longer in recovery anymore. So I think that was demonstrated above real life. And, some of our teams made it all the way to recovery, some made it halfway, some had, experiences where their, their patient was experiencing some sort of setback.

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So again, I think that was very demonstrate of of what real life is like. And along the way we were, mindful of the patient's well-being, the patient's progress. And then as a team, our collective well-being and, and team burnout was something that we were constantly assessing along the way as well. So there's many factors, that we were aware of as we were working with that patient through the continuum of care.

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Well said everyone. Yeah. So you had, a patient case that your facilitator read with you, and then you talked about, you know, the patient was in active substance use. So there were different scenarios that you all had to work through as a team. And you did so many scenarios while the patient was in active substance use.

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And then if enough positive progress was made with the patient, then the facilitator gave you another patient case update, and then you had new scenarios to work through. And then that process repeated for for a final time with, you know, the, as you said, the hopeful goal of a person and, you know, maintaining stabilization and recovery. Tell me a bit about the scenarios because some were positive but some had some negative outcomes.

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Right. Yeah. Each of the scenarios held different consequences. As you said, positive or negative. A lot of the times whenever there was a positive, scenario, it was welcomed with open arms. But of course, as real life goes, there are often scenarios where the patient or the team itself was sent back. And I think that with each scenario came opportunities, especially if it was negative, there were opportunities to overcome the possible negative outcome.

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And there are various ways to overcome the, the negative outcome,

which included there are little aspects, factors that we could choose. We could utilize a method of communication that we learned within the class. We could roll a dice, take a chance, or we could spend what currency was given to us at the beginning of the activity that was useful in situations like that, while we attempted to overcome these negative outcomes with things such as tokens or rolling dice, taking a chance, we found that utilizing the communication methods that we learned was a much better process for us to grow as a team and to help the patients with more,

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hands on communication, as a whole. And how is that, too? Because, you know, you said, you could use a tool that you've learned to, to mitigate the negative outcome. But it wasn't just, oh, well, in this situation, I would do motivational interviewing like you had, you had to actually practice it, right? Yes, absolutely.

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Yes. Things like motivational interviewing. We were able to tackle, these scenarios by practicing them in the situations where the negative, such, outcomes that were presented. And through that, we were able to, continue forward and possibly either, mitigate the negative outcome or possibly turn into a good outcome, entirely. It was really nice. Yeah.

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And all of you mentioned, like, how key your facilitators were, like, I, I can imagine that must it must feel good to get to practice, you know, how would you address this as a team? What would you say to the patient while in this as you all set described, you know, safe space with the facilitator who, you know, created that environment where where you felt like you could practice these skills.

00:14:47:13 – 00:15:36:04
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Yeah. I think, with each with each turn right, there was one person who pulled the, the scenario card. But the way that my team approached it was it it was a collective, effort. So everyone didn't feel so, pressured to take this scenario on by themselves. So, with, like, the different communication styles, like, there was never one perfect technique, but I think as a collective, we could form a, a more like a more perfect, way to approach a specific scenario.

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Yeah. My team took a similar approach where we would read the scenario card and discuss as a group, which of the different skills we think

would be a good fit for approaching that scenario. We did then empower the individual, fold the card to be the one to actually practice it. So I think that was, great as it was a safe space to, to practice these skills.

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But it was nice to have a team to consult with and to ask, you know, what would you do here? Is there a specific skill that you think is maybe most appropriate for this specific scenario? And, our facilitate facilitator was great at again, being very encouraging of us, telling us, you know what, we did a good job.

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Which I think when you're in, such a new space and practicing these skills that maybe, maybe you've never heard of before entering in this classroom, it can be a bit intimidating, but knowing that we're doing this in a safe environment where it's very new for many of us was, encouraging and just felt like a safe space to try these things out, receive some feedback, and know to know how to improve.

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For the next time. And you know, when we enter the real world and use these skills in real life situations. So that's what I really appreciated about that. Tell me a bit about, what was it like to walk into this activity? I feel that of course, as you stated previously, this is this class usually occurs on a Friday afternoon from about 2 to 5 p.m..

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After weeks of multiple classes and multiple tests. But I feel that walking into this and in particular was very, very much of a change up. I feel that it was something that I was very engaged with due to the structure of it. It kept me engaged in the, in the fact that I didn't know what was coming next.

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And I feel that it was exemplary of how the overall situation goes in the treatment of US study. I think logistically we had a quiz prior to coming to class. So we had to learn about what a study was, what was the, treatment of choice, for SCD and so we got a foundation coming in, but we didn't really know what the activity or the scenario, the nitty gritty of the scenario would be.

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Yeah. Yeah. I feel definitely a lot of my team members were questioning every aspect of it since it was so foreign to most of us. I appreciated that there was a good mix of information and then also exercise of skill in the specific module. So as you mentioned we have some prep work before each class.

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And for me I think what was helpful was learning about destigmatizing language around substance use disorder. As that is something that's often evolving and we want to make sure that we're using the appropriate language that is person first. Especially when thinking about treating people and helping people who, deal with substance use disorder. So I think that was one part that I really appreciated.

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And there also was, education around neuroscience. What's going on in the brain when someone, is dealing with substance use disorder? And I think that all set us up pretty nicely for the actual activity. And then being able to foxo skills, as well, and, and helping our patient along the continuum of care. Yeah. I feel like the from the perspective of a faculty member, like we want you all to be engaged.

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We want you all to, you know, not only receive like, the information that we're teaching you, but we want it, you know, to we want it to resonate. We want it to land. We want it to be meaningful. And so I think any time we as faculty have the opportunity to do like this active learning, I mean, that's always my favorite part.

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How did this study activity help you actually practice working as an interprofessional team? For the study module specifically, I remember my, team didn't we didn't take the the game of chance in rolling the dice or, in sacrificing our little tokens. But I think, like all of us having that shared, goal of let's, let's if we're, if we're able, let's work on the scenario together.

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And then if we don't have the resources there, then we can chip in or leave it up to chance. But I think having like every, everyone worked together, again was, was put less pressure on on each person to do it alone. And I don't think we've said yet, but the rolling the dice and the tokens like there were strict limitations on those.

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So yeah, I feel like most of the teams that I observed did a lot of demonstration of interprofessional skills as opposed to rolling the dice or spending tokens. So you all had you had a cheat sheet of all the interprofessional skills that you had learned throughout the year. And those were the the options that you could choose from and how to respond to a scenario from the patient case.

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So even though you had that cheat sheet, were were there any situations where either you or your team members demonstrated an interprofessional skill like without even realizing it, I think the biggest one that was instilled into us was motivational interviewing. It's like the back of my hand. Now, whenever I speak to a patient in my community pharmacy setting, I always think about it about, oh, do I sound to do I to do I sound to patriarchy?

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Well, do I sound like I'm telling somebody to do something without actually having them, you know, understand it or feel as if I'm coming off as endearing because that's the overall goal. The number one thing I feel that I learned from this was we have to meet the patient where they are, right? And of course, it's always voluntary.

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I, Tina and I just had a ethics final over stuff like this. So it's of course ingrained in my head. But yeah, I think it also taught us, how to talk to another, profession. Like if you were to present this case to another profession, how you would use that? And I think the technique that we learned in class was aspire.

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So situation what is the background? What's our assessment? And at the end of all of that, what's our recommendation for this problem. That's a skill that came to mind for me especially with our nursing friends. I feel like they learned that early on in their education and they do that pretty naturally. So we started to adopt aspire and then just use it in communicating to each other.

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Especially in in this module, when we when we had updates around our patient, we were just using aspire to communicate what the situation was, the background, what we assessed about it. And then what we think we should do next. So, it was fun to see that we were just automatically using some of these skills without even realizing it.

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And it's second nature to you now. So we talked about resources like the, the tokens and the rolling of the dice. Were there ever times during the activity where you felt stuck or limited by the available resources? There wasn't really a time that I remember our team feeling stuck, but I remember there being some scenarios where it felt like our patient was stuck and we could only do so much to help them in that.

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For example, I had pulled a card that was something along the lines of the patient, I believe he worked in construction, and part of his treatment plan was coming in to, the hospital or wherever he was receiving care on a recurrent basis, and he was stuck at one of his job sites. And so part of our response as a health care team was deciding to, consult with him over the phone.

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Typically, again, he would come in to, the hospital for that treatment. But, you know, given meeting where the patient, where they are, we decided that it would be best to have consultation over the phone. Showing that we were empathizing with his situation, knowing that, you know, he can't control the fact that there was an issue at the job site that he couldn't get across town by a certain time.

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So, again, going back to the the meeting, the patient where they are and, it wasn't necessarily our health care team being stuck in that moment, but knowing that our patient could only go so far. So doing what we can to meet them in that moment. And adapting to the patient and giving your patient the best care.

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I love that your team thought of. Oh well he can't be here in person. So let's do telehealth. So I love that. Yeah I saw a lot of teams to, you know wanting the best for the patient and wanting the patient to progress. I also saw students, in their post module reflection, sharing that, you know, this activity kind of challenged their beliefs on like, well, what is patient progress?

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I'm saying this with air quotes. You know, what is patient progress? What is treatment failure? Did you all find that this activity, maybe

challenge some of your previous thoughts around those those terms with regards to some care in a traditional sense? With what I feel every a lot of people are, are led to believe, you know, treatment and progress is a linear spectrum.

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You know, you can start out, you know, actively using and then you're supposed to progress towards not using anymore. And, you know, not having a recurrence of usage. But this, activity in particular offered us, an actual look at what it's like to go through this and in what we were talking about with the scenario cards, you know, different scenarios posing different, challenges or positive outcomes.

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I think my team being great as a as we are, we did encounter some hurdles, especially with, some special cards. I know where you're going with this. I don't know if you all knew, but all the facilitators had two cards that they could issue if they wanted to. And these were kind of patient case updates, kind of like a curve ball that they could introduce into the activity.

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And the patient case update was that, you know, something happened and the patient had a recurrence of use and teams had to, you know, go back and readdress previous scenario cards. So Luke, it sounds like does your team get a recurrence of use card issued? Yes. What did you all get? We get no. Okay. Okay. Yeah.

00:28:27:08 – 00:28:59:14
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So our facilitator was nice, sweet. And we didn't get the recurrence abuse, and I, I like that distribution. Right. Because that's representative of just the individual experience that people have when seeking, treatment for some, like some patients, they have a goal of I, you know, I want to be abstinent from all substances. And they may be abstinent from all substances.

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Some people may have that goal and have, you know, recurrences of use along the way. And I loved what you said, that, you know, treatment and recovery, it's not linear. What did these scenario cards reveal to you about real world study care? I think in the study specifically, what I've learned is people come in, to seek treatment mainly because it's affecting their relationship with their close to the, their loved ones.

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And they, they want to change that, for a specific reason. So I think, like, even in progress, it's for the patient. It might be the goal of being more present as a parent or being more present as a partner. So it's I think, asked specifically, it's the goals of the patient. And whereas the progress there, I think something I learned, as I said, looks different for everyone.

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And as Tina mentioned, everyone's goals look different as well. I think sometimes our study is, recreational, sometimes it's compulsive, sometimes it's chronic. And, there's no right or wrong. It it takes different forms for, for different people. So, that was one thing that I definitely took away from it. And, just tying it back to meeting the patient where they are.

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As I said, different patients have different goals. So doing what we can as health care providers to help them meet those goals, was the other idea that I really took away from it. Yeah, absolutely. Using those goals to individualize and tailor your plan because yeah, some people, they may want to keep using substances and they may have goals around, you know, keep me healthy, keep me safe.

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So I think one thing that we, I saw discussed, a lot was, you know, maintaining a person's wellness and, and again, like you said, addressing the goals that they have, and we can try to help them, you know, realize detrimental aspects of, continuing to use substances or whatever it is. But at the end of the day, it's empowering them in the choices that they're making.

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And as you mentioned, keeping them safe and recognizing the goals that they have for themselves and trying to help them meet those goals first and foremost. So what made this activity effective for your learning, and what should educators take from from that? I think that it made it a lot more engaging. I touched on that earlier. Sometimes when I go into class, I feel a little drained from energy, and especially because this particular class is sometimes on the other side of campus from where I am in the pharmacy building.

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But it was more hands on. And although it and it did involve our

facilitator and, overall guidance from the course coordinators at the beginning of our, class, it had us dealing with these, scenarios on our own. And it also helped, like apply some real knowledge as well that we've already gained and how we can apply it to the certain, situations that we were presented.

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Yeah. I think my biggest takeaway from this module was to give yourself grace. And ultimately, when you're in trouble, lean on your teammates and lean on their strengths. And, I think that overall helps everyone's progress.

00:33:21:08 - 00:33:59:10
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I think I really appreciated that you saw how different scenarios impact a patient, and sometimes people are afforded certain things that give them an advantage. And sometimes there are things that disadvantage folks as well. So seeing that in the activity, was something I appreciated. And also, just recognizing that that care is individualized. And I like that we were given the opportunity to discuss as a team like how for this specific person, can we best show up for them?

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And I really thought that that was a great exercise for all of us. And a good reminder that, again, care is individualized and, meeting people where they are is important, and taking their goals into account is important as well. So being able to, exercise that in a safe environment was beneficial. So for our listeners, as you're listening to this conversation, maybe you're reflecting on your own teaching, training or clinical experiences and be thinking, you know, about the what kinds of learning activities, prepare future health professionals for the realities of such care and interprofessional teamwork.

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Okay, to close this out, what's one thing you'll carry into your future practice?

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No matter what, no matter how hard of a day I'm going through, I'm always going to realize that the people that I work with and the people that I communicate with and the patients that I, see, can also be going through the same things, you know, if not worse. And so always, meet them and greet them with the most positive energy that I can bring.

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Think of something that I will take with me is a reminder that everyone is experts in their own way. So within the energy or interdisciplinary sense, we're all experts in our own fields to a certain degree. And remembering to like, lean on your teammates, ask them questions, consult with them. That's the the crux of the class and the purpose of the class.

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So I think that's one thing that I would take with me or that I will take with me. I think the other reminder is that the patient is the expert in their own world as well. So remembering that everyone has agency in their own life, and they know themselves and their body and their history and their background best.

00:36:08:05 - 00:36:36:00
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So, remembering that they're a person at the end of the day and, relying on them for the expertise and their own care. Yeah, I think out of all of this, I would remember to meet the patient where they are, and the resources that are accessible to them. Or would help, would help them at the end of the day.

00:36:36:02 - 00:36:59:08
Unknown
So. Perfect way to close this out. Luke. Tina, Megan, thank you all so much for being on voices in the work and, you know, sharing your perspectives and your experience with this activity with our audience. It's been great to have you. So thank you so much. Thank you. Of course. Thank you so much for having us.