

LEARNER TASKS

You are a student in the ED caring for a patient with Opioid Use Disorder (OUD) who has relapsed and overdosed. You can use the Buprenorphine “script” to talk with the patient. The patient is willing and eager to begin Buprenorphine.

Gather Data:

- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention including assessment of readiness and confidence in change.
- Talk to the patient about prior overdose history and treatments used in the past including detox, rehab, MOUD (Medications for OUD).

Build Relationship:

- Counsel the patient regarding the chronic nature of substance use disorder as a disease with MAT options demonstrating empathy.
- Evaluate the presence of current depressed mood and clarify the risk of self-harm.

Engage Patient in Care Plan:

- Confirm patient’s interest in initiating MOUD and discuss subsequent appointment at the Bridging Clinic; use the SUD treatment resources list and collaborate on follow-up care.
- Describe appropriate administration of first dose of sublingual buprenorphine-naloxone.
- Educate regarding need for Naloxone kit for safety as part of treatment plan.

CASE DETAIL

Patient Profile: Patient is eager to begin Buprenorphine

Name: Pat Sheehan, age/gender per SP, single, with cohabitating partner, 1 child (lives with another parent)
Occupation: Not working, previously mid-level manager

Setting: The patient was brought to the ED after being found unresponsive in apt by partner who called 911 and started bystander CPR. EMS run sheet is in the folder. Patient received 2 doses of intranasal naloxone and was revived. Patient was transported to the ED anxious, sweaty and having vomited. The patient’s last clear recollections of the day were 1 hour before being found.

The patient began using opioids 5 years ago when given oxycodone for 2 months after ankle surgery; patient noted it helped with pain, anxiety and general mood and started buying it from friends. Patient transitioned to heroin after about 6 months as it was cheaper and stronger. Patient is in moderate opioid withdrawal but otherwise medically stable and has expressed interest in MOUD. You were called to discuss and perform this treatment option with the patient.

SMALL GROUP FACILITATION

<p><i>iCELS staff will announce timing to assure the day flows correctly.</i></p> <p><i>Please make every effort to stay on time.</i></p>	Encounter Timing:	
	0 min	• Staff announce time to prep for the case: direct learners to review materials and tasks.
	5 min	• The SP knocks and enters the exam room.
	17 min	• Staff give the 2 minute warning.
	19 min	• Staff announce the end of the encounter. • The SP will not participate in feedback but exit the exam room to complete a checklist. • You will begin debriefing.
	27 min	• Staff give the 2 minute warning to finish up debriefing.
29 min	• Staff announce the end: stop debriefing and direct learners to prepare for the next case	

