

INTERPROFESSIONAL CONTINUING EDUCATION ADDRESSING OPIOID PRESCRIBING FOR PEDIATRIC PATIENTS

Kenneth Fiala; Marianna Shershneva, MD, PhD; Barbara Anderson, MS

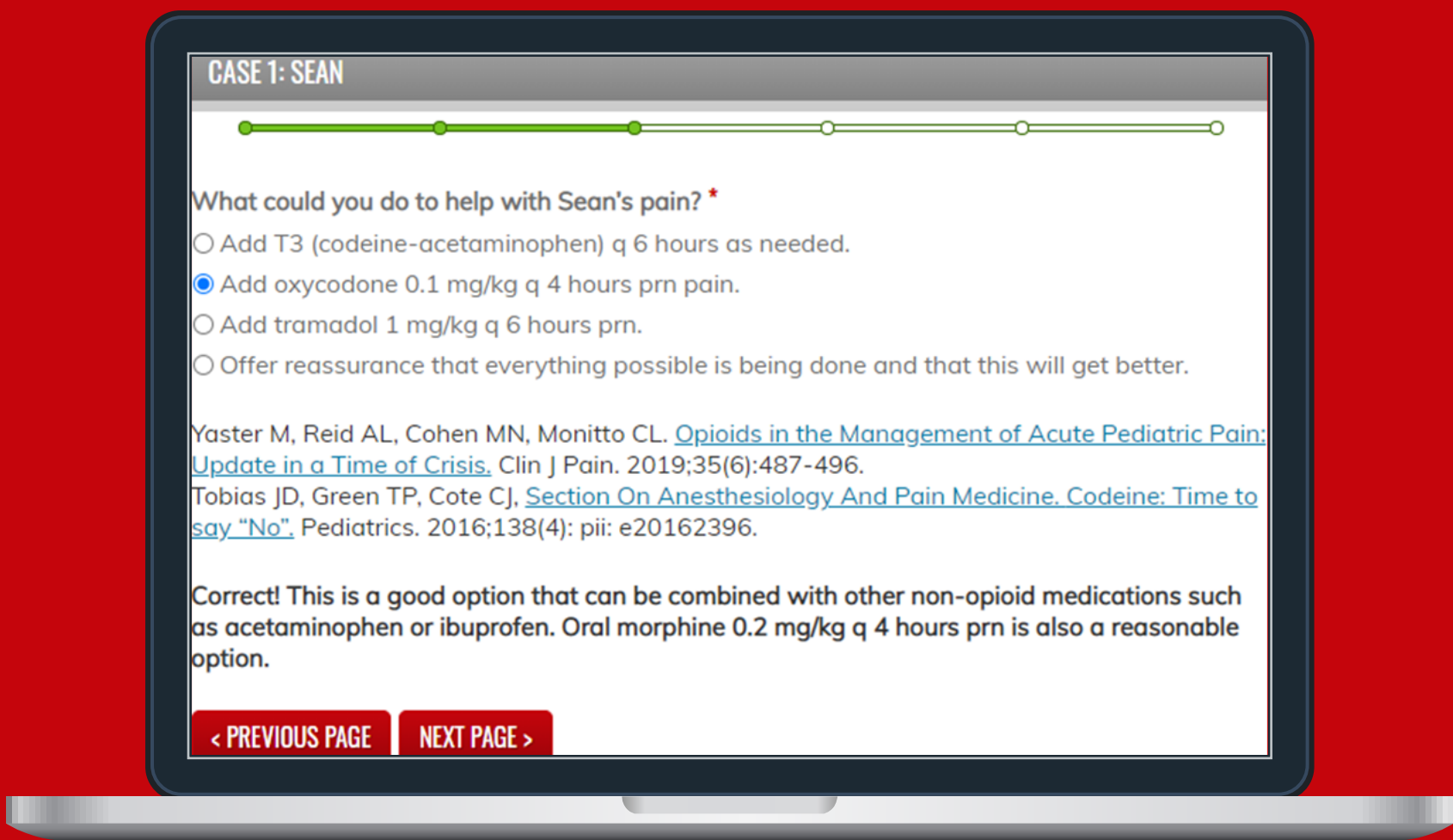
INTRODUCTION

There is great variation among pediatric providers in opioid prescribing based on patient-specific demographic characteristics and pain-related diagnoses. Approximately 60% of opioid prescriptions dispensed to pediatric patients include more opioids than are needed to treat the acute pain disorder.¹ A cross-sectional study of pediatric deaths from prescription and illicit opioid poisonings between 1999 and 2016 documented that the mortality rate among children and adolescents increased nearly 3-fold.² Clinical teams are currently being challenged to respond to a growing public health problem related to opioid use in the young.

The University of Wisconsin-Madison Interprofessional Continuing Education Partnership (UW-Madison ICEP) launched an online course titled **“Safe Opioid Prescribing for Pediatric Patients”** on September 30, 2019. This course was designed as an interprofessional activity for pediatricians, physician assistants, nurse practitioners, nurses, pharmacists, social workers, and other healthcare providers who provide care to pediatric patients. This poster presents interim evaluation data collected during the first 8 months since the course launch, focusing on outcomes consistent with interprofessional competencies and collaborative practice.³

COURSE DESCRIPTION

Content experts, including physicians, pharmacists, and nurses, collaborated with the educational specialists to develop this 2-hour course. The course provides multiple opportunities to engage in active learning by viewing 5 concise presentations, working with 6 clinical cases and receiving immediate feedback, responding to discussion questions, and studying provided educational resources. Multiple types of credit are associated with this course. It is also approved by the Wisconsin Medical Examining Board to meet the requirement in the state of Wisconsin for education on responsible opioid prescribing.



EVALUATION METHODS

The course evaluation includes pre- and post-test assessment; post-activity evaluation survey about quality of education and commitment to practice change; post-activity *Interprofessional Collaborative Competency Attainment Scale (ICCAS)*,⁴ and a 3-month post-activity follow-up survey. Analyses involved descriptive statistics, a two tailed t-test to compare the “before” and “after” ratings of ICCAS statements with a significance level of $P \leq 0.05$, and a review of qualitative data.

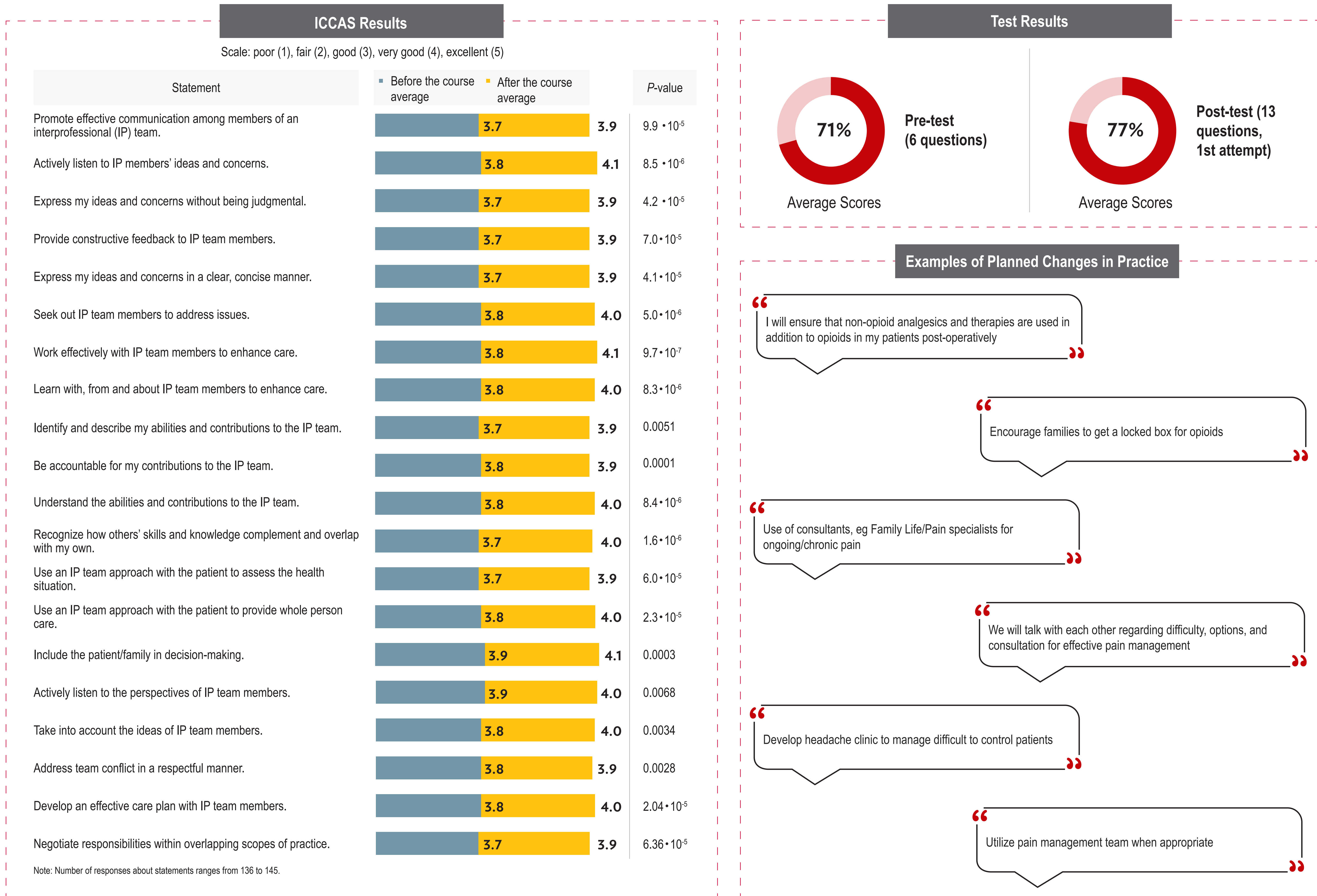
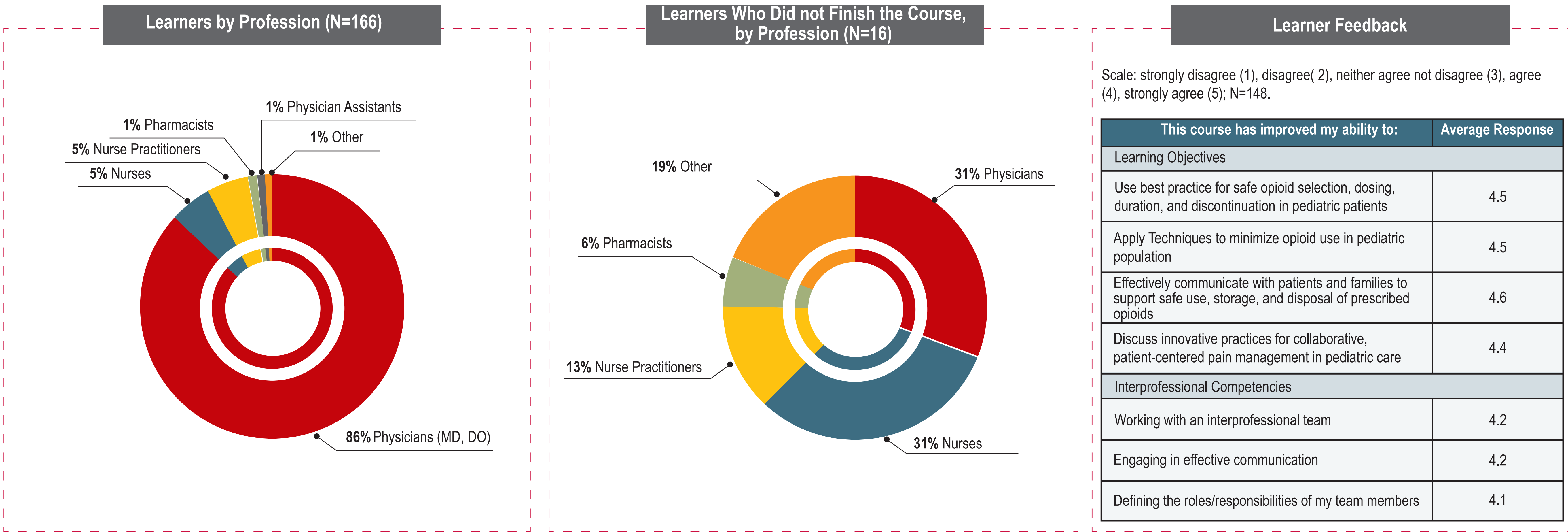
DISCLOSURE

The authors of the poster have no relevant financial relationships to disclose.

REFERENCES

1. Thibault M, Label D, Nguyen C. Opioids after discharge in pediatric patients. *Anesth Analg*. 2016;122(6):2064.
2. Gaither JR, Shabanova V, Leventhal JM. US National trends in pediatric deaths from prescription and illicit opioids, 1999-2016. *JAMA Network Open*. 2018;1(8):e186558.
3. Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, D.C.: Interprofessional Education Collaborative, 2011.
4. Schmitz CC, Radosevich DM, Jardine P, et al. The Interprofessional Collaborative Competency Attainment Survey (ICCAS): A replication validation study. *J Interprof Care*. 2017;31(1):28-34.

RESULTS



DISCUSSION

This interactive course was developed by an interprofessional team of experts and planners for healthcare teams. A majority of the learners were physicians (86%). This high participation percentage aligns with the requirement in the state of Wisconsin for physicians to complete a 2-hour CME course to be able to prescribe opioids.

Analysis of the interim evaluation data documented desired outcomes at multiple levels of evaluation. In particular, the course is successful in improving learners' interprofessional abilities. A validated ICCAS tool for measuring the impact of interprofessional education showed a statistically significant increase for each of 20 statements. This improvement may be explained by a deliberate effort of the course developers to emphasize how this topic relates to healthcare teams and collaborative practice, speakers being from different professions—a physician, a pharmacist, and a nurse, and the strategies for active learning embedded in the course.

In preparation for the next iteration of this course, there will be a discussion of how to better reach a more diverse group of healthcare professionals while striving for a higher percentage of completion of non-physician learners.

