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## **Nursing Fellowship in Addiction Medicine: A Novel Programme in a Canadian setting**

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Substance use disorders disproportionally contribute to the global burden of disease;<sup>1</sup> however, their treatment has been hindered in large part due to a long-standing “bench to practice” gap in which competencies for assessing, treating and preventing substance use disorders are often lacking from healthcare education curricula.<sup>2</sup> Immediate and effective translation of recent advances in addiction research into routine clinical practice requires specialized training programmes for health professionals involved in the care of patients and families affected by substance use disorders.

Nurses play an essential role in assessing and treating the full range of substance use disorders. For instance, a Cochrane review found that patients who had received nurse-administered brief interventions for tobacco cessation were 1.3 times more likely to stop smoking compared to control patients.<sup>3</sup> Other innovative nurse-led and case-managed models of care may be successful alternative strategies for treating patients with opioid addiction.<sup>4,5</sup> Unfortunately, there is a systemic lack of curricula and comprehensive training programmes for nurses to learn and practice evidence-based addiction care.<sup>2</sup>

Interdisciplinary education between physicians, nurses and other allied health providers can promote collaboration and improve decision-making to optimize approaches to patient care.<sup>6</sup> While health care training is gradually transitioning toward more multi-disciplinary training models, traditionally, nurses and physicians have been trained through separate programmes despite working closely together in real-world practice. This disconnect between training and practice may further deepen the division between nurses and physicians, which may ultimately compromise patient safety, nurse-physician communication, staff retention and job satisfaction.<sup>7,8</sup> While the unique roles, responsibilities and scopes of practice of nurses and physicians often require separate training programmes, blended interdisciplinary training may play a particularly important role in effectively

managing substance use disorders and related harms, such as mitigating the risk of fatal overdose associated with over-prescribing in the midst of the current opioid epidemic.<sup>9</sup>

Recently, a new interdisciplinary fellowship in addiction nursing, social work and medicine has been established in Vancouver, Canada. This unique fellowship—which is embedded within North America’s largest addiction medicine training program—currently trains eight physicians, four nurses, and two social workers each year, who engage in specialty clinical addiction skills training in addition to research and leadership skill development. Interdisciplinary fellows learn and teach together in a variety of educational settings including clinic site rotations, didactic lectures, journal clubs, case study discussions, and attendance at addiction medicine conferences.

To evaluate the impact of this interdisciplinary fellowship on clinician competence and confidence, the Better Addiction Medicine Education for Doctors (BEAMED) study was established, which involves 50-minute voluntary qualitative interviews with clinicians who have completed the addiction fellowship. Preliminary findings from nurse fellows participating in the study signal a beneficial effect of interdisciplinary training on their knowledge and skills in addiction nursing. For instance, one nurse stated:

“so often [nurses] get training that is, you know, separate. So nurses get their own workshops and their own conferences, and physicians are somewhere else doing their own learning. So it was really valuable to learn next to physicians and to get that same training that they get ... I think it also helps build more of a respect and collaboration when there’s interdisciplinary learning. Sometimes as nurses we feel segregated, or there’s a bit of a power dynamic between physicians and nurses. But when you’re learning together in the same room you’re on an equal level, and I think that really helped—for me, I felt a sense of empowerment, and I felt that it was more of a collaborative learning environment.”

Participants also highlighted the systemic issue of interdisciplinary teaching that is lacking in many health care settings. One nurse commented, “Physicians don’t know how to train nurses,” while another nurse stated: “There’s not as much of a culture of teaching in nurses ... when I went to some of the clinical settings, often the nurses there didn’t really know what my role was ... They

hadn't heard of what a 'nursing fellow' was before." Therefore, nurses emphasized the need to expand nurse-specific education in interdisciplinary addiction teaching settings, and to foster interdisciplinary fellowships that capitalize on the teaching and learning styles of nurses.

Thus, while addiction medicine fellowships for physicians exist in many settings and play an important role in bridging the gap between science and practice in clinical care, the impact of these fellowships may be increased by training nurses and other allied health professionals alongside physicians. Additionally, given the given the immense potential of nurses to improve access to care, reduce harms and improve the quality of life for individuals with substance use disorders, further development of nurse-specific fellowships, basic undergraduate curricula in addiction nursing, and interdisciplinary training opportunities is greatly needed.

## REFERENCES

1. Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet* 2009;373:2223-33.
2. The National Center on Addiction and Substance Abuse (CASA) at Columbia University. *Addiction Medicine: Closing the Gap between Science and Practice*. New York: CASA Columbia; June 2012: <http://www.casacolumbia.org>.
3. Rice VH, Stead LF. Nursing interventions for smoking cessation. *The Cochrane database of systematic reviews* 2008:CD001188.
4. Alford DP, LaBelle CT, Kretsch N, et al. Collaborative care of opioid-addicted patients in primary care using buprenorphine: five-year experience. *Archives of internal medicine* 2011;171:425-31.
5. LaBelle CT, Han SC, Bergeron A, Samet JH. Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers. *Journal of substance abuse treatment* 2016;60:6-13.
6. Maxson PM, Dozois EJ, Holubar SD, et al. Enhancing nurse and physician collaboration in clinical decision making through high-fidelity interdisciplinary simulation training. *Mayo Clin Proc* 2011;86:31-6.
7. Rosenstein AH. Original research: nurse-physician relationships: impact on nurse satisfaction and retention. *Am J Nurs* 2002;102:26-34.
8. O'Leary KJ, Thompson JA, Landler MP, et al. Patterns of nurse-physician communication and agreement on the plan of care. *Qual Saf Health Care* 2010;19:195-9.

9. Gugelmann H, Shofer FS, Meisel ZF, Perrone J. Multidisciplinary intervention decreases the use of opioid medication discharge packs from 2 urban EDs. *Am J Emerg Med* 2013;31:1343-8.