

# Examining Addiction Treatment Facilities: An Observational Study From The Perspective of Medical Students

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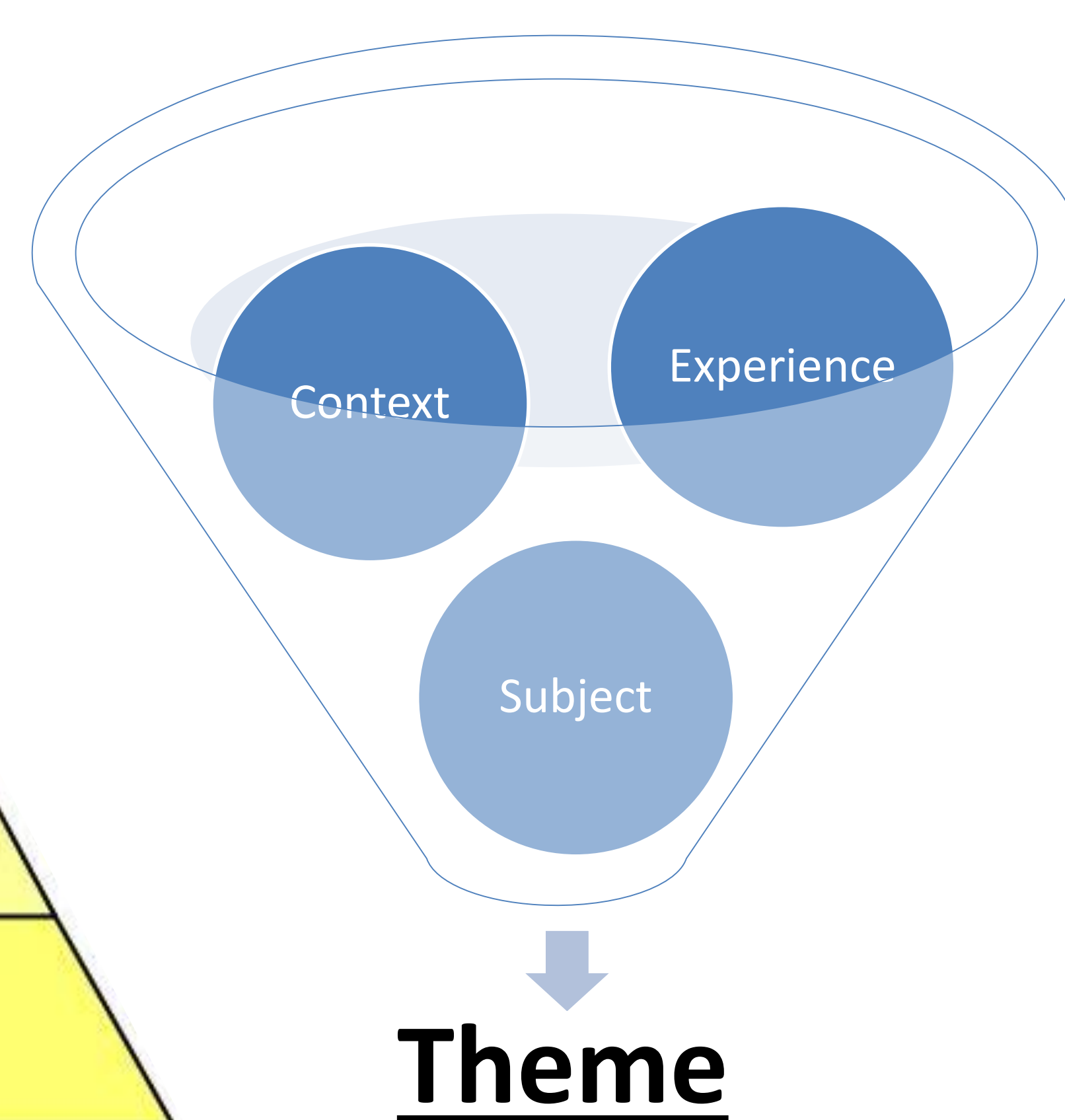
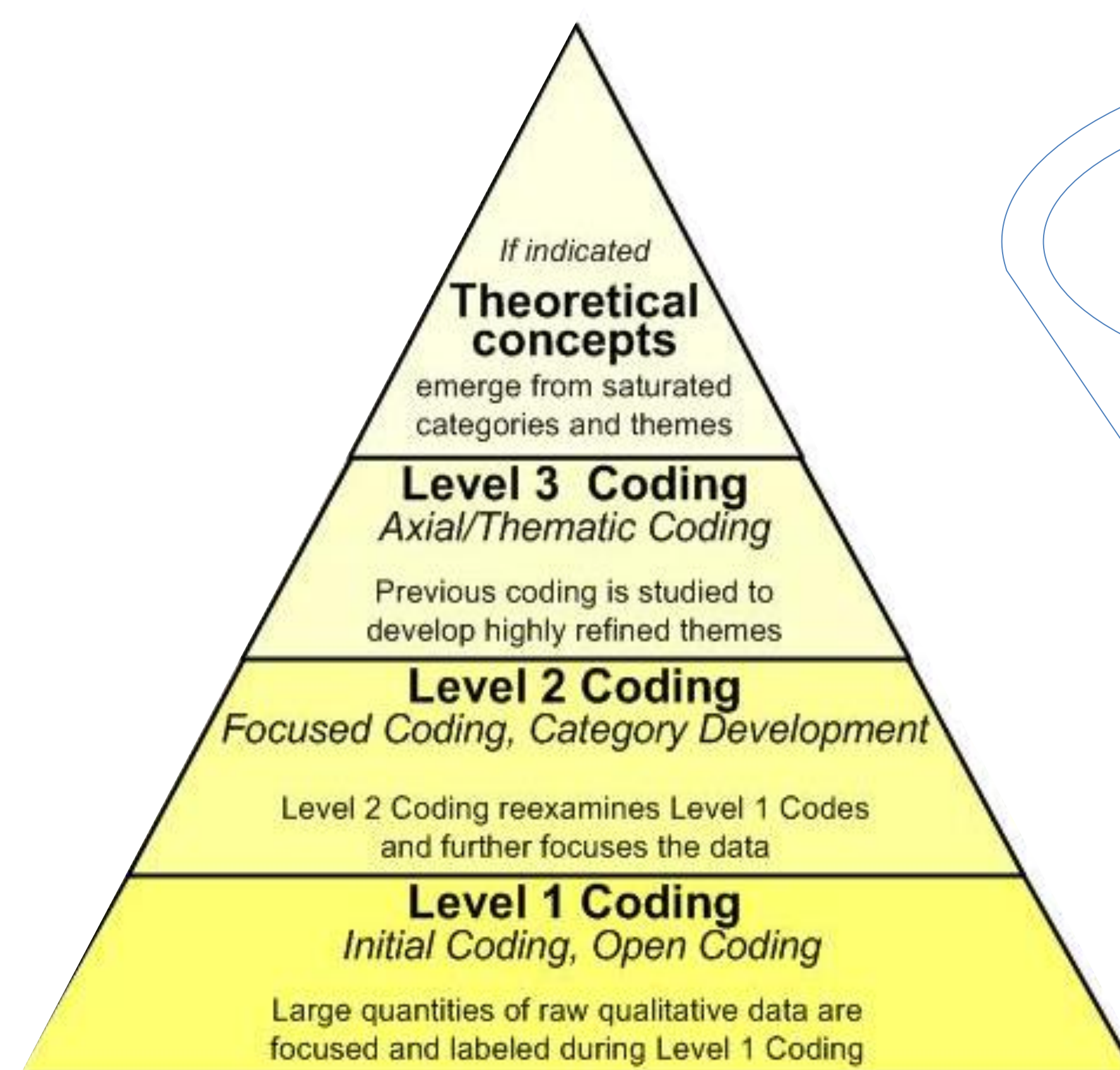
## Background

The Scaife Advanced Medical Student Fellowship in Alcohol and Other Drug Dependency (Scaife Fellowship) is a 3-week immersion educational fellowship with the goal of training medical students to recognize how substance use can negatively influence health and wellness.

The Scaife program is funded by the Scaife Family Foundation and implemented by the Institute for Research, Education and Training in Addictions (IRETA)

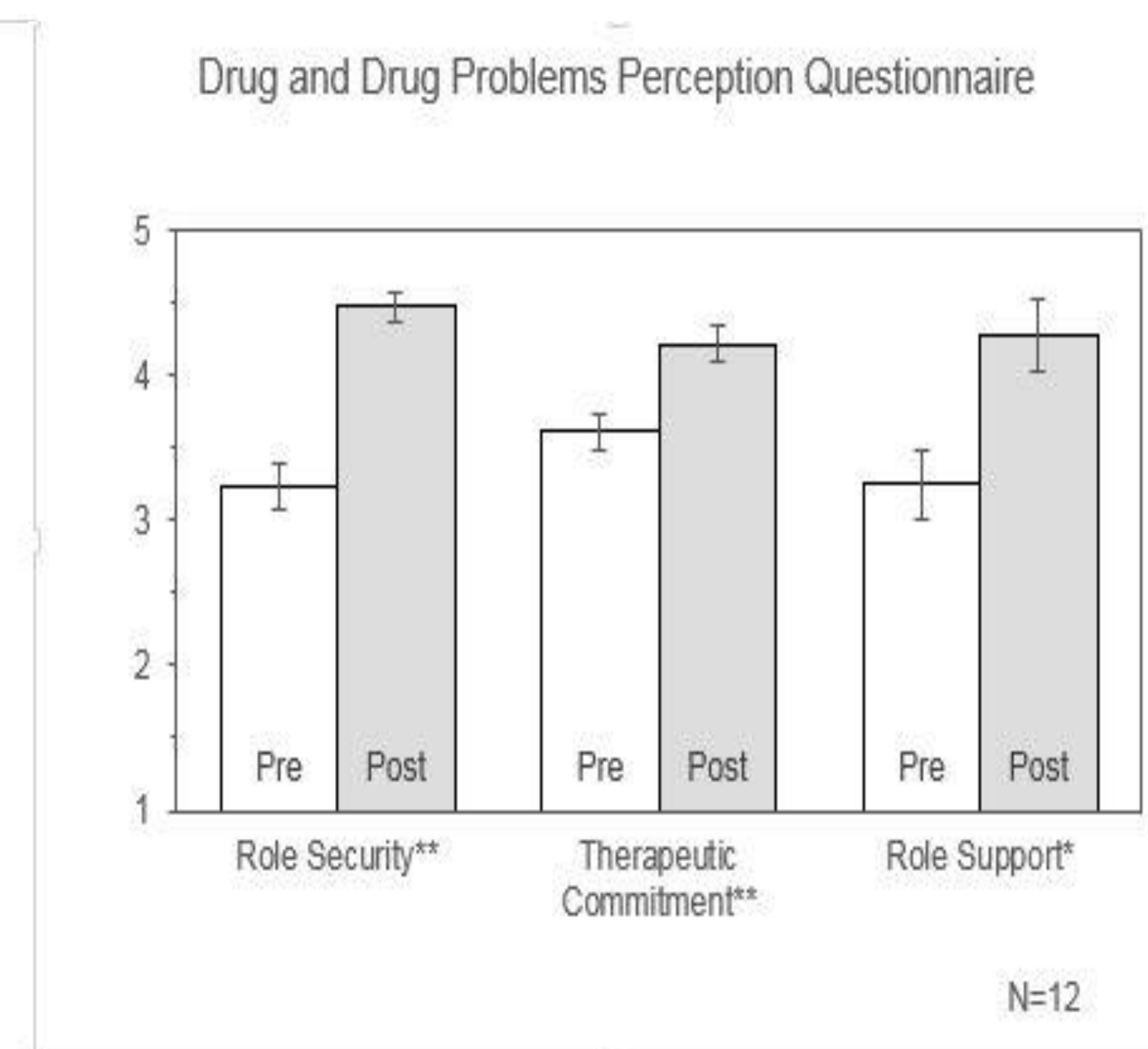
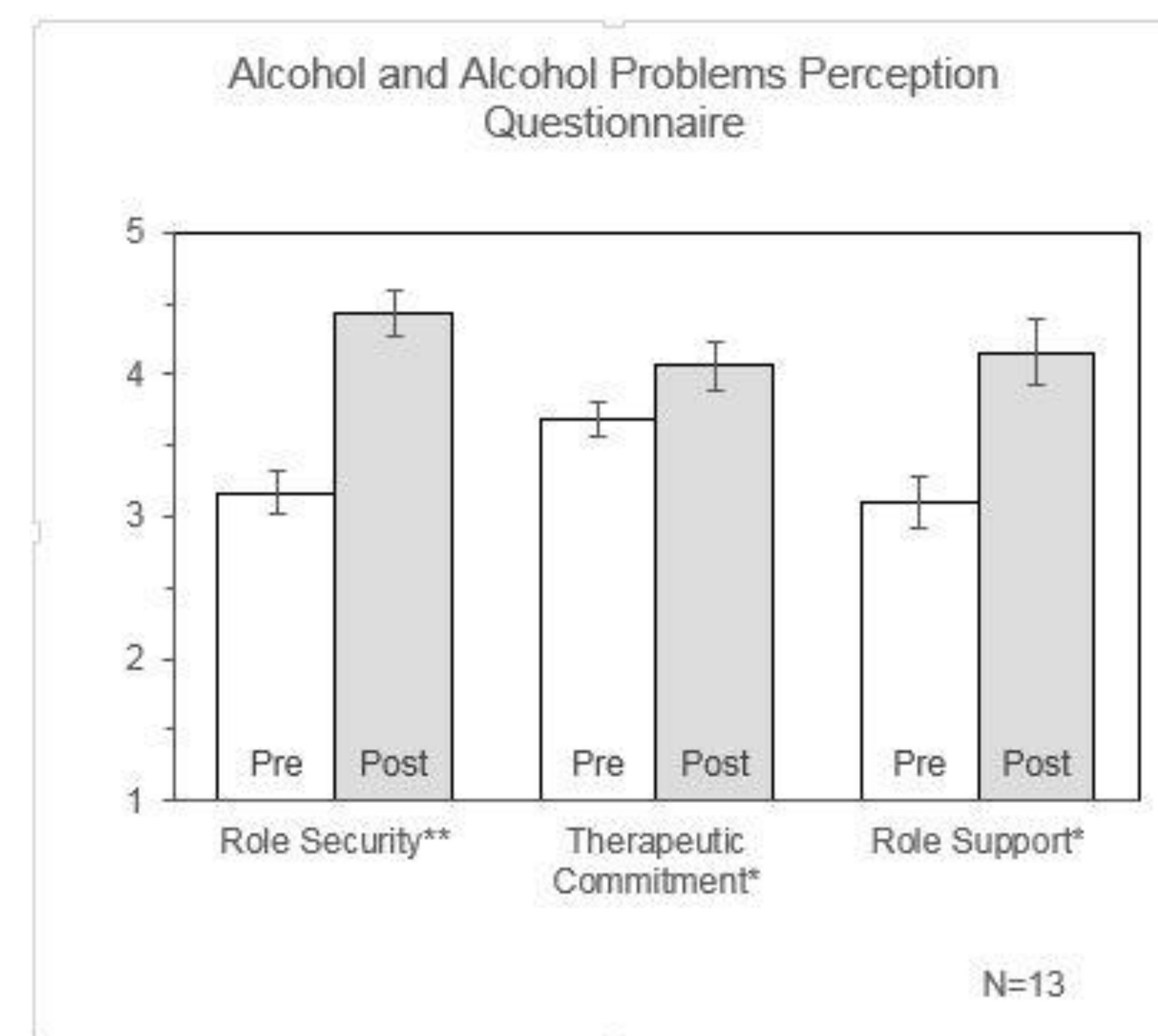
## Methods

- Observations:** Three medical student participants took observational field notes during their site visits to addiction treatment facilities and other community organizations, such as AA and NA meetings. These notes consisted of a description of the occurrences, followed by a reflection. A thematic analysis was then conducted by the three students and the IRETA Education Director. A fourth reviewer compiled the coded data into five themes.
- Pre/Post Perceptions Surveys:** The Alcohol and Alcohol Problems and Perceptions Questionnaire (AAPPQ) and the Drug and Drug Problems and Perceptions Questionnaire (DDPPQ) were used.



## Observational Field Notes

Observational Notes	Reflective Notes
Direct quote from counselor at Gateway Rehabilitation Center: "Doctors don't understand the emotional aspect and just focus on the physical aspect. They don't connect the physical to the emotional, which is crucial to addiction."	Clearly, many physicians have a poor understanding of addiction and what these patients go through. It is worrisome that a lack of physician education coexists with the ongoing opioid epidemic.
Counselors at the Salvation Army rehab center state that they <b>do not</b> record success rate for the program. They predict it is less than 10%.	Not every facility has the time or resources to conduct research/analyze data. However it is simply not productive or beneficial to continue implementing a program of unknown efficacy.
Instead of making patients feel guilty for a relapse, Dr. Hakas prefers to meet them halfway and formulate realistic goals together.	This approach is reasonable and logical, it seems like the key to developing a strong relationship with patients and getting them to trust you.



A statistically significant improvement was seen in all areas tested. Students completed pre/post Alcohol and Alcohol Problems and Perceptions Questionnaire (AAPPQ) and the Drug and Drug Problems and Perceptions Questionnaire (DDPPQ).

## Observational Themes

- Communication** – defined as the conversation or dialogue between patient and staff (counselors, physicians, & other behavioral health providers) or peers and patient activities (i.e. groups, patient engagement activities) at the time of student observations
- Support** – defined as the relationship between the patient and the doctor
- Environment** - defined as the treatment program or organization in which the patient was engaged in at the time of student observations.
- Empathy** – defined as having emotions and feelings, including displaying qualities such as self-esteem, confidence and humanity at the time of student observations.
- Physician Education** – defined as formal knowledge and education on addiction, the use or utilization of effective treatment methods, such as evidence-based practices, as well as using personal judgement (judgement calls) at the time of student observations.

References: Gorman, D. M., & Cartwright, A. K. (1991). Implications of using the composite and short versions of the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ). *British Journal of Addictions*, 86(3), 327-334. Lindsay, DL, Hagle, H., Lincoln, P. Williams, J. & Luongo, P.F. (2017): Exploring medical students' conceptions of substance use: A follow-up evaluation, *Substance Abuse*, DOI: 10.1080/08897077.2017.1342735  
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