

Advanced Practice Nursing Education Core Competencies for the Prevention and Management of Prescription Drug Misuse

RECOMMENDATIONS FROM THE GOVERNOR'S ADVANCED
PRACTICE NURSING EDUCATION WORKING GROUP ON
PRESCRIPTION DRUG MISUSE



Governor's Advanced Practice Nursing Education
Working Group on Prescription Drug Misuse

April 2016

CORE COMPETENCIES FOR THE PREVENTION AND MANAGEMENT OF PRESCRIPTION DRUG MISUSE

Working Group Background:

In an effort to prepare the next generation of Advance Practice Nurses (APRNs) with the necessary tools to curb the nation's current opioid epidemic, the Baker-Polito Administration, the Massachusetts Affiliate of the American College of Nurse-Midwives, the Massachusetts Association of Advanced Practice Psychiatric Nurses, the Massachusetts Association of Colleges of Nursing, the Massachusetts Association of Nurse Anesthetists, the Massachusetts Chapter of the National Association of Pediatric Nurse Practitioners, the Massachusetts Coalition of Nurse Practitioners, and the deans and program directors of the Commonwealth's sixteen (16) nursing schools with APRN programs have partnered in enhancing current advanced practice nursing program core competencies. This first-in-the-nation partnership has resulted in the establishment of cross-institutional core competencies for the prevention and management of prescription drug misuse that will reach the more than 2,000 enrolled APRN students across the Commonwealth of Massachusetts.

APRN practice activities include, but are not limited to advanced assessment, diagnosis, treatment, referrals, consultations, and other modalities appropriate across the life span for health promotion or health maintenance for those experiencing acute or chronic disease, illness, trauma, or other life-altering events in which rehabilitative and/or palliative interventions are necessary. To this end, APRNs encompass several specific scopes of practice and/or specialties, including nurse practitioners, nurse midwives, nurse anesthetists and psychiatric clinical nurse specialists.

This collaboration and set of cross-institutional core competencies will serve as a vital bridge between advanced practice nursing education and clinical training by providing APRN students with enhanced training in primary, secondary, and tertiary prevention strategies regarding prescription drug misuse, representing an innovative and forward-thinking contribution to a multi-faceted strategy to curb the opioid epidemic. The Commonwealth of Massachusetts is again setting a new standard – this time by providing future generations of APRNs with a strong foundation in prevention, identifying substance use disorders, and referring patients to appropriate treatment through high-quality, patient-centered, and

inter-professional practice. With this enhanced educational foundation, Massachusetts' APRN students will be better prepared to enter into clinical training and to provide excellent patient-centered care as our future prescribers and practitioners.

Core Competencies Overview:

The Governor's Working Group is pleased to outline the following cross-institutional consensus document regarding a set of measureable core competencies for the prevention and management of prescription drug misuse. Working Group membership, representing the Department of Public Health, the Massachusetts Affiliate of the American College of Nurse-Midwives, the Massachusetts Association of Advanced Practice Psychiatric Nurses, the Massachusetts Association of Colleges of Nursing, the Massachusetts Association of Nurse Anesthetists, the Massachusetts Chapter of the National Association of Pediatric Nurse Practitioners, the Massachusetts Coalition of Nurse Practitioners, and the deans and program directors of the Commonwealth's sixteen (16) nursing schools with APRN programs convened and advanced recommendations that responded to a comprehensive literature review, including over twenty-five peer-reviewed academic journal articles related to prescription drug misuse, substance use disorders, safe prescribing, and pain management.

The following recommendations for the core competency domains will be adopted by all Massachusetts nursing schools with APRN

programs for integration into the advanced practice nursing school training of all Massachusetts APRN students. Each school will establish appropriate curricular interventions and innovations to ensure that the stated competencies are being addressed for all students, allowing schools to tailor these competencies to their own curriculum development.

To this end, the schools have agreed in principle to develop and implement a substantive assessment of these competencies in order to evaluate students for baseline and post-implementation measurements. The Working Group recognizes opportunities to link these skills to emerging trends in competency development, as well as that the best evidence in clinical education supports performance-based evaluation as a key component of competency-based curricula, utilizing clinical settings or

“What we found is that less than 10 percent of American medical schools have a course in addiction. Ditto nursing, ditto pharmacy schools. So, contemporary [prescribers] are not equipped” - A. Thomas McLellan, co-founder of the Treatment Research Institute

simulation- and/or patient-based assessments using standardized patients and technology-enhanced simulation. These assessments represent the gold standard for objective competency evaluation of APRN students and residents.

Preamble:

The following cross-institutional core competencies are framed from the perspective of an encounter with a patient who typically presents with pain and/or other symptoms for which a prescription medication with the potential for misuse may be indicated. The goal of the stated core competencies is to support future advanced practice nurses, over the course of their nursing education, with both skills and a foundational knowledge in the prevention of prescription drug misuse. These competencies set clear baseline standards for primary (preventing prescription drug misuse), secondary (treating patients at-risk for substance use disorders), and tertiary (managing substance use disorders as a chronic disease) prevention skills and knowledge in the areas of screening, evaluation, treatment planning, and supportive recovery. While these competencies have been stratified into prevention domains, the following competencies are not intended to be wholly exclusive to any one prevention level; rather, this document enlists skills and knowledge which should be broadly applied to enhance a future APRN's ability to prevent and manage prescription drug misuse.

These core competencies are designed to serve as a vital bridge between advanced practice nursing education and clinical training, thus ensuring that future generations of prescribers are equipped with essential skills for safe prescribing and high-quality, patient-centered inter-professional practice. These concepts both encourage and demand an APRN's understanding of the importance of both team- and system-based care provision, ensuring the holistic treatment of substance use disorders as a chronic disease. The Massachusetts APRN programs universally recognize these core competencies as integral to the abilities of all APRN students, residents, and prescribers to safely and competently prescribe prescription drugs, and to successfully prevent, identify, and treat substance use disorders.

CORE COMPETENCIES FOR THE PREVENTION AND MANAGEMENT OF PRESCRIPTION DRUG MISUSE

In the appropriate setting, using recommended and evidence-based methodologies, the graduating advanced practice nursing student should demonstrate the independent ability and/or knowledge to:

- ❑ **Primary Prevention Domain – Preventing Prescription Drug Misuse: *Screening, Evaluation, and Prevention***
 1. Evaluate a patient’s pain using age, gender, and culturally appropriate evidence-based methodologies. For pediatrics, the assessment should reflect an understanding of opioid neurobiology and the effect on the developing brain.
 2. Evaluate a patient’s risk for substance use disorders by utilizing age, gender, and culturally appropriate evidence-based communication skills and assessment methodologies, supplemented with relevant available patient information, including but not limited to health records, family history, prescription dispensing records (e.g. the Prescription Drug Monitoring Program or “PMP”), drug urine screenings, and screenings for commonly co-occurring psychiatric disorders (especially depression, anxiety disorders, and PTSD).
 3. Identify and describe potential pharmacologic and non-pharmacologic treatment options including opioid and non-opioid pharmacologic treatments for acute and chronic pain management, along with patient communication and education regarding the risks and benefits associated with each of these available treatment options.
- ❑ **Secondary Prevention Domain – Treating Patients At-Risk for Substance Use Disorders: *Engage Patients in Safe, Informed, and Patient-Centered Treatment Planning***
 4. Describe substance use disorder treatment options, including medication-assisted treatment, as well as demonstrate the ability to appropriately refer patients to addiction specialists and treatment programs for both relapse prevention and co-occurring psychiatric disorders.
 5. Prepare evidence-based and patient-centered pain management and substance use disorder treatment plans for patients with acute and chronic pain with special attention to safe prescribing and recognizing patients displaying signs of aberrant prescription use behaviors.
 6. Demonstrate the foundational skills in patient-centered counseling and behavior change in the context of a patient encounter, consistent with evidence-based techniques.
- ❑ **Tertiary Prevention Domain - Managing Substance Use Disorders as a Chronic Disease: *Eliminate Stigma and Build Awareness of Social Determinants***
 7. Recognize the risk factors for, and signs of, opioid overdose and demonstrate the correct use of naloxone rescue.
 8. Recognize substance use disorders as a chronic disease by effectively applying a chronic disease model to the ongoing assessment, management of the patient and communication across specialties and disciplines.
 9. Recognizing the clinician’s own and societal stigmatization and biases against individuals with substance use disorders and associated evidence-based medication-assisted treatment.
 10. Identify and incorporate relevant data regarding social determinants of health into treatment planning for substance use disorders.

References:

- Alford, D. P., Zisblatt, L., Ng, P., Hayes, S. M., Peloquin, S., Hardesty, I., & White, J. L. (2015). SCOPE of Pain: An Evaluation of an Opioid Risk Evaluation and Mitigation Strategy Continuing Education Program. *Pain Med.* doi: 10.1111/pme.12878 <http://www.ncbi.nlm.nih.gov/pubmed/26304703>
- Ayu, A. P., Schellekens, A. F., Iskandar, S., Pinxten, L., & De Jong, C. A. (2015). Effectiveness and Organization of Addiction Medicine Training Across the Globe. *Eur Addict Res, 21*(5), 223-239. doi: 10.1159/000381671 <http://www.ncbi.nlm.nih.gov/pubmed/25966903>
- Belgrade, M. J., Schamber, C. D., & Lindgren, B. R. (2006). The DIRE score: predicting outcomes of opioid prescribing for chronic pain. *J Pain, 7*(9), 671-681. doi: 10.1016/j.jpain.2006.03.001 <http://www.ncbi.nlm.nih.gov/pubmed/16942953>
- Boyer, E. W. (2012). Management of opioid analgesic overdose. *N Engl J Med, 367*(2), 146-155. doi: 10.1056/NEJMra1202561 <http://www.ncbi.nlm.nih.gov/pubmed/22784117>
- Brady, K. T., McCauley, J. L., & Back, S. E. (2015). Prescription Opioid Misuse, Abuse, and Treatment in the United States: An Update. *Am J Psychiatry, appiajp201515020262*. doi: 10.1176/appi.ajp.2015.15020262 <http://www.ncbi.nlm.nih.gov/pubmed/26337039>
- Butler, S. F., Budman, S. H., Fernandez, K., & Jamison, R. N. (2004). Validation of a screener and opioid assessment measure for patients with chronic pain. *Pain, 112*(1-2), 65-75. doi: 10.1016/j.pain.2004.07.026 <http://www.ncbi.nlm.nih.gov/pubmed/15494186>
- Carroll, J., Goodair, C., Chaytor, A., Notley, C., Ghodse, H., & Kopelman, P. (2014). Substance misuse teaching in undergraduate medical education. *BMC Med Educ, 14*, 34. doi: 10.1186/1472-6920-14-34 <http://www.ncbi.nlm.nih.gov/pubmed/24533849>
- Federation of State Medical Boards. (2013). Model Policy on the Use of Opioid Analgesics in the Treatment of Pain. http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain_policy_july2013.pdf
- Fishman, S. M., Young, H. M., Lucas Arwood, E., Chou, R., Herr, K., Murinson, B. B., . . . Strassels, S. A. (2013). Core competencies for pain management: results of an interprofessional consensus summit. *Pain Med, 14*(7), 971-981. doi: 10.1111/pme.12107 <http://www.ncbi.nlm.nih.gov/pubmed/23577878>
- Friedman, R., Li, V., & Mehrotra, D. (2003). Treating pain patients at risk: evaluation of a screening tool in opioid-treated pain patients with and without addiction. *Pain Med, 4*(2), 182-185. <http://www.ncbi.nlm.nih.gov/pubmed/12873264>
- Gonzalez, G., Oliveto, A., & Kosten, T. R. (2004). Combating opiate dependence: a comparison among the available pharmacological options. *Expert Opinion on Pharmacotherapy, 5*(4), 713-725. <http://www.tandfonline.com/doi/abs/10.1517/14656566.5.4.713>
- Goodair, C., & Crome, I. (2014). Improving the Landscape of Substance Misuse Teaching in Undergraduate Medical Education in English Medical Schools from Concept to Implementation. *Canadian Journal of Addiction, 5*(3), 5.
- Gourlay, D. L., & Heit, H. A. (2009). Universal precautions revisited: managing the inherited pain patient. *Pain Med, 10 Suppl 2*, S115-123. doi: 10.1111/j.1526-4637.2009.00671.x <http://www.ncbi.nlm.nih.gov/pubmed/19691682>

- Gourlay, D. L., Heit, H. A., & Almahrezi, A. (2005). Universal precautions in pain medicine: a rational approach to the treatment of chronic pain. *Pain Med*, 6(2), 107-112. doi: 10.1111/j.1526-4637.2005.05031.x <http://www.ncbi.nlm.nih.gov/pubmed/15773874>
- Hardisty, J., Scott, L., Chandler, S., Pearson, P., & Powell, S. (2014). Interprofessional learning for medication safety. *Clin Teach*, 11(4), 290-296. doi: 10.1111/tct.12148 <http://www.ncbi.nlm.nih.gov/pubmed/24917099>
- Jackson, A. H., Alford, D. P., Dube, C. E., & Saitz, R. (2010). Internal medicine residency training for unhealthy alcohol and other drug use: recommendations for curriculum design. *BMC Med Educ*, 10, 22. doi: 10.1186/1472-6920-10-22 <http://www.ncbi.nlm.nih.gov/pubmed/20230607>
- Kampman, K., & Jarvis, M. (2015). American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. *J Addict Med*, 9(5), 358-367. doi: 10.1097/ADM.000000000000166 <http://www.ncbi.nlm.nih.gov/pubmed/26406300>
- Meade, L. B., Caverzagie, K. J., Swing, S. R., Jones, R. R., O'Malley, C. W., Yamazaki, K., & Zaas, A. K. (2013). Playing with curricular milestones in the educational sandbox: Q-sort results from an internal medicine educational collaborative. *Acad Med*, 88(8), 1142-1148. doi: 10.1097/ACM.0b013e31829a3967 <http://www.ncbi.nlm.nih.gov/pubmed/23807106>
- Morley-Forster, P. K., Pergolizzi, J. V., Taylor, R., Jr., Axford-Gatley, R. A., & Sellers, E. M. (2013). Mitigating the risk of opioid abuse through a balanced undergraduate pain medicine curriculum. *J Pain Res*, 6, 791-801. doi: 10.2147/JPR.S47192 <http://www.ncbi.nlm.nih.gov/pubmed/24353438>
- Murinson, B. B., Gordin, V., Flynn, S., Driver, L. C., Gallagher, R. M., Grabois, M., & Medical Student Education Sub-committee of the American Academy of Pain, M. (2013). Recommendations for a new curriculum in pain medicine for medical students: toward a career distinguished by competence and compassion. *Pain Med*, 14(3), 345-350. doi: 10.1111/pme.12051 <http://www.ncbi.nlm.nih.gov/pubmed/23387441>
- O'Connor, P. G., Nyquist, J. G., & McLellan, A. T. (2011). Integrating addiction medicine into graduate medical education in primary care: the time has come. *Ann Intern Med*, 154(1), 56-59. doi: 10.7326/0003-4819-154-1-201101040-00008 <http://www.ncbi.nlm.nih.gov/pubmed/21200039>
- Parish, S. J., Ramaswamy, M., Stein, M. R., Kachur, E. K., & Arnsten, J. H. (2006). Teaching about Substance Abuse with Objective Structured Clinical Exams. *J Gen Intern Med*, 21(5), 453-459. doi: 10.1111/j.1525-1497.2006.00426.x <http://www.ncbi.nlm.nih.gov/pubmed/16704387>
- Rockett, I. H., & Caine, E. D. (2015). Self-injury is the eighth leading cause of death in the united states: It is time to pay attention. *JAMA Psychiatry*, 1-2. <http://dx.doi.org/10.1001/jamapsychiatry.2015.1418>
- Savage, S. R., Kirsh, K. L., & Passik, S. D. (2008). Challenges in using opioids to treat pain in persons with substance use disorders. *Addict Sci Clin Pract*, 4(2), 4-25. <http://www.ncbi.nlm.nih.gov/pubmed/18497713>
- Seale, J. P., Shellenberger, S., & Clark, D. C. (2010). Providing competency-based family medicine residency training in substance abuse in the new millennium: a model curriculum. *BMC Med Educ*, 10, 33. doi: 10.1186/1472-6920-10-33 <http://www.ncbi.nlm.nih.gov/pubmed/20459842>
- Wachholtz, A., Foster, S., & Cheatle, M. (2015). Psychophysiology of pain and opioid use: implications for

managing pain in patients with an opioid use disorder. *Drug Alcohol Depend*, 146, 1-6. doi: 10.1016/j.drugalcdep.2014.10.023 <http://www.ncbi.nlm.nih.gov/pubmed/25468815>

Wachholtz, A., Gonzalez, G., Boyer, E., Naqvi, Z. N., Rosenbaum, C., & Ziedonis, D. (2011). Intersection of chronic pain treatment and opioid analgesic misuse: causes, treatments, and policy strategies. *Subst Abuse Rehabil*, 2, 145-162. doi: 10.2147/SAR.S12944 <http://www.ncbi.nlm.nih.gov/pubmed/24474854>

Webster, L. R., & Webster, R. M. (2005). Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Med*, 6(6), 432-442. doi: 10.1111/j.1526-4637.2005.00072.x <http://www.ncbi.nlm.nih.gov/pubmed/16336480>

**Membership of the Governor's Advanced Practice Nursing Education
Working Group on Prescription Drug Misuse**

Stephanie Ahmed, DNP, FNP-BC, DPNAP

President, Massachusetts Coalition of Nurse Practitioners

Judy A. Beal, DNSc, RN, FNAP, FAAN

Dean and Professor, School of Nursing and Health Sciences,
Simmons College

Commissioner Monica Bharel, MD, MPH

Massachusetts Department of Public Health

Brian D. Campbell, CRNA, COL(USAR Ret)

President, Massachusetts Association of Nurse Anesthetists

Charlene Campbell, RN, MSN, MEd

Chair, Nursing Department, School of Graduate Studies,
Salem State University

**Stephen J. Cavanagh, RN, PhD, MPA, FRSPH, FInstLM,
FAAN**

Chair, Massachusetts Associations of Colleges of Nursing
Dean and Professor, School of Nursing,
University of Massachusetts Amherst

Kimberly A. Christopher, PhD, RN

Dean and Professor, College of Nursing,
University of Massachusetts Dartmouth

Susan DeJoy, PhD, CNM, MSN, FACNM

Chief, Division of Nurse Midwifery,
Baystate Medical Center/Tufts University School of
Medicine

Carol A Eliadi, EdD, JD, NP-BC

Dean, Chief Nursing Officer, and Professor,
School of Nursing,
MCPHS University

Kelly Fisher, PhD

Dean, School of Nursing,
Endicott College

Susan Gennaro, RN, PhD, FAAN

Dean and Professor, William F. Connell School of Nursing,
Boston College

Penelope Glynn, PhD, ANP

Dean, School of Nursing, Science and Health Professions,
Regis College

Diane Grimaldi, DNP, PMHCNS, BC

Chair, Massachusetts Association of Advanced Practice
Psychiatric Nurses

Nancy P. Hanrahan, PhD, RN, FAAN

Dean and Professor, School of Nursing,
Associate Dean, Bouvé College of Health Sciences,
Northeastern University

Anahid Kulwicki, PhD, RN, FAAN

Dean and Professor, College of Nursing and Health Sciences,
University of Massachusetts Boston

Inez Tuck, PhD, MBA, MDiv, RN

Professor and Dean,
MGH Institute of Health Professions

**Karen Devereaux Melillo, PhD, A-GNP-C,
FAANP, FGSA**

Professor and Interim Dean, School of Nursing,
University of Massachusetts Lowell

Karen Rousseau, PhD, RN

Director and Associate Professor, Nursing Programs,
American International College

Paulette Seymour-Route, PhD, RN

Dean and Professor, Graduate School of Nursing,
University of Massachusetts Worcester

Katherine Rushfirth, CNM, MSN

President, Massachusetts Affiliate of the American College of
Nurse-Midwives

Kathleen Scoble, EdD, RN

Dean and Professor, School of Nursing,
College of Our Lady of the Elms

Julianne Nemes Walsh, MS, PNP-BC

Legislative Chair, Massachusetts Chapter of the National
Association of Pediatric Nurse Practitioners
Faculty, Northeastern University School of Nursing