

SESSION INSTRUCTION GUIDE

Need help during the breakout session? If at any time your team has a question/concern, ask the small group facilitator (if in the room) OR use the “Ask for help” option by clicking on the “Breakout Rooms” icon, then “Ask for help,” and then “Invite host.” A facilitator will then join your room.

Unsure how to access the handouts? All materials related to this IPE session are available on WSU’s [Opioid Education website](#).

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Breakout Session Overview

Teams will manage their time based on the schedule below (75 minutes total). A countdown timer will appear in the top right corner of the Zoom breakout room to help teams monitor their progress. Teams are encouraged to move to the next task if they finish early.

Tasks	Duration
Task 1: Interprofessional student team preparation, including: <ul style="list-style-type: none"> • Team member introductions • Identify team member roles • Review patient case as a team • Prepare for standardized patient interview 	20 minutes
Standardized patient joins breakout room	
Task 2: Team interviews standardized patient.	20 minutes
Task 3: Teams create Interprofessional Treatment Plan using the template provided.	15 minutes
Task 4: Team discusses treatment plan with standardized patient.	10 minutes
Task 5: Standardized patient provides feedback to team.	5 minutes
Standardized patient exits breakout room	
Task 6: Finalize and submit interprofessional treatment plan.	5 minutes

BREAKOUT SESSION TASK DETAILS

Task 1 Interprofessional student team preparation

20 minutes

Before the standardized patient interview, each team completes the following:

- **Team Introductions:** Introduce yourself and your professional program. *As a professional courtesy*, turn on your video and leave it on for the entire breakout session.
 - If you haven't already, add your profession to your Zoom name through these steps:
 - Click on "Participants" and open the participant list
 - Hold the cursor over your name, click on "More," and select "Rename"
 - Recommended format: first name, last name, and health profession program
- **Identify team member roles for the IPE session:** Any student from any health profession background can fulfill these roles. While physicians are the assumed "team leader" in many clinical settings, all health professionals are "leaders" depending on the context.

IPE Session Role	Responsibility
IPE Team Leader / Timekeeper	Leads discussion, ensures all members contribute, and monitors countdown timer/progress to assure activities are completed on time.
Notetaker	Documents and submits IP Treatment Plan at the end of the breakout session
Spokesperson	Reports elements of team discussion either verbally or using the Chat function during the large group debrief
Primary interviewer	Facilitates interview with the standardized patient
All team members	Actively contributes to the group discussion, participates as a patient advocate, and contributes to holistic care, i.e., mutual understanding of physical, psychological, emotional, and spiritual dimensions

- As a team, review the [Patient Case](#) and discuss objective findings, e.g., screening tool results and prescription monitoring program (PMP) report.
 - Patient history, screening tool results, and PMP report were collected **today**.
- **Plan how your team would like to interview the standardized patient:**
 - Discuss who will primarily lead the interview. Discuss how others will ask questions (i.e., everyone will take a turn).
 - Teams can use the Zoom Chat to communicate with each other.
 - Identify questions you would like to ask the standardized patient. Planning needs to conclude when there is **55 minutes** remaining in the breakout session.
 - To develop the treatment plan, you will need to calculate a morphine equivalent dose (MED). You will need to ask your patient about the opioid medication they have taken in the last 24 hours.

Task 2	Standardized patient interview	20 minutes
<ul style="list-style-type: none">• The standardized patient will automatically join your breakout room when there is 55 minutes remaining in the breakout session.<ul style="list-style-type: none">○ Once the standardized patient joins your breakout room, have all team members introduce their name and their profession then proceed with the patient interview.○ A physical exam will not be completed.• Once the interview is completed, ask the standardized patient to mute themselves and turn off their video. The standardized patient will remain in the breakout room but will not be available to communicate with until Task 4.• Interviews should be completed when there is 35 minutes remaining in the breakout session.		
Task 3	Complete the Interprofessional Treatment Plan	15 minutes
<ul style="list-style-type: none">• As a team, complete the Interprofessional Treatment Plan document. If you need a copy, all handouts are available here.<ul style="list-style-type: none">○ The team Notetaker is responsible for documenting the team's Interprofessional Treatment Plan. At the end of the breakout session, the team Notetaker will submit the completed Interprofessional Treatment Plan.○ As a reminder, calculate the MED for the patient. A helpful calculator is available here.• Discussion of the treatment plan should conclude when there is 20 minutes remaining in the breakout session.		
Task 4	Discuss treatment plan with the standardized patient	10 minutes
<ul style="list-style-type: none">• When ready to discuss the treatment plan with the standardized patient, invite them to turn on their video and unmute themselves.• The team Notetaker should document the final treatment plan based on feedback from the standardized patient.• Discussion of treatment plan with the standardized patient should conclude when there is 10 minutes remaining in the breakout session.		
Task 5	Standardized patient feedback	5 minutes
<ul style="list-style-type: none">• When discussions of the treatment plan conclude, the standardized patient will give you verbal feedback regarding your team's interaction. Additionally, the standardized patient will provide written feedback to you following the session. To facilitate this feedback, please provide the following to the standardized patient in the Zoom chat:<ul style="list-style-type: none">○ Your full name, institution, and program affiliation (e.g., Susie Smith, WSU pharmacy)• Feedback from the standardized patient should conclude when there is 5 minutes remaining in the breakout session.• Once the discussion is completed, ask the standardized patient to exit the breakout room. Team members should remain in the breakout room.		

Task 6	Finalize and submit the interprofessional treatment plan	5 minutes
<ul style="list-style-type: none">Finalize the treatment plan based on feedback from the standardized patient.To submit the interprofessional treatment plan as a Word or pdf file, the team Notetaker should:<ul style="list-style-type: none">Rename the IP Treatment Plan file to include:<ul style="list-style-type: none">your town name; andtoday's IP session date and start time; for example: "Ritzville 2-10-2023, 1 pm.docx"Share the completed IP Treatment Plan with all team members via email or the Zoom Chat function.<ul style="list-style-type: none">The team Spokesperson will reference the IP Treatment Plan during the large group debrief.Some programs require students to individually upload their completed IP treatment plan to their respective learning management system.Upload the team's IP Treatment Plan via Qualtrics here and follow the instructions for submitting.Team Debrief (if time): If your team finishes the activity early, discuss how the activity went as a group and what you would do differently next time.		

LARGE GROUP DEBRIEF TASK DETAILS

Task 1	Debrief preparation	20 minutes
<ul style="list-style-type: none">To ensure all students leave with complete and accurate information, facilitators will lead a debrief of the IPE session. During this debrief:<ul style="list-style-type: none">Team Spokesperson will share elements of the team's problem list and interprofessional treatment plan through the Zoom Chat function.Volunteers will share feedback on what went well and what teams would do differently.All participants will be invited to complete a post-evaluation survey. Thank you in advance for your feedback!		

Patient Case (same as provided in Introduction & Background reading)

Case
Sam Jones, 63-year-old male/female, retired lawyer
Case Setting
Sam has previously seen a former clinic prescriber (Dr. J. Larson) who no longer works at the clinic. Recently, the primary care clinic has adopted a team-based approach for pain management that utilizes <i>telehealth</i> . This is the first time the patient will meet with the full team.
Chief Complaint
Requests additional pain medications for ongoing back pain due to car accident.
Progress Note
<p>Visit 1 (Three months ago): Patient was in car accident with acute back injury diagnosed as a lumbar strain with negative lumbar spine x-rays. Emergency department-initiated hydrocodone/acetaminophen 5 mg/325 mg 1 tab PO q 4-6 hours prn pain for 14 days.</p> <p>Visit 2 (2.5 months ago): Ten days following the accident, the patient had a follow-up clinic appointment with PCP. Reported continued pain (6 out of 10) despite prescribed hydrocodone/acetaminophen. Average Pain, Enjoyment, General activity (PEG) score was 7 out of 10 (with 10 indicating a poor function). Prescribed additional hydrocodone/acetaminophen 5 mg/325 mg 1 tab PO q 4-6 hours prn pain for 15 days.</p> <p>Visit 3 (Two months ago): One month following the accident patient returned to clinic. Patient reported taking prescription medications every 4 hours. Patient's pain 7 out of 10. Average PEG score 7 out of 10. Prescriber increased dose of hydrocodone/acetaminophen to 10 mg/325 mg 1 tab PO q 4-6 hours prn pain and initiated carisoprodol 250 mg 1 tab PO TID and at bedtime prn back muscle spasm.</p> <p>Visit 4 (Today): Patient returns having had regular refills of prescriptions from visit 3. Pain is localized to lumbar area without radiation or lower extremity weakness. There is no bowel or bladder incontinence. Exam confirms normal vital signs and no lower extremity weakness or sensory deficits. Patient requests ongoing medication refills.</p>
Past Medical History
<p>Allergies: Penicillin (rash)</p> <p>Problem List:</p> <ul style="list-style-type: none"> ● Hypertension ● Hyperlipidemia ● History of depression 10 years ago. Improvement following counseling, exercise ● Lumbar strain from car accident
Social History
<p>1 year ago: Reports drinking 3-4 drinks per week (beer or wine). Drinks 1-2 cups of coffee per day. Does not smoke or use tobacco products. Retired lawyer who lives with spouse and two dogs. No children. Participates regularly in running club in town that has access to an athletic trainer through the club.</p>
Family History
Reports father died of alcoholic cirrhosis.

Currently Prescribed Medications

- Hydrocodone/acetaminophen 10 mg/325 mg 1 tab PO q 4-6 hours prn pain for back pain
- Carisoprodol 250 mg 1 tab PO TID and at bedtime prn back muscle spasm
- Lisinopril 10 mg 1 tab PO daily for hypertension
- Rosuvastatin 20 mg 1 tab PO daily for hyperlipidemia

Vital Signs from Today's Visit

- | | |
|--|--|
| <ul style="list-style-type: none"> • Height: 5'6" • Weight: 155 lbs (Today)
145 lbs (3 months ago) • BMI: 25 (Medically overweight) | <ul style="list-style-type: none"> • HR: 73 • RR: 16 • BP: 125/84 • Temp: 37°C |
|--|--|

Lab Results

None today

Diagnostic Imaging

3 months ago (following car accident): X-rays negative

Past Surgeries

No surgeries

Results of screening tools administered TODAY

Pain, Enjoyment, General Activity (PEG) Scale Assessing Pain Intensity and Interference

1. What number best describes your pain on average in the past week?

0 1 2 3 4 5 6 **7** 8 9 10
 No Pain Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 **5** 6 7 8 9 10
 Does not interfere Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 **8** 9 10
 Does not interfere Completely interferes

PEG score: 7

Calculating the PEG Score: Add the responses to the three questions, then divide by three to get a mean score out of 10 points.

Using the PEG Score: The score is best used to track an individual's changes over time. The initiation of therapy should result in the individual's score decreasing over time.

Krebs, E. E., Lorenz, K. A., Bair, M. J., Damush, T. M., Wu, J., Sutherland, J. M., Asch S, Kroenke, K. (2009). Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. Journal of General Internal Medicine, 24(6), 733-738.

Opioid Risk Tool – Opioid Use Disorder (ORT-OUD)^a

		Yes	No
1. Family history of substance abuse	• Alcohol	1	0
	• Illegal drugs	1	0
	• Prescription drugs	1	0
2. Personal history of substance abuse ^b	• Alcohol	1	0
	• Illegal drugs	1	0
	• Prescription drugs	1	0
3. Age (mark box if 16 to 45)		1	
5. Psychological disease	• Attention deficit disorder	1	
	• Obsessive compulsive disorder		0
	• Bipolar		
	• Schizophrenia		
	• Depression	1	0
TOTAL (1 point for each yes)		2	
Total score risk category:			
<ul style="list-style-type: none"> • Low risk for future opioid use disorder: 0 to 2 • High risk for opioid use disorder: ≥ 3 			

^a Scoring of ORT-OUD differs from the ORT.

^b The published tool uses the terminology of "substance abuse." This potentially stigmatizing. The preferred language is "substance use disorder."

<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/opioid-risk-tool-oud-ort-oud>

Cheatle M, Compton P, Dhingra L, Wasser T, O'Brien. Development of the Revised Opioid Risk Tool to Predict Opioid Use Disorder in Patients with Chronic Non-Malignant Pain. Journal of Pain. 20 (7): 842-851, 2019.

Patient Health Questionnaire (PHQ-9)

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully and circle your response.

	Not at all (0 points)	Several days (1 point)	More than half the days (2 points)	Nearly every day (3 points)
a. Little interest or pleasure in doing things			x	
b. Feeling down, depressed, or hopeless			x	
c. Trouble falling asleep, staying asleep, or sleeping too much				x
d. Feeling tired or having little energy			x	
e. Poor appetite or overeating			x	
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down		x		
g. Trouble concentrating on things such as reading the newspaper or watching TV		x		
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	x			
i. Thinking that you would be better off dead or that you want to hurt yourself in some way	x			
Totals		2	8	3

Score total: 13

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult At All	Somewhat Difficult	Very Difficult	Extremely Difficult
	x		

Scoring Method for Diagnosis

- Major Depressive Syndrome is suggested if:
 - Of the 9 items, 5 or more are circled as at least "More than half the days" **AND**
 - Either item 1a or 1b is positive, that is, at least "More than half the days"
- Minor Depressive Syndrome is suggested if:
 - Of the 9 items, b, c, or d are circled as at least "More than half the days" **AND**
 - Either item 1a or 1b is positive, that is, at least "More than half the days"

Scoring Method for Planning and Monitoring Treatment

- Question One
 - To score the first question, tally each response by the number value of each response: Not at all = 0, Several days = 1, More than half the days = 2, Nearly every day = 3
 - Add the numbers together to total the score.
 - Interpret the score by using the guide listed below:
 - <4: The score suggests the patient may not need depression treatment.
 - 5-14: Prescriber uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
 - >15: Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment
- Question Two
 - For Question Two, the patient responses can be one of four: Not Difficult At All, Somewhat Difficult, Very Difficult, Extremely Difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). Copyright 1999 by Pfizer, Inc.

Prescription Monitoring Program (PMP)

Recipient Report

Last Name: Jones County:
 First Name: Sam Zip code:
 Date of Birth: 1/5/19XX Dispensed Start Date: One year prior
 Gender: Dispensed End Date: Today
 Recipients:

Date Dispensed/Date Prescribed	Drug name/NDC	Quantity dispensed/Days Supply	RX #	Prescriber	Dispenser	Recipient	*Payment Method
3 months ago 3 months ago	Hydrocodone/acetaminophen 5 mg/325 mg 53746-0109-01	84 14	76248	Wilson, K AW6125341 (ER MD)	General Hospital Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
2.5 mos. ago 2.5 mos. ago	Hydrocodone/acetaminophen 5 mg/325 mg 00406-0365-23	90 15	58762	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
2 months ago 2 months ago	Hydrocodone/acetaminophen 10 mg/325 mg 00406-0367-23	90 15	59846	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
2 months ago 2 months ago	Carisoprodol 250 mg 51525-5901-01	56 14	59850	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
7 weeks ago 7 weeks ago	Hydrocodone/acetaminophen 5 mg/325 mg	20 5	840921	Johnson, M AJ6125341 (Dentist)	Walmart Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	01
6 weeks ago 6 weeks ago	Hydrocodone/acetaminophen 10 mg/325 mg 00406-0367-23	90 15	61534	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04

6 weeks ago 2 months ago	Carisoprodol 250 mg 51525-5901-01	56 14	59850	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
5 weeks ago 5 weeks ago	Tramadol 50 mg 00185-0311-10	60 10	89427	Thomson, A AT7604247 (Urgent care PA)	Walmart Pharmacy Richland, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
30 days ago 30 days ago	Hydrocodone/acetaminophen 10 mg/325 mg 00406-0367-23	90 15	62895	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
30 days ago 2 months ago	Carisoprodol 250 mg 51525-5901-01	56 14	59850	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
18 days ago 18 days ago	Tramadol 50 mg 57664-0377-13	60 10	124895	Smith, T AS6125341 (Urgent care DO)	Walmart Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	01
14 days ago 14 days ago	Hydrocodone/acetaminophen 10 mg/325 mg 00406-0367-23	90 15	62387	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
14 days ago 2 months ago	Carisoprodol 250 mg 51525-5901-01	56 14	59850	Larson, J AL7604247 (Clinic MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	04
5 days ago 5 days ago	Oxycodone/acetaminophen 7.5 mg/325 mg 00406-0522-01	28 7	62001	Truman, P AT6125341 (ER MD)	Main Ave. Pharmacy Small town, WA	Jones, Sam 1/5/19XX 123 E. 5 th Ave. Small town, WA	01

*Pmt. Method: 01=Private Pay; 02=Medicaid; 03=Medicare; 04=Commercial Insurance; 05=Military Installations and VA; 06=Worker's Compensation; 07=Indian Nations; 99=Other

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