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# Training in adolescent substance use and opioid misuse in US pediatric residency programs: a national survey

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**You are being asked to voluntarily participate in a research study. We are doing this study to assess pediatric residency education on adolescent substance use and opioid misuse. If you agree, we will ask you to complete the 10-minute survey that follows.**

**Although you will have the option to provide you name and contact information so that you can be entered in a drawing to win one of four \$300 cash card prizes, your answers will remain confidential and all study results will only be reported in aggregate. You will not be signing this form. Your chances of winning one of the four prizes are approximately one in 54.**

**We propose that you might spend this prize money on a paid lunch or other special occasion for your residents, or you can spend it however you like. If you have any questions about this study, please contact Scott Hadland at [scott.hadland@bmc.org](mailto:scott.hadland@bmc.org) or 617-414-3681.**

## **Section A: Introduction**

This brief survey will ask questions about adolescent substance use.

Some questions refer to use of 'any substances.' For these questions, please consider use of all substances, including tobacco, e-cigarettes, alcohol, marijuana, cocaine, and other illicit substances, *as well as opioids*.

Other questions refer to 'opioid misuse.' For these questions, please consider use of heroin and illicit fentanyl, as well as misuse of prescription opioids, such as oxycodone, hydrocodone, hydromorphone, methadone, codeine, and others.



## Section B: Residency

**B1. What is your role in residency training?**

- Associate Program Director
- Program Director
- Rotation Director
- Chief Resident
- Other Faculty Member

**B2. Please provide your best estimate of how often residents in your program take care of adolescent patients who use any substances (tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances):**

- Frequently
- Sometimes
- Rarely
- Never
- Unsure

**B3. How important is it for pediatric residents to have education about adolescent substance use (tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances)?**

- Very important
- Important
- Somewhat important
- Not important

**B4. Please provide your best estimate of how often residents in your program take care of adolescent patients who misuse opioids (heroin, illicit fentanyl, or prescription opioids):**

- Frequently
- Sometimes
- Rarely
- Never
- Unsure



**B5. How important is it for pediatric residents to have education about adolescent opioid misuse (heroin, illicit fentanyl, or prescription opioids)?**

Very important

Important

Somewhat important

Not important

## Section C: Curriculum

**C1. Does your current residency curriculum include any teaching on adolescent substance use (tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances)?**

Yes

No

Unsure

**C2. To what degree are the following topics on adolescent substance use (tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances) covered as a part of your standard residency curriculum?**

	Established Content (content has been part of your curriculum for ≥ 2 years)	New Content (content has been part of your curriculum for <2 years)	Planned Content (content not currently offered but you plan to add it in the next 2 years)	No Content (content not currently offered and not in development)	Unsure
Epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief interventions for substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment of substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C3. What, if any, other topics related to adolescent substance abuse are covered as part of your standard curriculum?**



**C4. To what degree are the following topics related to opioid misuse (heroin, illicit fentanyl, or prescription opioids) covered as a part of your standard residency curriculum?**

	Established Content (content has been part of your curriculum for ≥2 years)	New Content (content has been part of your curriculum for <2 years)	Planned content (content not currently offered but you plan to add it in the next 2 years)	No content (content not currently offered and not in development)	Unsure
Epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergence of illicit fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for adolescent opioid misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacotherapy for opioid use disorder (e.g., buprenorphine, naltrexone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating opioid overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to prescribe naloxone for patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe opioid prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal abstinence syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C5. In what settings is your curriculum on adolescent substance use currently delivered? Please consider all substances (i.e., tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances).**

	Delivered in this setting	Not delivered in this setting	Unsure
Required didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required clinical experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective clinical experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required online modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective online modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6. In what other settings, if any, is your curriculum on adolescent substance use delivered?**





**C9. To your knowledge, what percentage of this time is dedicated to education about adolescent opioid misuse (heroin, illicit fentanyl, or prescription opioids)?**

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unsure
- Other

Other

## Section D: Patient Care

**D1. In inpatient settings where your residents practice, do you have protocols or processes in place for managing adolescents with opioid addiction? (Some examples might include managing acute opioid withdrawal, or managing acute pain in a patient with opioid addiction.)**

- Yes
- No
- Unsure

**D2. Which providers direct opioid-related management of these patients during inpatient admissions?**

- Addiction Medicine Team
- Pain Team
- Adolescent Medicine Team
- Psychiatry Team
- Addiction Psychiatry Team
- Medical Toxicology Team
- Hospital Medicine Team



Other

Other

**D3. To your knowledge, is the 8-hour training to become a waived buprenorphine prescriber available in your medical system?**

Yes

No

Unsure

**D4. What is your best estimate of the percentage of your pediatric residents that have completed the 8-hour training to become a waived buprenorphine prescriber?**

0%

1-25%

26-50%

51-75%

76-100%

## Section E: Educational Quality

**E1. How would you rate the education about adolescent substance use in your pediatric residency program overall? Please consider all substances (i.e., tobacco, alcohol, marijuana, cocaine, heroin, illicit fentanyl, prescription opioids, or other substances).**

Very Good

Good

Fair

Poor

Very Poor

Unsure



**E2. How would you rate the education about adolescent opioid misuse (heroin, illicit fentanyl, or prescription opioids) in your pediatric residency program overall?**

- Very Good
- Good
- Fair
- Poor
- Very Poor
- Unsure

**E3. What are the barriers to providing education on adolescent opioid misuse (heroin, illicit fentanyl, or prescription opioids) in your pediatric residency program?**

- Lack of resident time
- Lack of resident interest
- Lack of faculty expertise
- Lack of faculty interest
- Lack of available curricular content
- Lack of curricular time
- Lack of adolescent patients who use substances
- Perceived difficulty of working with adolescents who misuse opioids
- Other

Other

**E4. Would you be interested in a shared, web-based curriculum on adolescent opioid misuse (heroin, illicit fentanyl, or prescription opioids) and related topics?**

- Yes
- No
- Maybe



## Section F: Demographics

**F1. In what county (e.g., Miami-Dade county) is your residency program primarily located?(Please do not provide your *country*.)**

**F2. What percentage of residents in your program go into:**

Primary Care

Subspecialty

Other

**F3. Is there an outpatient adolescent substance use treatment program affiliated with your institution?**

Yes

No

Unsure

## Section G: Contact Information for Prize Drawing

This last page asks you to fill in your contact information (i.e., name, email address, phone number) for the sole purpose of determining the prize drawing. There are four \$300 cash card prizes, your answers will remain confidential, and all study results will only be reported in aggregate. Your chances of winning one of the four prizes are approximately one in 54. The information you provide will be de-identified from your responses. In other words, your responses will not be attached to your contact information. If you would like to be entered into the drawing, we ask that you provide your name and email.

**G1. If you want to be entered into the prize drawing, please provide your contact information below. This will not be linked to any of your responses.**

Name

Email

Phone Number