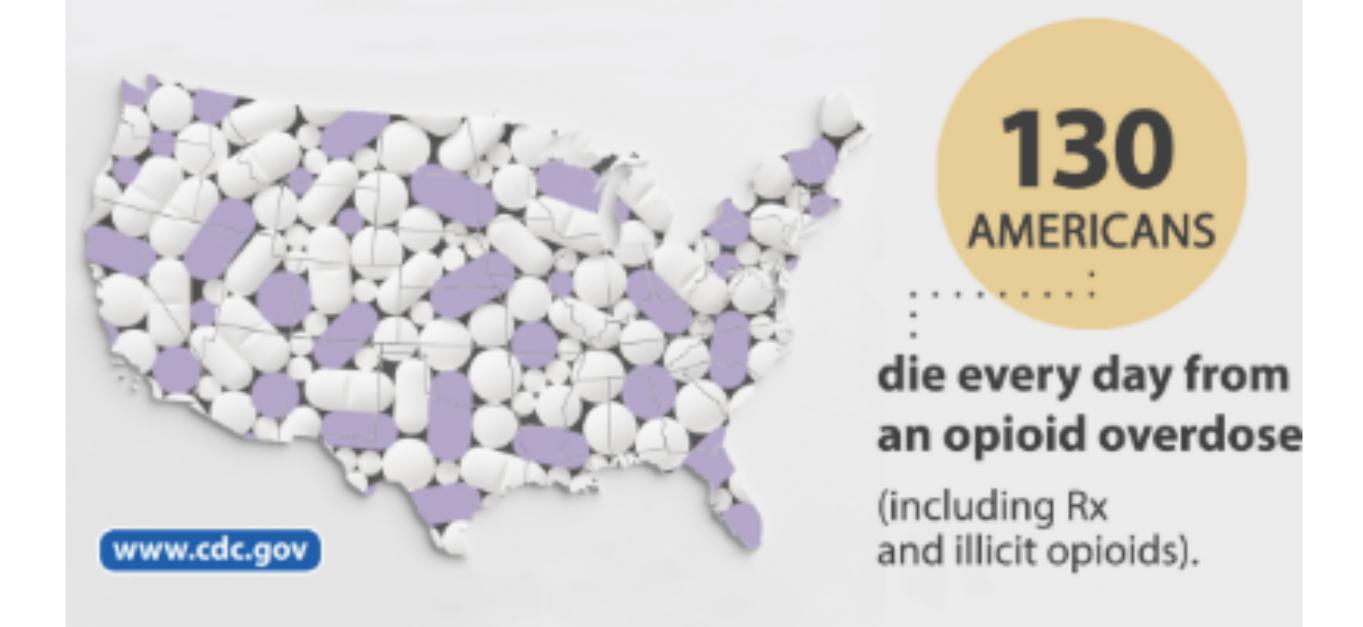
Interprofessional **Collaboration: Opioid Education and** Training

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BACKGROUND



- Over the past decades, the opioid-related health burden in the United States has increased at exponential rates.
- Recognizing the significance of the national crisis, a multidisciplinary Opioid Task Force (OTF) was formed at the Texas A&M Health Science Center (TAMHSC) in January 2018.
- OTF led two collaborative actions from all five TAMHSC components in interprofessional research and education to combat the opioid crisis to inform future IPE activities:

(1)Opioid Education and Training (OET) Study

(2)Opioid Overdose Education and Naloxone Administration (OENA) Training Program

METHODS

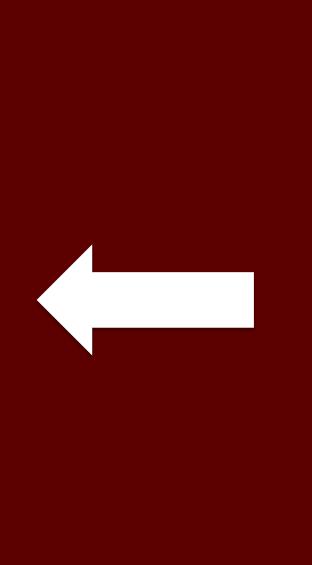
- OET Study:
 - Online survey (N=599) about attitudes, knowledge, educational experiences, and preferred training approach related to pain management and opioid use.
- OENA Training Program:

Pre- and post-course assessments (N=258) about attitudes and knowledge about opioids and naloxone.

Highlights:

- Opioid education and training can be for interprofessional collaborative experiential learning.
- Opioid Overdose Education and Naloxone Administration training, which is based on our model, is effective in improving knowledge and confidence related to opioid overdose response and naloxone administration.



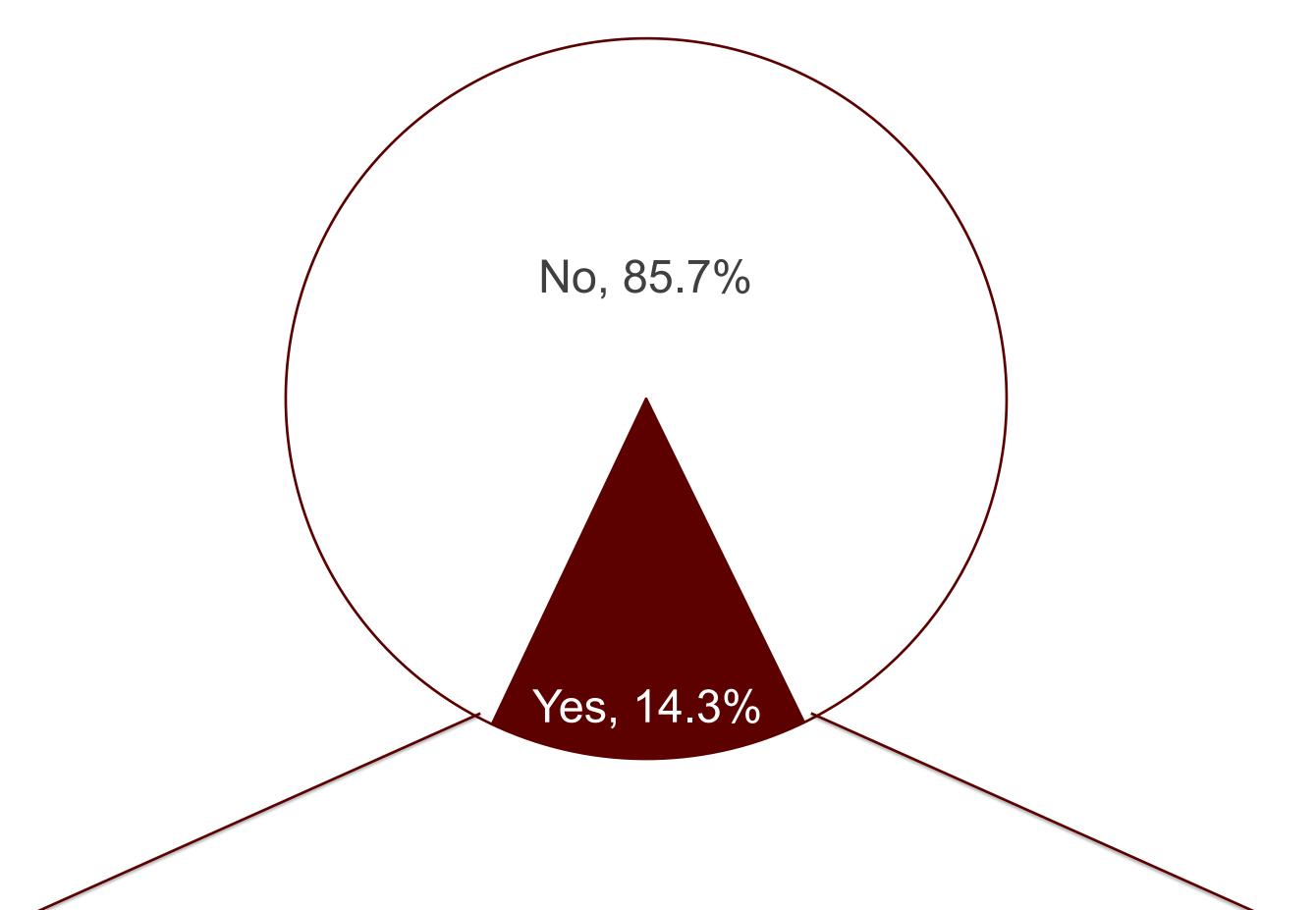


reinforced by increasing opportunities practice during the clinical rotations or

interprofessional student engagement

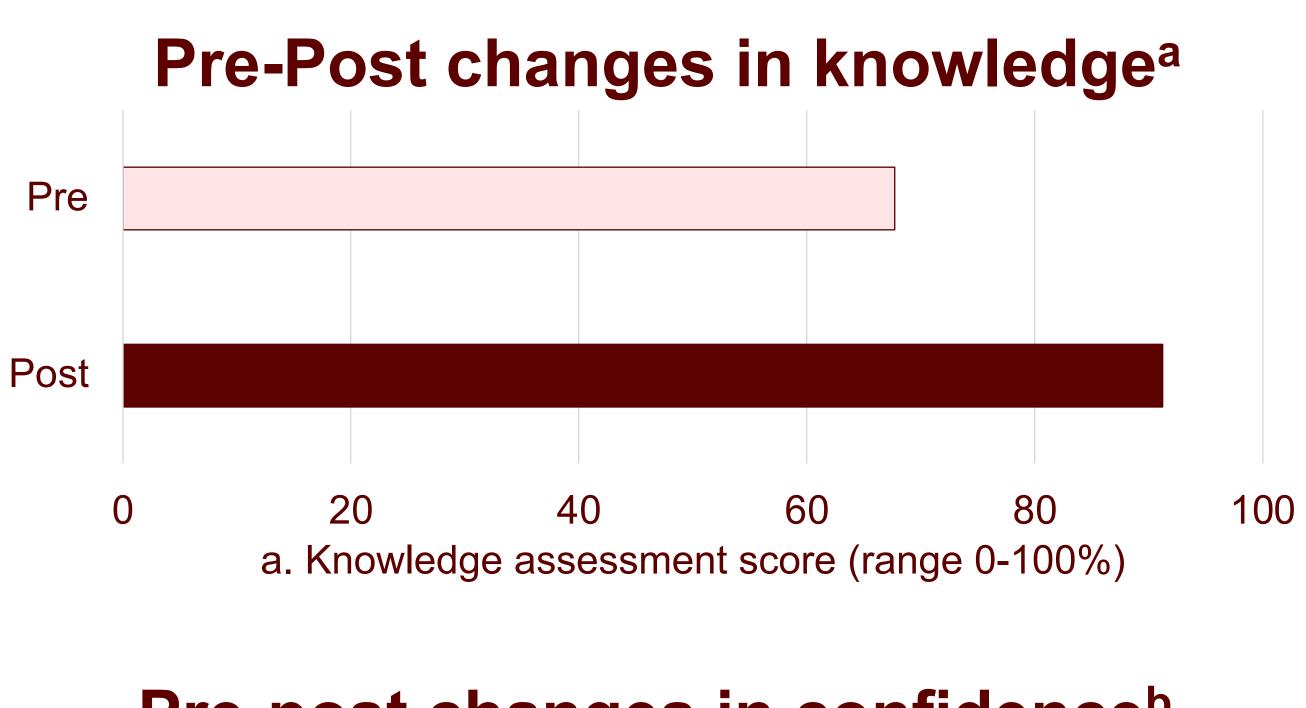
Scan the QR Code to participate in the OET Study!

OET Study: Have you participated in any clinical rotations, internships, or experiential learning about opioid use disorder?



During the clinical rotations, nternships, or experiential learning, did you practice:	Yes	No
Assemble interdisciplinary group nembers appropriate for a given task	40.7%	59.3%
Develop roles and responsibilities within an interdisciplinary group	45.5%	54.6%
Establish decision-making procedures n an interdisciplinary group	41.8%	58.2%

OENA Training Program:



Pre-post changes in confidence^b

