A MODEL DIDACTIC AND CLINICAL SUBSTANCE ABUSE CURRICULUM DEVELOPED FOR SCHOOLS OF NURSE ANESTHESIA

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INTRODUCTION

The purpose of this manuscript is to provide the American Association of Nurse Anesthetists (AANA) and program administrators of schools of nurse anesthesia a broad model substance abuse (SA) curriculum. This curriculum provides no one best way to develop or disseminate a substance abuse curriculum. However, this manuscript offers guidelines and suggestions for the development and organization of a substance abuse curriculum. Organizations must discover through assessment and evaluation activities which components best aid in the development of a substance abuse curriculum.

The contents of this model are based upon extensive research in the area of substance abuse, curriculum, and curriculum development. Disciplines such as nursing, medicine, social work, and many other supporting health care professions have been recruited for the best qualities in substance abuse education. This model can be used in its entirety in order to provide a comprehensive substance abuse curriculum or in segments to fill current deficits.

Since there are no available curricula for schools of nurse anesthesia, it is suggested that criteria be established to evaluate one curriculum appropriate for your institution. There are several suggestions that follow which will aid in the use of this curriculum model.

Suggestions for the Use Of The Model Curriculum

1. Provide adequate faculty development

One of the key elements for effectively providing any curriculum is faculty who are knowledgeable in substance abuse and adult and clinical educational philosophy. Staff development can exist at several levels in substance abuse education, and is more than a variety of workshops. Staff can become teaching faculty or teaching/research faculty. Teaching faculty includes all the clinical and didactic faculty who contribute to the educational foundation of student nurse anesthetists. Teaching/research faculty are those faculty who have highly
developed skills and knowledge, and conduct research in the topic of substance abuse. Clinical faculty must not only be well versed in the topic of substance abuse but must also be familiarized with the educational philosophy of the university and subscribe to the educational foundation for teaching student nurse anesthetists about substance abuse.

2. **Select an appropriate didactic and clinical strategy**

   In order for students to realize the terminal objectives the modules have been sequenced. Each should be introduced appropriately into the required curriculum. Know the learners in the group, determine their learning preferences and styles, and then choose the appropriate modules, teaching methods, and philosophy for your learners. Arrange for intensive clinical affiliations at local, regional, state and/or national agencies, treatment centers, or health care institutions.

   The facilitator will require information regarding the time of delivery, resources, and teaching strategies when selecting and utilizing the appropriate curriculum. Recruiting agencies that specialize in substance abuse prevention will expedite the process.

3. **Evaluate the entire curriculum, the learner, and the outcomes of each**

   Evaluation is a process which should be implemented throughout the entire process. Eliciting feedback at the end of each session from learners and facilitators will provide valuable information for effective change. Evaluation of the program, especially during the early stages of student learning, should include a) evaluation by the instructor of the student's learning progress, b) evaluation by the student of his/her learning, c) evaluation of the curriculum by the student and faculty, and d) evaluation and critique of the educational process by an external consultant.

4. **Revise the curriculum and the teaching methodology**

   The results of the evaluation should be used to change or improve the learning
experience. Incorporate suggestions from the learners and the facilitators into the existing methodology. The revision should also include an update of material and teaching methodology to reflect current material.

5. **Integration of the substance abuse curriculum should not dilute the content or focus**

Integration of the substance abuse curriculum allows the educational institution to utilize a variety of resources. However, if integration of the substance abuse curriculum is not specifically focused on the topic of substance abuse the curriculum becomes "watered down" or "diluted" and may become ineffective in producing the desired outcome. The advice from at least one consultant with the expertise in curriculum or educational design should be mandatory in the developmental stages.

6. **Clinical experiences include patient oriented studies and self-evaluation.**

Clinical experiences provide the opportunity for unique learning experiences and a foundation for professional practice. Introducing nurse anesthesia students to patients who abuse substances also offers a wide variety of opportunities. Students can learn about patients who are chemically dependent as well as use the time for reflection and self-evaluation concerning topics and issues in substance abuse. Clinical competencies achieved by the student at each clinical site and during each clinical experience can be assessed using a number of methods including but not limited to; pre and post-testing knowledge, measuring behavioral changes, and project demonstrations. The medical personnel or counselors at the clinical sites, in cooperation with nurse anesthesia faculty, should be responsible for rating the clinical competencies of the student.
NECESSARY RESOURCES

Facilities

Didactic Facility

The didactic component of these modules can be implemented in any environment conducive to adult learning. An appropriate learning atmosphere with adequate lighting and temperature and materials such as audiovisual materials, references, chalkboards, flipcharts should be made available. The adult education philosophy as described by Malcolm Knowles (1980) provides greater insight into additional requirements for introducing the substance abuse curriculum.

Clinical Facility

The clinical component of these modules uses local, regional, state, or national sites. These sites should be active treatment centers or other health care institutions for this clinical educational process. The centers which best serve the purpose of this curriculum should not be limited to patients with alcohol abuse. Instead, centers which provide treatment for different types of chemical dependency should be recruited. The professional medical personnel at these clinical sites should be well credentialed and have some experience with teaching students. If no clinical site is available, site arrangements should be made through a representative of the American Association of Nurse Anesthetists. The clinical experience presents an opportunity for student nurse anesthetists to learn about patients who are chemically dependent. The clinical experience should also provide an opportunity for self-evaluation under the direction of a professional therapist. Self-evaluation and reflection do not constitute treatment during the clinical experience instead, these experiences provide for an opportunity of growth and introspection.
An Approach to the Teaching Process and Methodology

Framework

The program can be free standing, integrated, or the modules can be offered in total or separately as a continuing education process. The minimum program framework should include didactic and clinical instruction each year over the entire span of graduate education for nurse anesthetists. The level of learning should be progressive throughout the program, from beginner to advanced. Facilitators should ascribe to the adult education methodology and philosophy. The didactic and clinical faculty should also possess special knowledge and skills in substance abuse.

Teaching Process

Students should be given set expectations at the outset of the program and meet with facilitators for formative progress reports. A summation and an opportunity to share experiences with the group should close the learning experience for each individual. The amount of time required for presentation and teaching strategies will vary with each learning experience. Adequate time should be allowed for learning and learning projects. Clinical time should be loosely structured allowing enough time for individual and group meetings, extra projects which may emerge during formative progress sessions, and student contributions to the clinical setting. Faculty should engage the student in ongoing substance abuse research projects, encourage projects for presentation at group meetings or aid and encourage publication relative to substance abuse.
REFERENCES


PHILOSOPHY

The purpose of this substance abuse curriculum is to address and influence substance abuse education at all levels of faculty, nurse anesthesia graduate schools, and adjunct personnel associated with nurse anesthesia. Substance abuse is a medical disease affecting a large number of individuals in our society. The abuse of alcohol or any other chemical substance knows no limitations. This disease creates physical, emotional, mental, and economic stress on the resources of family, friends, and society. The treatment of this disease requires a number of strategies. The following three strategies prevention, intervention, and treatment of substance abuse each should begin using education as a primary frontline strategy. Educational prevention should then begin with this curriculum.

It is anticipated that each student will bring with them values, behaviors, knowledge, and clinical abilities learned through past experience. Many of these students lack the basic knowledge and skills required to deal with substance abuse. It is assumed that these students also willfully participate in learning and strive for understanding to the extent that substance abuse issues can be brought into their personal life and practice.

Certified Registered Nurse Anesthetists (CRNAs) encounter substance abuse patients during their daily practice as well as outside their practice of anesthesia. Certified Registered Nurse Anesthetists make community contacts with individuals who are substance abusers or who are considered to be patients "at risk" for substance abuse. The professional organization of nurse anesthesia the American Association of Nurse Anesthetists and their Peer Assistance Committee has developed a number of guidelines in a laudable attempt to address substance abuse within the profession. Based upon information and this author's assessments there are a substantial number of areas which need to be disseminated to faculty, CRNAs, and student nurse anesthetists concerning the topic of substance abuse. Armed with these skills to prevent
substance abuse the nurse anesthetist can provide educational experiences to a wide population including peers, patients, other health care providers, and the community. The educational goals are to introduce students at all levels to the issues of chemical dependency enough to have a sustained and lasting effect. Producing positive role models impact upon the educational process in substance abuse.

**Professional Responsibilities of the Nurse Anesthetist**

Certified Registered Nurse Anesthetists (CRNAs) are highly trained practitioners who have the unique opportunity and responsibility to educate their patients, peers, and the public in addition to performing their professional duties and delivering anesthesia. According to the AANA Position Statement on Chemical Dependency (1984), CRNAs, as responsible health care providers, are in an important and powerful position to identify, educate, and encourage patients and/or colleagues to seek professional help for substance abuse while recognizing a safe, supportive, and confidential environment. Substance abusers fail to work to their full capacity, burden social health care systems, potentially jeopardize workplace safety, and create unnecessary stress in the home and workplace. Substance abuse education provides a crucial step toward the prevention and research of this disease.

In order to achieve the most from this substance abuse curriculum participants must reflect on their personal morals, values, and ethical beliefs; then make a commitment to learning about the disease of substance abuse. Facilitators/teachers must remain sensitive to the adult learner's needs by providing an unobtrusive, entrusting, and nonintimidating learning environment. With appropriate development, implementation and evaluation of a substance abuse program, educators can provide an appropriate instructional curriculum. In addition, learners can adopt the safe, supportive, understanding, and compassionate roles demonstrated by the well informed CRNA.
PROGRAM OBJECTIVES

1. Foster awareness, skills, and knowledge of substance abuse in four areas in nurse anesthesia.
   a. Didactic education.
   b. Clinical education.
   c. Administration/Management.
   d. Scholarship/Research.

2. Initiate a network of educators and practitioners that are well informed in substance abuse.

3. Disseminate information on substance abuse.

4. Increase the recognition, diagnosis and sequelae of substance abuse.

5. To provide the basic skills required to aid in prevention, intervention, and treatment of the patient in a treatment sequence.

6. Initiate an examination of the Nurse Anesthetist's role in the prevention, intervention, and treatment of substance abuse.

7. To increase the level of clinical and medical knowledge in substance abuse.

8. Facilitate the research component in substance abuse and nurse anesthesia.
SUBSTANCE ABUSE CURRICULUM TERMINAL OBJECTIVES

1. Identify familiar behavior patterns in the chemically dependent.
2. Recognize the common medical outcomes of the substance abuser.
3. Discuss the treatment modalities utilized for the chemically dependent.
4. Develop personal insight into values, attitudes, behaviors, and morals concerning substance abuse.
5. Describe the effects of substance abuse on the family unit and special populations that are affected by substance abuse.
6. Describe the moral, cultural, ethical, legal, and social considerations in chemical dependency.
7. Demonstrate the basic skills for diagnosis, intervention, and employment of treatment for the substance abuser.
8. Identify the appropriate collaborative course in the prevention, intervention, and treatment of substance abusers.
9. Describe the role of the nurse anesthetist in the prevention of substance abuse.
11. Demonstrate an active effort to change personal negative attitudes and stereotypes regarding chemical dependency and the substance abuser.
12. Evaluate the effectiveness of efforts in prevention, intervention, and treatment of substance abuse.
13. Formulate steps to respond to chemical abuse patterns.
14. Demonstrate a change in the values, beliefs, perceptions and stereotypical attitudes of the learner.
15. Demonstrate an active role in the education and dissemination of substance abuse information in the community.
GENERAL ORGANIZATION AND PHILOSOPHY OF THE MODULES

The model course is constructed in three modules with a didactic and clinical component in each. There are three levels of development. First, there is an introduction to the basic and fundamental concepts of substance abuse beginning with module one. Second, the teaching strategy moves toward an intermediate level. The learner should begin to experience more advanced learning experiences at this stage integrating previous didactic and clinical experiences. Third, an advanced level is introduced. At the advanced level learners will be introduced to intermediate and long term treatment, research, and educational methodology for teaching substance abuse. In each module there is an integration of the didactic with the clinical. Each module becomes progressively more difficult. The course is presented in these following modules.
GENERAL LEARNING OBJECTIVES OF THE LEARNING MODULE 1

**Module 1:** Introduction and General Awareness of Substance Abuse.

**Didactic:** Introduction and increased awareness of general concepts, medical consequences and issues in substance abuse. Ethical, moral and legal issues in substance abuse.

**Clinical:** Familiarity with assessment and diagnosis of substance abuse. Self-examination and challenge of personal beliefs, prejudices, and attitudes concerning substance abuse. Exploration of the etiology and the progression of substance abuse. Ideas for a substance abuse research project. Recognizing substance abuse as a disease.
GENERAL LEARNING OBJECTIVES OF THE LEARNING MODULE 2

Module 2: Increased Special Skills in the Planning, Recognition, Diagnosis and Treatment of Substance Abuse.

Didactic: Increased recognition of related sequelae of substance abuse. Increased appreciation of the biopsychosocial and planning aspects.

Clinical: Increased assessment and diagnostic skills. Treatment of family, impaired professionals, and special populations. Planning and basic intervention skills.
GENERAL LEARNING OBJECTIVES OF THE LEARNING MODULE 3

Module 3: Professional Responsibilities, Advanced Knowledge, and Demonstrated Skills in Substance Abuse.

Didactic: Advanced knowledge of medical sequelae, etiology, and effects of substance abuse. Advanced intervention, planning, assessment, and diagnostic skills. Promotion of scholarship and research topics.

USE OF THE MODULES

The philosophy and the objectives of this curriculum provide a basic foundation for the nurse anesthetist. In order for students to learn the topic of substance abuse each module should be delivered in sequence. If integrated, the content of the modules should be included in the curriculum in a sequence that is appropriate for each module and the existing curriculum. These modules are designed to provide independent learning experiences as well as integrated learning experiences. For students to internalize and grow with the information in this curriculum role playing, case presentations, problem-based learning, and experiences play a vital role.

The sequence of modules are best offered over the span of the student's graduate study. Module one should be offered in the first year, module two in the second year, and module three in the third year. Each course of study should move the student from a basic course of study toward one that is progressively expanding to a more difficult level. Clinical learning supports the didactic component in each module. Facilitators should develop teaching strategies using an adult education philosophy (Knowles, 1980). Since each teacher employs a number of strategies, these should not be limited.

Clinical experiences should be developed at local, regional, or state institutions involved with treating substance abuse patients. These clinical experiences are best served when peers are encountered, interviewed, and observed in the treatment facility. There should be an extensive opportunity for self-exploration during the implementation of these modules. However, this should not be to the exclusion of other patients or learning experiences.

The clinical experience should also include patients not yet diagnosed with medical complications resulting from substance abuse and addiction. These experiences should be initiated only at the appropriate level and with proper supervision in the substance abuse education. The Diagnostic and Statistical Manual of Mental Disorders (DSM) from the
American Psychiatric Association and the *Twelve Steps and Twelve Traditions* from Alcoholics World Services are examples of tools that should be integrated into the clinical learning experience.
MEASURES AND METHODS OF EVALUATION

1. Clinical competence as assessed by faculty and medical staff at the treatment center.
2. Measure attitudinal change.
3. Assess the value of teaching methods, strategies, and material.
4. Pre and Post-tests to measure didactic knowledge and skills as well as some clinical experiences.
5. Completion of a project (e.g. presentation, poster, publication, or group project) to demonstrate integrated learning and promote scholarship and research.
6. Follow student involvement in post-graduation activities (e.g. community involvement, teaching, and research)
7. Perception of change in attitudes concerning substance abuse in the department or organization.
8. Utilize the Substance Abuse Curriculum Development Questionnaire to measure differences in interest, competence, and importance of substance abuse.
9. Evaluate networking among program administrators, CRNA faculty, student nurse anesthetists.
10. Investigation of learning styles, methods and techniques used by students.
11. Evaluate the perception of substance abuse and the educational process by the faculty.
12. Investigate the number of chemically impaired professionals reported to the National Council of State Boards of Nursing (NCSBN).
13. Utilize student input to evaluate the learning process.
14. Evaluate the community impact of a substance abuse curriculum provided by CRNAs.
15. Initiate continued demographic monitoring of beliefs, attitudes, and knowledge concerning substance abuse.
INTRODUCTION TO THE MODULES

The assumption is that the adult educational methodology will be used and ascribed to in the implementation of this curriculum. Each of the modules are outlined. Each module is divided into units and the units contain the following information.

- Module outline and name.
- Module unit number and approximate time.
- Overview of the expectation(s) from the module unit.
- Terminal objective(s) for the unit.
- Teaching methods, equipment, and supplies for the unit.
- Unit outline and references.
- Recommended methods of evaluation.
MODULE 1 OUTLINE OF DIDACTIC AND CLINICAL COMPONENTS

Module 1: Introduction and General Awareness of Substance Abuse (SA).

Didactic Units

I. Introduction to the module
   A. Objectives and goals for the module.
   B. Syllabus for the module.
   C. Content and references for the module.
   D. Group introduction.

II. Introduction to substance abuse
   A. Commonly used terms
   B. Defining commonly abused substances and characteristics
   C. Basic Pharmacology - I
      1. Acute and Chronic abuse
   D. Define DSM IV diagnostic criteria
   E. Epidemiology
   F. Etiology of SA
   G. Introduction to legal, ethical, and moral issues in SA
   H. Basic assessment and diagnostic skills
   I. Multisystem physiology in SA - I
   J. Attitudes and self-assessment concerning SA
Module 1: Introduction and General Awareness of Substance Abuse (SA).

Clinical Units

III. Introduction to clinical assessment and diagnostics of SA.

   A. Self-examination and challenging personal prejudices, beliefs, and attitudes on SA.
   B. Performing basic clinical assessment and diagnostic procedures.
   C. Examining the relationship between SA and anesthesia.
   D. Familiarization with patient and family dynamics.
   E. Listing the predisposing risks and progressive stages of SA.
   F. Exploration of the etiology and progression of SA
   G. Ideas for SA research project (poster, publication, presentation, etc).
MODULE 2 OUTLINE OF DIDACTIC AND CLINICAL COMPONENTS

Module 2: Increased Special Skills in the Planning, Recognition, Diagnosis, and Treatment of SA.

Didactic Units

IV. Planning, Recognition, Diagnosis and Treatment of SA sequelae
   A. Multisystem physiology in SA - II
   B. Pharmacology - II
   C. Prevalence and Patterns of SA
   D. Tolerance, toxicity, and withdrawal from SA
   E. Planning for intervention, intervention and aftercare
   F. Central concepts and Research Issues in SA
   G. Assessment and screening of SA patients
   H. Individual, family, and group dynamics related to SA
   I. Identifying community resources and treatment options
Module 2: Increased Special Skills in the Planning, Recognition, Diagnosis, and Treatment of SA.

Clinical Units

V. Clinical Planning, Recognition, Diagnosis and Treatment of SA sequelae

A. Barriers to accurate assessment and data collection from patient, family and physical examination
B. Interview techniques for extraction of SA information
C. Identifying signs and symptoms of SA at all levels
D. Appropriate treatment options for all SA stages
E. Demonstrate intervention plan, basic intervention and aftercare skills
F. Demonstrate basic treatment and/or referral skills
G. Examining the importance of the professional role of the nurse anesthetist
H. Reflection of personal attitudes and beliefs concerning SA
I. Solidify SA research project
MODULE 3 OUTLINE OF DIDACTIC AND CLINICAL COMPONENTS

Module 3: Professional Responsibilities, Advanced Knowledge, and Demonstrated Skills in Substance Abuse.

Didactic Units

VI. Advanced clinical medical sequelae, diagnosis, and treatment of SA.

A. Multisystem physiology - III
   1. Maternal and neonatal
   2. Fetal and newborn addiction

B. Pharmacology - III

C. AIDS and SA

D. Special at risk populations

E. Interprofessional networking

F. Methods of Prevention

G. Impaired practitioners and recovery
Module 3: Professional Responsibilities, Advanced Knowledge, and Demonstrated Skills in Substance Abuse.

**Clinical Units**

VII. Advanced clinical medical sequelae, etiology and effects of SA

A. Development of advanced communication and assessment skills
B. Advanced intervention skills (in anticipation of resistance from family or patient)
C. Development and practice of advanced prevention methods
D. Utilization of knowledge for identification, intervention, and aftercare
E. Demonstration of interprofessional collaboration
F. Demonstrate abilities in SA educational methodology
G. Current and logical discussion of SA
H. Presentation of SA research project
I. Demonstration of attitudinal change concerning SA
Substance Abuse Curriculum

MODULE 1

DIDACTIC UNIT 1 A-D: Introduction to the modules

Total Time: 15-30 min

Overview: This unit serves as an introduction for the modules and the educational process in substance abuse. This exercise should be reintroduced at the beginning of each new group and meeting site.

Terminal Objective: The student will understand the objectives, goals, and syllabus for the modules. In addition the student will be given references and other pertinent information. The student will have the opportunity to network with others in the group with introductions.

Recommended Teaching Methods:
  - Group Process
  - Lecture
  - Discussion
  - Pre-test - Reference sheet 1.0

Materials:
  - Syllabus
  - Pre-test
Please rate your skill in performing each of the following clinical duties concerning the substance abuse (SA) patient and using the following scale.

1-----2-----3-----4-----5
Low Moderate High
Skill Skill Skill

Skill Level

1. Composing a problem list of the physiological concerns of the SA patient.
2. Discussing the epidemiology of SA.
3. Identifying the characteristics of commonly abused substances.
4. The pharmacological principles to consider for SA.
5. Defining the DSM IV diagnostic criteria.
6. Discussing the etiology of SA.
7. Recognizing the legal, ethical, and moral issues in SA.
8. Demonstrate basic assessment and diagnostic skills for SA.
9. Recognizing the attitudinal obstacles to good communication with the SA patient and family.
10. Dealing with an impaired colleague.
Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2A: Introduction to substance abuse and commonly used terms

Total Time: 1 hour

Overview: This unit serves as an introduction for the glossary of SA terms and their definitions. The unit will also serve as an introduction to organizations and other resources concerning substance abuse.

Terminal Objective: The student will understand the many of the commonly used terms, organizations and resources in SA. In addition the student will be given references for further exploration.

Recommended Teaching Methods:
   Group Process
   Lecture
   Discussion

Content Outline:
VIII. Common terms related to SA
   A. Addiction
   B. Dependence
   C. Use vs. misuse
   D. Experimentation
   E. Tolerance
   F. Additional terms

IX. Organizations
   A. Local
   B. State
   C. National
   D. International

X. Resources
   A. Written materials
   B. Audiovisual materials
   C. Professional networking
   D. Experiential learning
References:


Resources for Substance Abuse:

Alcoholics Anonymous  
P.O. Box 459  
Grand Central Station  
New York, NY 10163  
(212) 686-1100

American Association of Nurse Anesthetists  
222 South Prospect Ave.  
Park Ridge, Ill. 60068  
(708) 692 7050

American Council for Drug Education  
6193 Executive Boulevard  
Rockville, MD 20852  
(301) 984-5700

American Medical Association  
Department of Health Education  
535 North Dearborn St.  
Chicago, Ill. 60610  
(312) 645-5000

Association of Medical Educators in Substance Abuse (AMERSA)  
c/o Brown University  
P.O. Box G  
Providence, RI 02912  
(401) 863-1109

Cork Institute on Black Alcohol and Drug Abuse  
Morehouse School of Medicine  
720 Westview Drive, S.W.  
Atlanta, GA 30310

Food and Drug Administration  
Office of Consumer Affairs  
5600 Fischer Lane  
Rockville, MD 20857  
(301) 443-6500

Hazelden Educational Materials  
Pleasant Valley Road
Box 176
Center City, MN 55012
(800)328-9000

Johnson Institute
7151 Metro Blvd.
Minneapolis, MN 55439
(800) 231-5165

National Clearinghouse for Alcohol and Drug Information
Department PP - P.O. Box 2345
Rockville, MD 20852
(301) 469-2600

National Council on Alcoholism
733 Third Ave.
New York, NY 10017
(212) 986-4433

National Council on Alcoholism and Drug Dependence, Inc
12 West 21st St.
New York, NY 10010
(212) 206-6770

National Highway Traffic Safety Administration
793 Elkridge Landing Road
Linthicum, MD 21090
(301) 962-3877

National Library of Medicine
Collection Access Section
8600 Rockville Pike
Bethesda, MD 20894

National Nurses Society on Addictions
5700 Old Orchard Road, First Floor
Skokie, Ill. 60077
(708) 966-5010

Native American Research Information Service (NARIS)
The American Indian Institute
The University of Oklahoma
555 Constitution Ave.
Norman, OK 73037
(405) 325-4127

Resources for Substance Abuse (cont.):
Office of Minority Health Resource Center (OMHRC)
P.O. Box 37337
Washington, DC 20013
(800) 444-6472

Project Cork Institute and Resource Center
Dartmouth Medical School
Hanover, NH 03756
(603) 646-7540

Rutgers University, Center of Alcohol Studies
Smithers Hall, Busch Campus
Piscataway, NY 98854
(201) 932-4442
Education and Training
Van Nest Hall, Room 301
New Brunswick, NJ 081903
(201) 932-2190
DIDACTIC UNIT 2B: Defining commonly abused substances and their characteristics

Overview: This unit serves as an introductory study of the substances commonly used and their characteristics. The session is intended to familiarize the participant with the major mood altering drugs and provide the framework that will allow comparison of the substances of abuse.

Terminal Objective: The student will understand the many of the commonly abused substances, their characteristics, and clinical manifestations.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Drug Content Area: from Adger, H., DeAngelis, C., & McDonald, E.M.

Course Outline:
XI. Common drugs of abuse
   A. Alcohol
   B. Marijuana
      1. Hashish
   C. CNS stimulants
      1. Amphetamines
   D. Cocaine
      1. Crack
   E. CNS depressants
      1. Barbiturate
      2. Non-barbiturate
      3. Anti-anxiety agents
   F. Narcotics/Heroin/other controlled substances
      1. opiates
         a. morphine
         b. codeine
      2. semi-synthetic
         a. heroin
         b. hydromorphone
      3. synthetic
         a. methadone
b. meperidine
c. fentanyl
d. sufentanyl

G. Hallucinogens
   1. LSD
   2. Mescaline
   3. MDMA

H. Phencyclidine (PCP)
I. Volatile Inhalants
   1. Amyl and isobutyl nitrites

J. Nicotine
K. Caffeine
L. Anabolic steroids
M. Over-the-counter drugs

XII. Content Area for each drug
A. Generic and trade name
B. Street names
C. General information
D. Methods of use
E. Clinical manifestations
F. Formulation and Paraphernalia
G. Treatment for acute abuse
References:


New York: Brunner/Mazel.


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2C: Basic pharmacology - I. Acute and Chronic Abuse

Total Time: 2-3 hours

Overview: This unit serves as an introductory to the pharmacology of the substances commonly abused. The session is intended to familiarize the participant with the pharmacokinetics and pharmacodynamics of major mood altering drugs.

Terminal Objective: The student will understand the pharmacologic basis and principles of many of the commonly abused substances, their characteristics, and clinical manifestations. The student will be able to generally relate these principles to anesthesia.

Recommended Teaching Methods:
   Group Process
   Lecture
   Discussion
   Readings

Course Outline:
XIII. Basic Pharmacology of Commonly Abused Substances
   A. Overview of the Effects of drugs
      1. Signs and symptoms
      2. Tolerance
      3. Pharmacologic effects
   B. Alcohol
   C. Marijuana
      1. Hashish
   D. CNS stimulants
      1. Amphetamines
   E. Cocaine
      1. Crack
   F. CNS depressants
      1. Barbiturate
      2. Non-barbiturate
      3. Anti-anxiety agents
   G. Narcotics/Heroin/other controlled substances
      1. opiates
         a. morphine
         b. codeine
      2. semi-synthetic
         a. heroin
b. hydromorphone

3. synthetic
   a. methadone
   b. meperidine
   c. fentanyl
   d. sufentany!

H. Hallucinogens
   1. LSD
   2. Mescaline
   3. MDMA

I. Phencyclidine (PCP)

J. Volatile Inhalants
   1. Amyl and isobutyl nitrites

K. Nicotine

L. Caffeine

M. Anabolic steroids

XIV. Origins of drug use, abuse and dependence

A. Addiction
B. Dependence
C. Cross-dependence
D. Vulnerability
E. Clinical characteristics
F. Symptoms
G. Tolerance and withdrawal
References:


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2D: Defining the Diagnostic and Statistical Manual of Mental Disorders

Total Time: 1-2 hours

Overview: This unit serves as an introductory to the problem of substance abuse. The session will provide insight into the nature of substance abuse and familiarize the participant with the DSM manual.

Terminal Objective: The student will understand the nature and principles of drug use as related to substance abuse. In addition the student will be able to identify patterns and factors which predispose one to substance abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Small group role playing

Course Outline:
XV. Introduction to the nature of substance abuse
   A. Overview of drug use
      1. Healthful
      2. Recreational
   B. Drugs used and potential for abuse
      1. Marijuana
      2. CNS stimulants
      3. Cocaine
      4. CNS depressants
      5. Narcotics/Heroin/other controlled substances
      6. opiates
      7. semi-synthetic
      8. synthetic
      9. Hallucinogens
      10. Phencyclidine (PCP)
      11. Volatile Inhalants
      12. Nicotine
      13. Caffeine
      14. Anabolic steroids
XVI. Defining drug use, abuse and dependence
A. Individual perceptions
   1. Personal beliefs
   2. Personal experimentation
   3. Circumstances for drug use
   4. Vulnerability for abuse

B. Determination of use, misuse, or abuse
   1. Personal definition
   2. Social definition
   3. Medical definition

C. Social perceptions of drug use, abuse or dependence
   1. Frequent use
   2. Social use
   3. Responsible use
   4. Substance abuse
   5. Drug dependence
      a. Physical dependence
      b. Psychological dependence
      c. DSM diagnostic criteria

D. Patterns for substance abuse
   1. Family history and genetic theory
   2. Social learning
   3. Dysfunctional family
   4. Patterns of communication
   5. Family role modeling
References:


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2E: Epidemiology of substance abuse

Total Time: 1-2 hours

Overview: This unit will discuss the incidence, prevalence, morbidity, mortality and demographics differences regarding substance abuse. The session will provide insight into prominent patterns of substance abuse.

Terminal Objective: The student will understand the incidence, prevalence, morbidity, mortality, demographics, and prominent patterns of substance abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:

XVII. Epidemiology of substance abuse
A. Overview of the incidence and prevalence of SA
   1. Overall trend of alcohol consumption
   2. Overall trend of other substance use/abuse
B. Incidence of substance abuse by age groups
   1. Addicted Infants
   2. Youth (12-18 years)
   3. Young adult (19-25 years)
   4. Middle Adult (26-34 years)
   5. Older Adult (35+ years)
C. Other abused substances
   1. Growth of illicit drugs
   2. Marijuana use
   3. Nicotine
   4. Caffeine
D. Trends in substance use, misuse and abuse
   1. 1970-1980
   2. 1980-1990
E. Morbidity and Mortality of substance abuse
   1. Factors which define morbidity
   2. Causes of mortality
   3. Most common physical findings of the abuser
   4. Polysubstance abuse
References:


Alcoholism.


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2F: Etiology of substance abuse

Total Time: 2-3 hours

Overview: This unit will discuss the predisposing risk factors for the substance abuser as well as some of the mechanisms for reducing these at risk populations. The session will delve into environmental influences, genetic influences, and the dysfunctional family as possible relationships to prominent patterns of substance abuse.

Terminal Objective: The student will understand the various valid theories predisposing patients to substance abuse.

Recommended Teaching Methods:
  - Group Process
  - Lecture
  - Discussion
  - Readings
  - Case Presentation # 1
  - Reference Sheet 1.1

Course Outline:
XVIII. Etiology of substance abuse
  A. Factors which may contribute to SA behavior
     1. Individual/Personal
        a. genetic
        b. family pressures
        c. living patterns
        d. personal reflection
     2. Environmental
        a. demographics of use and availability
        b. cultural patterns
        c. socioeconomic patterns
        d. profession/occupation
     3. At risk behavior
        a. dysfunctional families
        b. stress
        c. personality
        d. healthy coping strategies
  B. Methods for reducing the incidence of SA for the at risk patient
     1. exercise
     2. nutrition
     3. smoking cessation
4. reducing drug and alcohol intake
5. reducing the incidence of AIDS
6. stress reduction
   a. biofeedback
   b. hypnosis
   c. reflexology
   d. support groups
   e. directions in problem-solving
7. community support
8. self-help
C. Health education in SA
   1. Needs assessment
   2. Goal formulation
   3. Plan for implementation
   4. Adult education philosophy
   5. Implementation
   6. Evaluation
D. Personal reflection and self-evaluation
   1. Case presentation # 1
   2. ethical issues concerning SA
   3. stereotypical assessment of SA
References:


References:


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Human Services.


Substance Abuse Case Presentation #1  
Module 1  
Didactic Unit 2F  
Reference Sheet 1.1

Jay Johnson, is a 23 year old graduate of a leading school of nurse anesthesia and presents with complaints of stress and requests something to help him relax. He is an anesthesia practitioner working full-time and studying for an advanced degree in the evenings. He has little time for socialization and is currently divorced and has one child.

His parents are divorced and his father has had a chronic drinking problem. Jay has also recently been named in litigation. He has two brothers, one which has had frequent history of DWI and a second which used illicit drugs while in the service.

Jay does not drink or use street drugs. He clearly states his position as an anti-drinker and anti-drugs. He attends Al-Anon meetings every couple of months.

Risk Factors to consider for this Young Adult:

1. Exposure to drug users in social and work environments  
2. Marital and work stability  
3. Unemployment  
4. Divorce  
5. Psychological or psychiatric difficulties or distress  
6. Low self-esteem  
7. Depression  
8. Peer support  
9. Substance abuse by parents
Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2G: Introduction to the legal, ethical and moral issues of SA

Total Time: 2-3 hours

Overview: This unit will discuss the legal, ethical and moral issues of SA. This will include discussion of the impaired professional.

Terminal Objective: The student will understand the various ethical, legal, and moral issues related to substance abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Role Playing
- Field trips to agencies for observation and/or limited interaction

Course Outline:

XIX. Legal issues related to SA
   A. Roles of State Boards of Nursing
   B. Disciplinary actions
   C. Diversion of controlled substances
   D. Professional/administrative responsibilities
   E. Knowledge of Drug enforcement agencies
   F. Screening for recovering abuser
   G. Criminal and civil liabilities
   H. Patient confidentiality

XX. Ethical issues related to SA
   A. AANA code of ethics
   B. AANA Peer Assistance statement
   C. Professional codes
   D. Ethical considerations for reporting
   E. Ethical considerations for intervention
   F. Impaired professionals
   G. Other issues related to SA

XXI. Moral issues related to SA
   A. Impaired professionals
      1. Prevalence of SA
      2. Attitude of professionals
      3. Availability of substances for abuse
4. Behaviors of impaired professionals, employers, co-workers, and family which encourage SA.
5. Recovery of impaired professionals
6. Returning impaired professionals to work

XXII. Peer Assistance
A. SA Education
B. Intervention for SA of colleague
C. Intervention organizations and treatment
D. Aftercare and employment
   1. Department policies and procedures
   2. Motivation of abusers to seek treatment
   3. Support groups
   4. Peer assistance
E. Changing attitudes toward impaired professionals
References:


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2H: Basic assessment and diagnostic skills in the SA patient

Total Time: 2-3 hours

Overview: This unit will discuss the skills related to clinical assessment and diagnosis of the SA patient.

Terminal Objective: The student will understand the various basic techniques required to obtain a history and physical from substance abuse patients. These basic interviewing skills will enable the student to obtain the groundwork for planning, treatment or referral of the SA patient.

Recommended Teaching Methods:
   Group Process
   Lecture
   Discussion
   Readings
   Role Playing
   Field trips to agencies for observation and/or limited interactions
   Case examples

Course Outline:
XXIII. Defining addiction
   A. Dependence
      1. Psychological
      2. Physiological feelings
   B. Addiction
      1. Manifestations
         a. Physiological changes
         b. Tolerance
         c. Cross tolerance
         d. Multiple or dual diagnosis
      2. Behavioral effects
         a. Gambling
         b. Sexual disorders
         c. Physical problems
         d. Emotional
         e. Professional
         f. Social
         g. Family
   C. The disease concept of addiction
      1. Impairment
a. Early
b. Middle
c. Late

2. Denial of addiction
   a. Family support for denial
   b. Social support for denial
   c. Professional support for denial

D. Diagnosis of addiction
   1. Acute medical sequela
      a. Physical findings
   2. Chronic medical sequela
      a. Physical findings
   3. Engaging patient
      a. Patient who accepts disease
      b. Patient who denies disease
   4. Establishing a supportive relationship
      a. Using interviewing skills
      b. Showing respect and empathy for patients
   5. Understanding the impact of SA
   6. Things to avoid during an interview
      a. Comparisons
      b. Value-laden terms
      c. Scare tactics
      d. Arguments
      e. Hostility
      f. Enabling
References:


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2I: Multisystem physiology in SA - Level I

Total Time: 2 hours

Overview: This unit will discuss the physiology related to the early stages of substance abuse. The systems will be introduced in an extensive manner as a supplement to the assessment and diagnostic skills segment.

Terminal Objective: The student will understand the physiologic basis of the early stages of substance abuse. This enhanced knowledge will provide a foundation for supporting the assessment and diagnostic skills of the student.

Recommended Teaching Methods:
  - Group Process
  - Lecture
  - Discussion
  - Readings
  - Pathology
  - Case examples

Course Outline:
XXIV. A. Cardiovascular
  1. Cardiac response to selected drugs
  2. Hematologic changes
  3. Vascular changes

B. Digestive system
  1. Esophagus
  2. Stomach
  3. Small bowel
  4. Large bowel

C. Endocrine
  1. Pancreas
  2. Liver
  3. Spleen
  4. Immunologic

D. Pulmonary
E. Neuromuscular

References:
Plenum Medical Books Co.


GuytoPhiladelphia: W.B. Saunders Co.


Substance Abuse Curriculum: MODULE 1

DIDACTIC UNIT 2J: Attitudes and Self-assessment concerning SA

Total Time: 1 hour

Overview: Students should be sensitive to the influence CRNAs attitudes have on recognition, patient relationships, and diagnosis of SA. They should recognize SA as a disease process and their professional role in providing prevention.

Terminal Objective: The student will understand their professional responsibility concerning SA. They will provide a nonjudgmental and nonmoralistic approach to SA. Establish appropriate optimism about their prognosis. Can accept substance abusers as appropriate to provide medical attention.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Case examples

Course Outline:
XXV. Contemporary Issues of drug use
  A. History of substance use, misuse, and abuse.
  B. Legal addictive substances
    1. Alcohol
    2. Caffeine
    3. Nicotine
  C. Societal patterns of drug use
  D. Drug use among special populations
  E. Aging and substance use
  F. Life use patterns

XXVI. Reasons for Using drugs
  A. Peer pressure
  B. "Euphoric Seeking" or "Pain Relief"
  C. Choices concerning use

XXVII. Attitudes concerning the topic of SA
  A. Biased and non-biased attitudes
  B. The disease model of SA
  C. Influence of attitudes on patient relationships
  D. Influence of attitudes on patient care
  E. Attitude development
1. Personal
2. Family
3. Society
4. Cultural

F. Stereotypes

XXVIII. Impaired professionals
A. Patterns for CRNAs
B. Factors which determine impairment
C. Legal implications
D. Willingness to learn about substance abuse

XXIX. Employing methods for inducing positive attitudes and recognizing negative attitudes.
A. Evaluation of personal attitudes, values, morals and beliefs
B. Learning about the SA disease model
C. Recognize and practice prevention
D. Understand that your professional role places you in a powerful position for producing change
References:


Substance Abuse Curriculum: MODULE 1

CLINICAL UNITS A-G: Introduction to clinical assessment and diagnostics of SA

Total Time: 15 hours

Overview: The clinical units will provide the student with the experience to apply scientific knowledge in caring for the SA patient. There will also be an extensive opportunity for analyzing and challenging personal attitudes concerning SA. Additionally, there will be an opportunity to engage in multidisciplinary collaboration for SA.

Terminal Objective: a) The student will be able to conduct a basic screening, history, and physical for the SA patient. b) Discuss the diagnosis of SA. c) Recommend support groups for a basic prevention and intervention process. d) Examine personal values, beliefs, and attitudes concerning SA. e) Begin the development of a SA research project.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Videos
- Role Playing
- Case presentations

Instructional Activity Sequence:
First hour is dedicated to conference time conducted by a clinical faculty member.
Second hour includes an introduction to the methods for history and physical using a variety of instruments (e.g. CAGE).
Third hour is for taking the Short MAST or other SA self-examination and for demonstrating techniques used for obtaining a history and physical (consider role playing with variety of patients).
Fourth hour through the ninth hour provides contact with patients in the clinical setting for structured learning experiences.
Tenth hour provides an opportunity for students to discuss and research ideas for the SA research project.
Eleventh hour through the fifteenth hour provides the student an opportunity to share time with a clinical counselor.

Course Outline:
XXX. Introduction to clinical assessment and diagnostics of SA
A. Self-examination and challenging personal prejudices, beliefs, and attitudes on SA
B. Performing basic clinical assessment and diagnostic procedures
C. Learning the relationship between SA and anesthesia
D. Familiarization with patient and family dynamics
   1. Observation and participation in prevention and treatment programs
   2. Learn the role of support groups in treating substance abuse
E. Listing the predisposing risks and progressive stages of SA
   1. Physical responses
   2. Psychosocial responses
   3. Physiological responses
   4. Cognitive changes
F. Exploration of the etiology and progression of SA
G. Ideas for SA research project
References:


Formative Evaluation of Module 1

Substance Abuse Curriculum
Reference Sheet 1.3

Using the following scale please rate your accomplishments of the objectives in Module 1 including the didactic and clinical components of the substance abuse curriculum.

1-------2-------3-------4-------5
Low    Moderate    High
Accomplishment

Level of Accomplishment

_____Understanding the objectives, goals and syllabus for the modules.

_____Recognizing commonly used terms, organizations, and resources in the field of substance abuse.

_____Recognizing the commonly abused substances, their characteristics and clinical manifestations.

_____Understanding the pharmacologic basis and principles of many commonly abused substances.

_____Identifying patterns and factors which predispose one to substance abuse.

_____Relating the incidence, prevalence, morbidity, demographics and prominent patterns of substance abuse.

_____Recognizing valid theories predisposing patients to substance abuse.

_____Discussing the ethical, legal, and moral issues related to substance abuse.

_____Applying basic techniques for obtaining a history and physical and interviewing a substance abuse patient.

_____Implementing a plan for treatment and referral of the substance abuse patient.

_____Discussing the physiology of the early stages of substance abuse.

_____Understanding professional responsibilities concerning substance abuse.
Enhanced clinical skills in diagnosing substance abuse.

Examining personal beliefs, values and attitudes concerning substance abuse.

Additional Comments:
Substance Abuse Curriculum

**MODULE 2**

**DIDACTIC UNIT A: Multisystem physiology in SA - Level II**

Total Time: 2 hours

Overview: This unit will discuss the physiology related to the stages of substance abuse. The systems will serve as a supplement to the assessment and diagnostic skills segment.

Terminal Objective: The student will understand the physiologic basis of the stages of substance abuse. This enhanced knowledge will provide a foundation for supporting the assessment and diagnostic skills of the student.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Case examples

Course Outline:
XXXI. Skeletal
  A. History of fractures
  B. Malnutrition
  C. Osteoporosis
  D. Joint pain or deformity

XXXII. Skin
  A. Abscesses
  B. Bruises
  C. Needle marks
  D. Scars
  E. Jaundice

XXXIII. Lymphatic System
  A. Adenopathy

XXXIV. Genitourinary
  A. Venereal diseases
  B. Renal failure
  C. Sexual dysfunction
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT B: Pharmacology - II

Total Time: 2-3 hours

Overview: This unit serves as a further introduction to the pharmacology of the substances commonly abused. The session is intended to familiarize the participant with the pharmacokinetics and pharmacodynamics of major mood altering drugs.

Terminal Objective: The student will understand the pharmacologic basis and principles of many of the commonly abused substances, their characteristics, and clinical manifestations. The student will be able to generally relate these principles to anesthesia.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:

XXXV. Pharmacology of Commonly Abused Substances
   A. Pharmacokinetics and Pharmacodynamics of substances
      1. Alcohol
      2. Marijuana
      3. CNS stimulants
      4. Cocaine
      5. CNS depressants
      6. Narcotics/Heroin/other controlled substances
      7. Opiates
      8. Semi-synthetic
      9. Synthetic
     10. Hallucinogens
     11. Phencyclidine (PCP)
     12. Volatile Inhalants
     13. Nicotine
     14. Caffeine
     15. Anabolic steroids

XXXVI. Metabolism, clearance, and elimination of substances
   A. Metabolism
      1. Hepatic
      2. Renal
      3. Biliary
4. Metabolic degradation
B. Pharmacologic management of withdrawal
   1. Intermittent or recurrent withdrawal
   2. Complicated withdrawal
   3. Unrecognized withdrawal
   4. Preanesthetic transition from abuse to withdrawal

XXXVII. Variances in individual responses to Pharmacodynamics
A. Bioavailability
B. Renal function
C. Hepatic function
D. Age
E. Enzyme activity

XXXVIII. Variances in individual response to Pharmacokinetics
A. Receptor responsiveness
B. Drug concentration
C. Genetics
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT C: Prevalence and Patterns of SA

Total Time: 1 hour

Overview: This unit will discuss the prevalence trends of SA in a variety of age groups. The patterns of use of SA for different age groups will also be discussed.

Terminal Objective: The student will understand the prevalence trends and patterns of use of SA through the lifespan.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:
XXXIX. Prevalence and patterns of trends in SA
   A. Prevalence and patterns of alcohol effects/consumption among
      1. Neonates
      2. Infancy
      3. Childhood
      4. Adolescent
      5. Young Adult
      6. Middle Adulthood
      7. Elderly
   B. Prevalence and patterns of misused and abused prescription and over-the-counter drugs among
      1. Neonates
      2. Infancy
      3. Childhood
      4. Adolescent
      5. Young Adult
      6. Middle Adulthood
      7. Elderly
   C. Trends of commonly misused and abused drugs by
      1. Children
      2. Adolescents
      3. Adults
      4. Elderly
      5. Tobacco use
6. Caffeine
D. Factors which influence use, misuse, and abuse
   1. Drug Availability
   2. Gender
   3. Race
   4. Socio-economic
   5. Demographics
   6. Cultural
   7. Religious
   8. Adolescent attitudes
   9. Family patterns
  10. Social patterns
  11. Psychological
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT D: Tolerance, Toxicity, and Withdrawal from SA

Total Time: 1 hour

Overview: Students will explore in depth the physiological process of tolerance and toxicity of addictive substances, as well as the withdrawal from substances. This unit will aid in further identification of key concepts, physiological responses and treatment in SA.

Terminal Objective: The student will understand the concepts of tolerance, cross-tolerance, drug toxicity and withdrawal and as it relates to SA and anesthesia.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:
XL. Tolerance
- A. Stages of the addiction process leading to tolerance
  1. Initial contact with substance
     a. Reasons
        (1) Peer Pressure
        (2) Medication use toward misuse
        (3) Thrill seeking
        (4) Self-Medication
     b. Consider abstinence
  2. Experimentation
     a. Increasing the length and intensity of effects
     b. Mood altering
  3. Excessive use
     a. Can withdraw or continue misuse
     b. Risks social, psychological and physical damage to continue substance use
  4. Addiction
     a. Physical and psychological dependence
     b. Outside help required to reverse process
  5. Increased tolerance
     a. Requires increasing amounts
     b. Effect of substance becomes diminished with same amounts
     c. Cross-tolerance
(1) Poly substances use

6. Recovery
   a. Detoxification
   b. Behavior modification to change lifestyle
   c. Long term support groups

B. Toxicity
   1. Assessment
   2. Acute management
      a. Intoxication
      b. Toxic reactions to drugs
      c. Drug interactions
   3. Long-term management
      a. Recognition of chronic pathology
      b. Detoxification
      c. Treatment for chronic physical pathology

C. Withdrawal
   1. Medical assessment
   2. Differential Diagnosis
   3. Physiology of withdrawal
   4. Half-life and duration of substances
   5. Indications for withdrawal
   6. Common course of withdrawal for substances
   7. Differences in withdrawal patterns
   8. Complications of withdrawal
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT E: Planning for Intervention, Intervention and Aftercare

Total Time: 6 hours

Overview: Students should be able to effectively plan the intervention process, apply the intervention process, and recommend treatment modalities in recovery. Students should be able to encourage patient and family to initiate and accept treatment by using supportive and unbiased confrontation. Family and patient education and good communication skills will aid the process.

Terminal Objective: The student will understand the intervention planning process, how to intervene and the recovery process.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:
XLI. Planning for Intervention
   A. Prevention
      1. Education
         a. Continuing professional education
         b. Community education
         c. Health education and wellness clinics
         d. Drug free social activities
      2. Policy
         a. Social policy
            (1) Encourage development of functional family units
            (2) Education at all levels
            (3) Education for "high risk" groups
            (4) Drug free community environments
         b. Workplace policy
            (1) support abstinence
            (2) support education
            (3) institute employee assistance programs (EAP)
         c. Family unit policy
            (1) Clear
               (a) rules
               (b) roles
               (c) rhetoric (communication)
(2) Balanced and cooperative efforts to maintain
   (a) communication
   (b) power
   (c) relationships

3. Family interview
   a. Recognizing dysfunctional family units
      (1) Arguments
      (2) Cyclical manipulation
      (3) Enablers and Caretakers
      (4) Economic strain
      (5) Poor interaction
      (6) Rebellious and alienated
      (7) History of substance abuse
      (8) Inadequate parental direction
      (9) Antisocial behavior
   b. Impact of substance abuse on
      (1) Family
      (2) Colleagues
      (3) Community
      (4) Society

B. Intervention
   1. Goals for intervention
   2. Strategies for intervention
      a. Primary prevention
         (1) Education with factual information
         (2) Nonusers
         (3) Low risk groups
         (4) Encouraging strong coping attitudes/positive reinforcement
      b. Intervention with high risk patients
         (1) Express concern for health
         (2) Correlate problems with SA
         (3) Clarify misinterpretations
         (4) Provide factual information
         (5) Review all the risks with continued abuse
         (6) Provide motivation/support for changes
         (7) Arrange social support
         (8) Continue relationship for monitoring
         (9) Negotiate plan for changes in behavior
      c. Secondary prevention with recovering patient (routine screening reveals abuse)
         (1) Concern for health
         (2) Clarify questions
         (3) Provide factual information
(4) Review risks
(5) Quantify physical and psychological harm
(6) Treatment of medical sequelae
(7) Examine social support
(8) Counseling for addiction
d. Tertiary prevention for relapse
  (1) Close monitoring
  (2) Continued education
  (3) Positive reinforcement of acceptable behavior
  (4) Continued counseling for recovery
e. Promotion of personal health and prevention
  (1) Promoting health education
  (2) Social supports which limits SA
  (3) Community sponsored prevention
  (4) Provide factual information
  (5) Reinforce existing plan
f. Identification of resources available
  (1) Therapy
  (2) Education
  (3) Evaluation
  (4) Medical
  (5) Laboratory testing
  (6) Interdisciplinary team
  (7) Professional responsibility of the CRNA
  (8) Referral resources
g. Identification of treatment settings available
  (1) Support groups
  (2) Outpatient facilities
  (3) Inpatient facilities
  (4) Therapeutic community
h. High Risk individuals
  (1) Quantify risk factors
  (2) Education and counseling available for family
  (3) Follow reactions in family (depression, hostility)
  (4) Immediate referral for therapy
  (5) Long-term follow-up/monitoring
i. Engaging
  (1) Identify substance(s) being abused
  (2) Preparation of all participants for effective intervention
  (3) Collection of data to confront severity of SA disease
  (4) Team collaboration in diagnosis and planning
  (5) Implement plan and initiate support for medical consequences
  (withdrawal, overdose)
(6) Initiate treatment
(7) Educate individual, colleagues, family, support group
(8) Refer patient for long term recovery

C. Aftercare/Recovery
   1. Motivation of Recovery
   2. Referral to support groups
   3. Continued education
   4. Frequent laboratory testing
   5. Promotion of Wellness
   6. Positive reinforcement
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT F: Central Concepts and Research Issues in SA

Total Time: 2 hours

Overview: Students should be introduced to current problems and issues related to SA. This should allow for active discussion of issues and aid in the development of a research project.

Terminal Objective: The student will be able to identify current issues and problems related to SA. The discussion of these issues should lead the student to explore ideas toward the development of a research project.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:
XLII. Policy issues
A. Social policy
   1. Development of substance abuse legislation
      a. Local
      b. Regional
      c. National
      d. International
   2. SA Education effectiveness at all levels
   3. General Testing for SA
   4. AIDS and SA
B. Workplace policy
   1. Who is responsible?
   2. How should SA be handled in the workplace?
C. Family unit policy
   1. Balanced and cooperative efforts for
      a. communication
      a. power
      b. relationships
   2. Educate family members?
D. Dysfunctional family units
   1. Treatment of dysfunctional units and components?
XLIII. Impact of substance abuse on
A. Family
B. Colleagues
C. Community
D. Society
E. Adequate utilization of resources?
XLIV. Evaluation of SA policy
A. Methodology
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT G: Assessment and Screening of SA patients

Total Time: 2 hours

Overview: This unit will aid in the development of skills in assessing and screening patient patterns of behavior for substance abuse

Terminal Objective: The student will understand the clinical diagnostic criteria and screening methods in SA patients.

Recommended Teaching Methods:
Group Process
Lecture
Discussion
Readings
Demonstration

Course Outline:
XLV. Diagnostic Criteria and assessment of problems in the lifespan.
A. Signs and symptoms of SA
   1. General appearance
      a. Tremor
      b. irritability
      c. excitability
      d. Jaundice
      e. poor appearance
   2. Mouth
      a. Periodontal disease
      b. coated tongue
   3. Face and Hands
      a. Rosacea, seborrheic dermatitis
      b. Parotid swelling
      c. spider nevi
      d. finger clubbing
      e. Dupuytren’s contracture
      f. Multiple surgical scars
   4. Miscellaneous
      a. Trauma
      b. Random blood alcohol > 65 mmol/l
      c. Random urine testing
      d. Specific laboratory testing
(1) Serum y-glutamyl transpeptidase level is raised 70-80% in alcoholic patients
(a) one of the best early indicators
(2) Mean corpuscular volume is raised 75-90% in alcoholic
(3) Serum high density lipoprotein cholesterol level is raised 50-80% in alcoholic
(4) Serum glutamate dehydrogenase level demonstrates liver disease in alcoholic
(5) Serum transferrin level is elevated in 80% of alcoholic patients
(6) Ratio of z-amino-n-butyr acid to leucine is dependent on patient and nutrition but raised in alcoholic.

B. Screening procedures for SA are appropriate during
1. History and physical
   a. H & P should begin with nonthreatening habits like tobacco use, exercise, alcohol use, then illegal drug use.
   b. Direct communication and observation to determine drug use
   c. CAGE Questions/MAST/SMAST
   d. Recognizing Acute illnesses induced by SA
   e. Recognizing Chronic illness associated with SA
2. Hospital admissions
3. Trauma
4. When symptoms suggest SA
5. Family problems
   a. Identify family members that may help or abuse
6. Anytime

C. Determine patterns of use and establishing diagnosis
1. Social use
   a. Loss of control of drug use
2. Physiological need
   a. Tolerance
   b. Withdrawal symptoms
   c. Blackouts
   d. Family history of SA
3. Multiple drug use
4. SA
   a. Adverse effects on patient, family, community
   b. Patient's feelings about SA

D. Required Communication skills
1. Coping with patient behaviors which influence obtaining an accurate history
2. Encouraging self-disclosure
3. Establishing a relationship
4. Teaching patient and family about SA
References:


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT H: Individual, Family, and Group Dynamics related to SA

Total Time: 2 hours

Overview: This unit will aid in the understanding of the impact of SA on the individual, family, and group processes. Identification of problems which lead to SA and poor communication methods will be reviewed.

Terminal Objective: The student will understand factors which place individuals at risk for SA. They will be able to describe the correlation between dysfunctional family communication and SA. They will be able to identify critical and common patterns of group communication and education.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Demonstration

Course Outline:
XLVI. Individual communication patterns
   A. Impact of SA on Individual communications
   B. Maladaptive patterns
   C. Marital relationships
      1. Domestic violence
      2. Child abuse
   D. Enablers
   E. Roles of children
   F. Rituals

XLVII. Family communication patterns
   A. Impact of SA on family communication
   B. Health Problems
   C. SA and children
   D. Theories of family or genetic risk
   E. Role modeling

XLVIII. Group communications patterns
   A. Support Groups intervention and communication
   B. Children with HIV
   C. Emotional support for families of SA patients
   D. Roles and coping strategies for groups
E. Educational intervention
F. Prenatal teaching
G. Economic ramifications
References:


New York: Gardner.


Substance Abuse Curriculum: MODULE 2

DIDACTIC UNIT I: Community resources and treatment options

Total Time: 1 hours

Overview: This unit will discuss the planning, diagnosis and treatment sequence for SA patients.

Terminal Objective: The student will be able to recognize, diagnose, as well as plan intervention, treatment, and aftercare. They will be able to discuss diagnosis of substance abuse in their patients. Students will be able to formulate and utilized treatment modalities in the treatment of SA.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Role Playing

Course Outline:
XLIX. Review DSM IV and ICD diagnostic criteria
L. Planning
  A. Subjective
  B. Objective
  C. Use of consultants
  D. Prevention
    1. Education
    2. Avoidance
    3. Recognition of high-risk populations
  E. Acute management
    1. Intoxication
    2. Withdrawal
    3. Overdose
    4. Toxic reactions
  F. Long-term planning
    1. Relationships
    2. Types of treatments
    3. Pharmacotherapy
    4. Collaboration
LI. Treatment
  A. Consequences of routes of administration
  B. Chronic pathology
C. Trauma
D. Effects of SA on Mother and Fetus
E. Influence on family, work and social environment
F. Psychotic response
G. Anxiety reaction
H. Organic Brain syndrome

LII. Community resources available
   A. Prevention and education
   B. Treatment and assistance
   C. Recovery and restoration to productive role in society
References:


Substance Abuse Curriculum: MODULE 2

CLINICAL UNITS A-I: Increased special skills in clinical planning, recognition, diagnosis, and treatment of SA

Total Time: 15 hours

Overview: The clinical units will provide the student with the experience to apply scientific knowledge in caring for the SA patient. There will be an extensive opportunity for analyzing and challenging personal attitudes concerning SA. Additionally, there will be an opportunity to engage in multidisciplinary collaboration for SA. One important component of this module is to delve extensively into the interview, diagnosis, treatment and recovery process of the substance abuse patient.

Terminal Objective: a) The student should be able to conduct an interview, history, and physical extracting important information from the SA patient. b) Discuss the interview, diagnosis, and treatment options for SA patients. c) Recommend supportive therapy and groups for the prevention, intervention, and recovery process. d) Examine personal values, beliefs, and attitudes concerning SA. e) Identify and begin solidification of a SA research project.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Videos
- Role Playing
- Case presentations

Instructional Activity Sequence:
- First hour is dedicated to conference time conducted by a clinical faculty member examining the barriers to accurate assessment and collection of data from patients, family and during the physical examination.
- Second and third hours include a review and demonstration (one-on-one) of the methods for an extensive interview, history and physical using a variety of criteria (DSM IV) and instruments.
- Fourth hour is for SA self-examination with a clinical counselor.
- Fifth hour provides the opportunity for recognition of signs and symptoms of SA and discussion of the appropriate treatment plan.
- Sixth hour allows demonstration of a plan for intervention, basic intervention, and the aftercare process.
- Seventh hour students should be expected to demonstrate basic treatment and referral skills for the SA patient.
Eighth through thirteenth hour provides the student an opportunity to share time with a clinical counselor in the clinical setting examining appropriate cases.

Fourteenth hour is a debriefing and discussion of preceding activities and a review of techniques, methods, philosophy, and clinical experiences.

Fifteenth hour allows research and solidification of SA research project.

Course Outline:
LIII. Clinical assessment and diagnostics of SA
   A. Self-examination and challenging personal prejudices, beliefs, and attitudes on SA
   B. Performing clinical assessment and diagnostic procedures
   C. In depth exploration of the relationship between SA and anesthesia
   D. Familiarization with barriers to patient, family dynamics and physical examination
      1. Participation in prevention and treatment programs
      2. Discuss and utilize support groups in treating substance abuse
   E. Utilizing the planning, recognition, diagnostic, and treatment skills in SA
      1. Early recognition of SA
      2. Diagnosing SA
      3. Planning treatment for SA
      4. Treatment of SA
   F. Recognition and management of withdrawal syndromes
   G. Clinical presentations of appropriate cases for review
   H. Solidification of research project in SA
References:


Formative Evaluation of Module 2

Substance Abuse Curriculum
Reference Sheet 1.4

Using the following scale please rate your accomplishments of the objectives in Module 2 including the didactic and clinical components of the substance abuse curriculum.

1------2------3------4------5
Low     Moderate   High
Accomplishment

Level of Accomplishment

___Discussing the physiologic basis of the stages of substance abuse.

___Understanding and discussing the pharmacologic basis and principles of many of the commonly abused substances, their characteristics and clinical manifestations as related to anesthesia.

___Recognizing the prevalence, trends and patterns of substance abuse through the lifespan.

___Understanding the concepts of tolerance, cross-tolerance, drug toxicity, and withdrawal as it relates to substance abuse and anesthesia.

___Planning for intervention, how to intervene and the recovery process.

___Discussing issues and problems related to substance abuse.

___Developing a research project for the topic of substance abuse.

___Developing clinical diagnostic criteria and screening methods for the substance abuse patient.

___Describing the correlation between dysfunctional family communication and substance abuse.

___Recognizing at risk populations.
Reference Sheet 1.4 (cont.)

___Identifying common patterns of group communication and education.

___Diagnosing, planning for intervention, treatment, and aftercare of the substance abuse patient.

___Formulating and utilizing treatment modalities in the treatment of substance abuse.

___Conducting an extensive interview, history and physical, extracting important information from the substance abuse patient.

___Collaborating with multiple disciplines concerning substance abuse.

___Recommending supportive therapy and groups.

___Examine personal values, beliefs, and attitudes concerning substance abuse.

___Solidification of research project for the topic of substance abuse.

Additional Comments:
Substance Abuse Curriculum

MODULE 3

DIDACTIC UNIT A: Multisystem physiology in SA - Level III

Total Time: 2 hours

Overview: This unit will discuss the detailed physiology related to the central nervous system, maternal and the neonatal patient, fetal and newborn addiction, and SA in children addiction. The unit will serve to assist the student in the assessment and diagnostic skills of SA.

Terminal Objective: The student will understand the physiologic basis of maternal and fetal addiction, neonatal and newborn addiction, and SA in children. Enhanced knowledge will provide a foundation for supporting the assessment and diagnostic skills of the student.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Case examples

Course Outline:
LIV. Central nervous system
   A. Neuroanatomy and physiology
   B. Neural cell
   C. Neural synapse and transmitters
   D. Brain
      1. Physiology
      2. Function
         a. cognitive
         b. psychomotor
         c. affective
      3. Gerontologic changes
      4. Substance abuse
         a. specific agents of abuse
            (1) sites of action
         b. mechanism of action
         c. effects
      5. SA related Behavior
      6. Nutrition
   E. Psychiatric disorders
LV. Maternal and neonatal
   A. Substance use, misuse, and abuse
      1. During pregnancy
      2. Post partum
      3. Nursing mothers
   B. Fetal physiological effects of SA
   C. Neonate drug effects
      1. Alcohol syndrome
      2. Maternal SA
      3. Withdrawal
      4. Drugs and fetal development
LVI. Children and SA
   A. Growth and development related to SA
   B. Substances commonly abused by children
      1. Inhalants
      2. Tobacco
      3. Alcohol
      4. Marijuana
      5. Cocaine
      6. Caffeine
References:


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT B: Pharmacology - III

Total Time: 2-3 hours

Overview: This unit serves as a final consolidation of pharmacological principles and the pharmacology of the substances commonly abused. The session is intended to familiarize the participant with the substance abuse as it relates to anesthesia.

Terminal Objective: The student will understand the pharmacologic basis and principles of abused substances, their characteristics, and clinical manifestations as they relate to the administration of anesthesia. They will be able to describe the anticipated interaction of abused drugs with anesthetics as well as the effects from polysubstance substance use/abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Clinical patient case

Course Outline:
LVII. Pre Anesthetic considerations for SA
   A. Laboratory tests
      1. Toxicology assays
      2. Liver function tests
      3. CBC
      4. Electrolyte
      5. Hepatitis
      6. HIV
      7. Systemic infections
         a. Cultures
         b. Tuberculosis
         c. Syphilis
         d. Sepsis
      8. Neuroreceptors and transmitters
         a. Kappa/Mu/others
         b. Alpha2-receptor agonists
   B. Drug dependence and premedication
      1. Alcohol dependence
      2. Opioid dependence
      3. Nicotine dependence
4. Other drug dependencies
5. Recovering addict
6. Use of Disulfiram (Antabuse) and Naltrexone
7. Use of AZT
C. Pharmacokinetic and Pharmacodynamic considerations of abused substances and anesthesia
1. Alcohol
2. Marijuana
3. CNS stimulants
4. Cocaine
5. CNS depressants
6. Narcotics/Heroin/other controlled substances
7. Opiates
8. Semi-synthetic
9. Synthetic
10. Hallucinogens
11. Phencyclidine (PCP)
12. Volatile Inhalants
13. Nicotine
14. Caffeine
15. Anabolic steroids
LVIII. Metabolism, clearance, and elimination of substances with regards to anesthesia
A. Metabolism
1. Hepatic
2. Renal
3. Biliary
4. Metabolic degradation
5. GABA receptors
B. Pharmacologic management of withdrawal
1. Intermittent or recurrent withdrawal
2. Complicated withdrawal
3. Unrecognized withdrawal
4. Preanesthetic transition from abuse to withdrawal
5. Unrecognized medical events interpreted as withdrawal
LIX. Anesthetic technique (Drugs used for anesthesia)
A. Pharmacologic considerations for anesthetic selection
B. Nonpharmacologic intervention (TENS)
C. Limitations of the anesthetic technique
D. Anesthetic requirements for SA patients
LX. Post anesthetic considerations
A. Post operative pain control
1. Use of naloxone
2. Methadone use
3. Patient controlled analgesia (PCA) units
4. Nonsteroidal antiinflammatory drugs (e.g. Ketorolac)
5. Agonists/Antagonists
   a. Dezocine
   b. Butorphanol
   c. Nalbuphine
   d. Pentazocine
6. Pharmacologic cross-tolerance
B. Recovery and Relapse with pharmacologic intervention
   1. Neurochemical mechanisms
   2. Psychological mechanisms
      a. Fear of pain
      b. Pleasure seeking
      c. Stress
C. Medical care in recovery
   1. Treatment strategies
      a. American Society of Addiction Medicine (ASAM) for medical care in recovery
   2. Treatment of Chronic Pain
      a. Discharge medication
      b. In active SA patient
      c. In Recovering SA patient
References:


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT C: AIDS and Substance Abuse

Total Time: 1 hour

Overview: This unit will discuss the physiologic basis, prevention, precautions and considerations for the HIV positive patient.

Terminal Objective: The student will recognize the primary elements in the process of immunosuppression and the cascade of events leading to the deactivation of the immune response. They will be able to identify factors which predispose the substance abuser to AIDS. Students will be able to formulate and utilize preventative treatment modalities for AIDS.

Recommended Teaching Methods:
   Group Process
   Lecture
   Discussion
   Readings
   Role Playing

Course Outline:
LXI. Immune response
   A. Cellular Invasion
   B. AIDS virus
   C. Symptoms of AIDS
   D. At risk populations
      1. Cultures
      2. Socioeconomic groups
   E. Spread of AIDS virus
      1. Sexual
      2. Contaminated needles
      3. Suppressed immune system
      4. Breast feeding
      5. Mother to fetus
   F. Ethical considerations
   G. Economic impact

LXII. Education
   1. Prevention
   2. Avoidance
   3. Recognition of high-risk populations
   4. AIDS resource centers
References:


Awe, R.J. et al. (1987). AIDS: A guide for survival. Houston, TX: Harris County Medical Society and The Houston Academy of Medicine.


If your test for antibody to the AIDS virus is positive... (1986, Oct.). *American Red Cross*.


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT D: Special At Risk Populations

Total Time: 2 hours

Overview: This unit will discuss the populations who are at risk for substance abuse. The unit will aid in the implementation of educational and preventative programs for a Drug free environment.

Terminal Objective: The student will formulate and implement an educational and preventative programs for their community. They will be able to identify factors which predispose the individual to substance abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Role Playing

Course Outline:
LXIII. Educating Role of the CRNA in the community and for "At Risk" Populations
   A. Defining basic terms for the community
   B. Discussing drugs and drug effects commonly used
   C. Relating reasons for SA
   D. Describing ethnic and age differences in SA
   E. Reviewing physical illnesses related to SA
   F. Reviewing psychological illnesses related to SA
   G. Listing support groups and community organizations that aid in the prevention of SA and the substance abuser
   H. Commenting on the ethical, moral, and legal considerations regarding SA
   I. Denoting the economic impact of SA
   J. Encouraging the use of counseling and treatment to reduce incidence

LXIV. Education about critical patterns of SA
   A. Behaviors
   B. Family and social influences
   C. Growth and development patterns
   D. Child health
      1. Well baby clinics
      2. School SA program

References:
Chicago, IL: Report of the Board of Trustees, AMA


Awe, R.J. et al. (1987). AIDS: A guide for survival. Houston, TX: Harris County Medical Society and The Houston Academy of Medicine.


References:


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT E: Interprofessional networking

Total Time: 1 hour

Overview: This unit will introduce the student to professionals who practice outside their clinical settings. They will participate in discussions that plan education and treatment for communities, professional groups and SA patients.

Terminal Objective: The student will be able to participate with professionals outside the immediate clinical setting and provide education for communities and professional groups. They will be able to discuss available resources regarding substance abuse. Students will be able to formulate a collaborative network of professionals in the area of substance abuse.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Site visits

Course Outline:
LXV. Individual experiences for collaboration in SA
   A. Recognizing, isolating, and identifying professionals in the clinical setting.
      1. Professional teachers in the clinical setting.
      2. Professionals in collaboration with the clinical faculty.
      3. Personnel who provide support services to the clinical setting.
      4. Use of consultants for collaborative purposes
   B. Leadership roles in the field of SA as a professional
      1. Commitment to a profession

LXVI. Group experiences for collaboration in SA
   A. Recognizing, isolating, and identifying professionals in community groups
      1. Networking and socialization within the community
      2. Developing an identity as a successful leader in groups
      3. Methods for conducting meetings and collaborative networking within the community
      4. Use of community groups for collaboration

LXVII. Community resources available for networking
   A. Education
   B. Prevention
   C. Treatment and assistance
   D. Recovery and restoration to productive role in society
References:


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT F: Methods of prevention for SA

Total Time: 2 hours

Overview: Students should be able to effectively identify and plan the prevention process, apply the prevention process, and recommend modalities in prevention. Students should be able to encourage patient, families, groups, and communities to initiate prevention by using sound and supportive educational methods.

Terminal Objective: The student will understand the preventative process, how to implement preventative methodologies, and evaluate the outcomes of those techniques.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings

Course Outline:
LXVIII. Planning for Prevention
A. Prevention
1. Education
   a. Continuing professional education
   b. Participating in community education
   c. Health education and wellness clinics
   d. Drug free social activities
2. Promoting health
   a. Developing goals for improved community health
   b. Education concerning the safe use of drugs and alcohol
   c. Teaching safe sex
   d. Describing good nutritional habits
   e. Encouraging exercise
   f. Aiding in smoking cessation exercises
   g. Teaching relaxation techniques
      (1) Hypnosis
      (2) Biofeedback
      (3) Reflexology
      (4) Touch Therapy
      (5) Acupuncture
      (6) Time management
   h. Teaching conflict resolution
(1) Problem-solving methods
(2) Support groups
   i. Supporting the use of community support groups and resources
3. Community educational participation
   a. Supporting community action
   b. Participating in community support groups and agencies
   c. Improving social perception and laws related to SA
   d. Creating a network of professionals
   e. Support drug free environments
   f. Aid institutions in developing a rational substance free environment
References:


Substance Abuse Curriculum: MODULE 3

DIDACTIC UNIT G: Impaired Practitioners and Recovery

Total Time: 3-4 hours

Overview: This unit will discuss the health care practitioner population who are impaired. The unit will aid in placing into perspective the historical components, implications, and the recovery process of impaired professionals. The unit will also address the symptoms, planned intervention, intervention, and recovery process.

Terminal Objective: The student will be able to describe the symptoms and patterns of use for an impaired professional. They will be able to describe the legal, moral and ethical implications of an impaired professional as related to the individual, the community, and society. The student will be able to formulate and implement a plan for intervention and recovery of impaired practitioners.

Recommended Teaching Methods:
Group Process
Lecture
Discussion
Readings
Role Playing

Course Outline:
LXIX. Historical components of substance abuse by health practitioners
   A. Substance abuse and the Ancients
   B. European medical professionals and drug experimentation
   C. Early American use and abuse of drugs
   D. Literature reviewing SA among CRNAs
LXX. Prevalence of SA among professionals
   A. Predisposition to SA by professional practitioners
   B. Talbott's "Conspiracy of Silence"
   C. Critical patterns of SA
      1. Disciplinary actions
      2. Voluntary treatment
      3. Intervention and Recovery
   D. Impaired professionals and punitive outcomes
LXXI. Substance abuse the "Disease"
   A. Symptoms of addicted professionals
      1. Behaviors
      2. Physical signs
      3. Economic problems
B. Occupational hazards concerning SA
   1. Availability of drugs
   2. Stress
   3. Limited socialization

LXXII. Administration and SA
   A. Responsibilities of Management
   B. Policies and procedures for SA
   C. Behavior
      1. Recording patterns
      2. Administrators response
      3. Colleagues response
      4. Family response
   D. Intervention for the impaired professional
   E. Recovery and aftercare of the impaired professional
   F. Employee Assistance Programs (EAP)
   G. Referral for colleagues
   H. Contracts for colleagues returning to work

LXXIII. Ethical, moral and value conflicts of the impaired professional
   A. AANA and ANA Professional codes for SA
   B. Ethical dilemmas for reporting colleagues
   C. Ethical concerns for patient safety

LXXIV. Peer Assistance and Recovering professionals
   A. Role and responsibility
   B. Continuing education in SA
   C. Support groups for
      1. Impaired professional
      2. Colleagues
      3. Family
   D. Networking
References:


Education Quarterly. 11(4), 2-10.


150


Holmes, P.R. (1975). The many faces of alcoholism. Supervisor Nurse. 6(9), 16-19.


Substance Abuse Curriculum: MODULE 3

CLINICAL UNITS A-I: Advanced clinical medical sequelae, diagnosis, and treatment of SA

Total Time: 15 hours

Overview: The clinical units will provide the student with advanced experience to apply scientific knowledge in caring for the SA patient. There will be an extensive opportunity for employing knowledge and skills concerning the SA patient. Additionally, there will be an opportunity to engage in multidisciplinary collaboration and networking of community organizations for the treatment of SA. One important component of this module is to delve extensively into the diagnosis, intervention, treatment and recovery process of the substance abuse patient.

Terminal Objective: a) The student should be able to conduct an interview, history, and physical, screening questions and follow-up history, evaluation of laboratory data to establish a diagnosis of SA. b) Conduct a family interview to establish and discuss the diagnosis and work with denial of SA. c) Initiate a referral for further assessment and treatment to a local community resource. d) Participate in a formal intervention session under the supervision of a trained SA professional. e) Present and disseminate the SA research project.

Recommended Teaching Methods:
- Group Process
- Lecture
- Discussion
- Readings
- Videos
- Role Playing and videotaped sessions
- Case presentations

Instructional Activity Sequence:
- First hour is dedicated to conference time conducted by a clinical faculty member examining the process of relating the diagnosis, intervention and working with denial.
- Second and third hours include a participation in the methods for an extensive interview, history and physical using a variety of criteria, mnemonics, laboratory tests, and other instruments.
- Fourth through the seventh hours are for participating in advanced or upper level group sessions under the direction of a clinical faculty counselor.
- Eighth through tenth hours provides the opportunity to present a diagnosis of SA, intervene, and work with denial.
- Eleventh through twelfth hours allow demonstration of a plan for intervention, basic intervention, referral skills and the aftercare process.
Thirteenth and Fourteenth hours allow students to disseminate results from research projects.
Fifteenth hour students should be debriefed for the previous activities allowing for expression of feelings and supporting reflection into areas needing improvement.

Course Outline:
LXXV. Clinical assessment and diagnostics of SA
   A. Performing clinical assessment and diagnostic procedures
   B. Advanced exploration of the interpretation of data concerning SA
   C. Participating in family intervention
      1. Planning the process
      2. Intervention
      3. Working with denial
      4. Recovery and aftercare contracts
   D. Utilizing diagnostic, and treatment skills in SA
      1. Detailed history and physical for SA
      2. Diagnosing SA
      3. Detailed history from family
      4. Planning Treatment for SA
      5. Referral of SA patient
      6. Follow-up history
   E. Presentations of appropriate cases for review
   F. Presentation of SA research project
   G. Debriefing concerning experiences in SA education
References:


Formative Evaluation of Module 3
Substance Abuse Curriculum
Reference Sheet 1.5

Using the following scale please rate your accomplishments of the objectives in Module 3 including the didactic and clinical components of the substance abuse curriculum.

1------2------3------4------5
Low    Moderate    High
Accomplishment

Level of Accomplishment

_____Understanding the physiologic basis of maternal and child, fetal, neonatal and newborn addiction.

_____Discuss the pharmacologic basis and principles of abused substances, their clinical manifestations as they relate to anesthesia.

_____Anticipating interactions of abused drugs and polysubstance abuse with anesthetics.

_____Recognizing the primary elements in the process of immunosuppression and deactivation of the immune response.

_____Identifying factors which predispose substance abusers to AIDS.

_____Formulating preventative treatment modalities for AIDS.

_____Developing and presenting educational and prevention programs for communities concerning substance abuse.

_____Networking with professionals outside the immediate clinical setting, discussing resources available and formulating a collaborative network of professionals in the area of substance abuse.

_____Implement preventative methodologies and evaluate the outcomes.
Reference Sheet 1.5 (cont.)

____Diagnosing the symptoms and patterns of use in the impaired professional.

____Describing the legal, moral, and ethical implications of the impaired professional and how they relate to the individual, the community, and society.

____Implementing a plan for intervention, treatment and recovery of the impaired professional.

____Conducting an interview, history, physical, interpretation of laboratory data, screening questions, and follow-up history.

____Conducting a family interview discussing diagnosis and working with denial.

____Initiate referral for future assessment and treatment to local community resources.

____Participation in formal intervention sessions with trained substance abuse professionals.

____Presenting and disseminating the substance abuse research project.

Additional Comments:
Summative Evaluation
Substance Abuse Curriculum
Reference Sheet 1.6

Using the scale please rate your level of accomplishment for the learning objectives for the entire substance abuse curriculum.

1--------2--------3--------4--------5
Low  Moderate  High
Accomplishment

Level of Accomplishment

___Identifying familiar behavior patterns in the chemically dependent.

___Recognizing the common medical outcomes of the substance abuser.

___Discussing the treatment modalities utilized for the chemically dependent.

___Developing personal insight into values, attitudes, behaviors, and morals concerning substance abuse.

___Describing the effects of substance abuse on the family unit and special populations that are affected by substance abuse.

___Describing the moral, cultural, ethical, legal, and social considerations in chemical dependency.

___Demonstrating the basic skills for diagnosis, intervention, and employment of treatment for the substance abuser.

___Identifying the appropriate collaborative course in the prevention, intervention, and treatment of substance abusers.

___Describing the role of the nurse anesthetist in the prevention of substance abuse.

___Engaging effectively in research of substance abuse.
Reference Sheet 1.6 (cont.)

____Demonstrating an active effort to change personal negative attitudes and stereotypes regarding chemical dependency and the substance abuser.

____Evaluating the effectiveness of efforts in prevention, intervention, and treatment of substance abuse.

____Formulating steps to respond to chemical abuse patterns.

____Demonstrating a change in the values, beliefs, perceptions and stereotypical attitudes of the learner.

____Demonstrating an active role in the education and dissemination of substance abuse information in the community.

Additional Comments:
Substance Abuse Post-test

Module 3
Reference Sheet 1.7

Please rate your skill in performing each of the following clinical duties concerning the substance abuse (SA) patient and using the following scale.

1-----2-----3-----4-----5
Low  Moderate  High
Skill  Skill  Skill

Skill Level

______  1. Composing a problem list of the physiological concerns of the SA patient.
______  2. Discussing the epidemiology of SA.
______  3. Identifying the characteristics of commonly abused substances.
______  4. The pharmacological principles to consider for SA.
______  5. Defining the DSM IV diagnostic criteria and performing intervention.
______  6. Discussing the etiology of SA.
______  7. Recognizing the legal, ethical, and moral issues in SA.
______  8. Demonstrate basic assessment and diagnostic skills for SA.
______  9. Recognizing the attitudinal obstacles to good communication with the SA patient and family.
______  10. Dealing with an impaired colleague.