

## **CONSOLIDATED CONTENT OUTLINES**

Version date: October 9, 2020

### **Mapping Preamble**

The competencies defined in the AFMC Opioid Response Project have been adapted in part from INSPQ competencies (Cote RJ , Dao HH et al.2016). The learning objectives have been co- developed by the project secretariat and the subject matter experts.

Most of the learning objectives have been linked to the defined competencies by the subject matter experts. Most of the objectives reflect the assigned competencies. The learning objectives and competencies are organized in clusters of subtopics.

Each subtopic and its learning objectives, underpinned by the assigned competencies have been mapped to the CanMEDS competencies ( 2015) , the Medical Council of Canada ( MCC) objectives ( <https://mcc.ca/objectives/>) where appropriate and the Entrustable Professional Acts ( AFMC EPAs for transition from medical school to residency training, October 2016)

The MCC objectives were hand searched. MCC objectives also include objectives under the non- medical expert role. Of note, some MCC non-medical expert objectives are not identical to the CanMEDS 2015 competencies.

## Topic 1: The Public Health Perspective

### Subject Matter Expert: Dr Lisa Lefebvre

Section	Learning objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
1. Epidemiology of the current state of pain in Canada	LO 1: Describe the epidemiology of pain.  LO 2: Describe the epidemiology of opioid prescribing for pain.	Apply knowledge of the clinical and biomedical sciences relevant to safe prescribing and consumption patterns of opioids and other narcotics. (medical expert)	LO 1, 2, 3, 4, 6, 7 Medical Expert  LO 4, 5, 8 Health Advocate	78.1 Concepts of Health and its Determinants  78.2 Assessing and measuring Health Status at a Population level	EPA 1  EPA 5  EPA 9	What are the trends in physician opioid prescribing over the past few years?  What is the prevalence of chronic pain in Canada?
2. Impacts of pain	LO 3: Describe the health-related and social costs of chronic pain and opioid use in Canada	Plan and perform procedures and therapies for the purpose of assessment and/or management of patients presenting with acute and/or chronic pain. (medical expert)	LO 7 Collaborator		EPA 12	Describe how pain and/or substance use disorder impact on psychosocial functioning
3. The opioid crisis			LO 8 Leader	103 Substance Use or Addiction Disturbance		What is the cost of chronic pain to the healthcare system annually in Canada?  What is the indirect cost of chronic pain annually in Canada?
4. Substance use disorder	LO 4: Describe the epidemiology of the “opioid epidemic” including the overlap between pain and opioid misuse.	Work with patients to address determinants of health that affect them and their access to needed health services or resources				What is the prevalence of chronic pain among patients with opioid use disorder?
5. Community interventions	LO 5: Develop an awareness of the historical context for the opioid crisis.  LO 6: Understand the impacts of pain, opioid misuse, and opioid use disorder on	Work with patients and their families to increase opportunities to adopt healthy behaviours  Work with a community or population to identify the determinants of health that affect them as they relate to pain and substance use disorder.				Describe the impact of the opioid crisis on the

	<p>psychosocial functioning.</p> <p>LO 7: Identify interventions at the community level</p> <p>LO 8: Describe the role of medical students and physicians in advocating for community interventions</p>	<p>Contribute to a process to improve health in the community.</p> <p>Analyze patient safety incidents to enhance systems of care.</p>			<p>average life expectancy in Canada</p> <p>Describe the role of med students and physicians as advocates for community interventions</p> <p>List some examples of community level interventions</p>
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## Topic 2: Core Concepts in Pain; Core Concepts in Management of Pain

### Subject Matter Expert: Dr David Flusk

Note: Topic will be covered over 2 modules

Module 1 (Topic 2.1)

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
1. Overview of pain	LO 9: Define Acute pain and describe its epidemiology	Apply knowledge of the clinical and biomedical sciences to inform safe prescribing and consumption patterns of opioids and other narcotics. (LO 9, 10, 11, 12, 13, 14, 18)	LO 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 Medical Expert	103 Substance Use or Addiction Disturbance	EPA 1 EPA 2 EPA 3 EPA 4 EPA 5 EPA 12	What are the IASP definitions of acute and chronic pain?  Differentiate between nociceptive and neuropathic pain.  Briefly describe the ascending and descending pain pathways.  Discuss the pain experience in terms of its sensory, emotional and cognitive components.  Comment on positive and negative factors that can influence the development of chronic pain such as patient demographics, epigenetics, and psychosocial characteristics.
2. Therapeutic Approaches to the Management of Chronic Pain	LO 10: Define Chronic pain and understand the concept of chronic pain as a disease in itself rather than simply a symptom					
3. Epidemiology and Risk Factors of Chronic Pain	LO 11: Identify the global burden of chronic pain and its epidemiology					
4. Assessment of Pain	LO 12: Understand the neurobiology of chronic pain as a complex biopsychosocial and spiritual experience.  LO 13: Describe the link between acute and chronic pain and how transient pain progresses into persistent pain.  LO 14: Identify the risk factors for chronic pain and interventions to reduce the risk of developing chronic pain.	Determine the most appropriate procedures or therapies for chronic pain, opioid prescribing, substance use. (LO 13, 19)  Use patient-centred interview skills to effectively gather relevant biomedical and psychosocial information. (LO 14, 18)				

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
	<p>LO 15: Identify biological and psychosocial processes involved in the development of chronic pain.</p> <p>LO 16: Recognize the need for screening and assessment of various psychiatric syndromes that could be associated with the development and amplification chronic pain.</p> <p>LO 17: Assess patients suffering from pain, develop a formulation regarding the factors contributing to pain, and identify its influence on the patient's life.</p> <p>LO 18: Assess the impact of chronic pain on the patient's functional autonomy, psychological health and well-being as well as work, family life, relationships, and social life</p> <p>LO 19: Identify pharmacological and non-pharmacological approaches to pain management.</p>	<p>Work with patients to address determinants of health that affect them. (LO 14, 18)</p> <p>Perform a patient-centred clinical assessment and establish a management plan for patients presenting with acute and/or chronic pain. (LO 17)</p>				<p>Identify validated assessment tools that may help in assessing a patient's pain.</p> <p>Discuss non-pharmacological approaches to pain in the primary care and emergency department settings. What are the current recommendations and best practices?</p>

## Module 2 (Topic 2.2)

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
1. Introduction to the Management of Chronic Pain	LO 20: Articulate the most appropriate treatment plan for a patient in pain using psychological and nonpharmacological approaches, including preventive interventions.	Apply knowledge of the clinical and biomedical sciences to inform safe prescribing and consumption patterns of opioids and other narcotics. (LO 20, 21)	LO 20, 21, 22, 23, 25, Medical Expert	103 Substance Use or Addiction Disturbance	EPA 1 EPA 2	Discuss the non-opioid pharmacological approaches to acute pain. Identify limitations, potential adverse effects and benefits of each. How would you monitor the efficacy of each?
2. Non-Pharmacological Therapy for the Management of Pain	LO 21: Determine the most appropriate treatment plan for a patient in pain using pharmacological non-opioid and procedural approaches, including preventive interventions.	Determine the most appropriate procedures or therapies for chronic pain, opioid prescribing, substance use. (LO 20, 21, 22, 23, 25)	LO 24 Communicator		EPA 3 EPA 4	
3. Non-Opioid Therapy for the Management of Pain	LO 22: Describe and interpret the recommendations pertaining to optimization of non-opioid and opioid therapy in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.	Perform a patient-centred clinical assessment and establish a management plan for patients presenting with acute and/or chronic pain. (LO 20, 21, 23, 25)	LO 24, Collaborator		EPA 5 EPA 12	Discuss the role of opioid analgesics in managing acute pain.  When administering opioids for acute pain what dosing and monitoring approaches would you take?
4. Opioid Therapy for the Management of Chronic Pain	LO 23: Evaluate whether a patient is eligible for opioid therapy to manage their chronic pain.					When prescribing opioids for acute pain, discuss your prescribing practice, follow-up and monitoring approaches.  Review and discuss the Canadian Opioid Guidelines for Chronic Non-Cancer Pain. Identify the Recommendations, Expert

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
	<p>LO 24: Effectively communicate with patients and their family/supports to facilitate understanding of the risks (e.g. Opioid use disorder, among other adverse effects) and the possible benefits of prescription medications, including opioids.</p> <p>LO 25: Describe how to initiate an opioid trial in a patient with chronic pain and evaluate whether the trial is working.</p>	<p>Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding. (LO 24)</p> <p>Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care. (LO 24)</p>				<p>Guidance and Risk Mitigation Strategies.</p> <p>Discuss non-pharmacological approaches to the management of chronic pain.</p> <p>Discuss non-opioid pharmacological approaches to chronic pain.</p> <p>When initiating an opioid for the treatment of chronic non-cancer pain, discuss your approach to gaining the patient’s consent, initiating a trial of opioids, monitoring and tapering if necessary.</p> <p>Define Opioid Induced Hyperalgesia Define Opioid Use Disorder</p> <p>Define and contrast the concepts of physical dependence, tolerance and addiction as it relates to opioid analgesics.</p> <p>Discuss the concepts of misuse, abuse and diversion of opioid analgesics.</p>

## Topic 3: Pathophysiology of Pain and Pharmacology of Opioids

### Subject Matter Expert: Dr Martin Davies

Section	Learning Objectives	Competency	CanMEDS roles	MCC Objectives	EPAs	Self-Assessment
1. Pathophysiology of pain	LO 26: Explain the basic mechanisms of pain signals	Apply knowledge of the clinical and biomedical sciences relevant to safe prescribing and consumption patterns of opioids and other narcotics. (LO 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36)	LO 26, 27, 28, 29, 30, 31, 32, 33, 34, 35 Medical Expert	103 Substance Use or Addiction Disturbance	EPA 1	Contrast the mechanisms of the different types of pain.
2. Pharmacodynamics of opioids	LO 27: Explain how the descending pathway modulates pain signals				EPA 2	Which neurotransmitters are involved in signaling pain, and how are they involved in neuronal signaling?
3. Pharmacokinetics of opioids	LO 28: Define different types of pain				EPA 4	Why are some opioids more potent than others?
4. Adverse effects of opioids	LO 29: Explain the absorption, distribution and metabolism of opioid drugs				EPA 5	Provide an example of a short-acting opioid and a long-acting opioid.
	LO 30: Provide examples of short- and long-lasting opioids	Perform a complete and appropriate clinical assessment and establish a management plan for patients presenting with acute and/or chronic acute pain. (LO 26, 27, 28)			EPA 8	Why do some opioids have a longer duration of action than others?
	LO 31: Explain and provide examples of dosing equivalencies	Establish plans for ongoing care and, when appropriate, timely consultation for chronic pain and				Where does most opioid metabolism take place?
	LO 32: Explain how the actions of opioids are mediated through opioid receptors					What is a morphine milligram equivalent?
	LO 33: Explain the differences between the different types of opioid receptors					In general, how are opioid receptors distributed in the body?

	<p>LO 34: List the four major types of receptor modulation by opioid drugs</p> <p>LO 35: Explain the role of opioid receptors in mediating side effects</p> <p>LO 36: Explain the concepts of tolerance, dependence and withdrawal</p>	<p>opioid dependence. (LO 35, 36)</p>			<p>How does an opioid binding to its receptor result in decreased neuronal excitability?</p> <p>What is meant by the phrase, “opioids display a range of efficacies at opioid receptors”?</p> <p>At what points in pain pathways do opioids act?</p> <p>How are opioid receptors involved in respiratory depression? How are opioid receptors involved in constipation?</p> <p>Other than respiratory depression and constipation, what are three other common side effects due to opioid use?</p> <p>How is tolerance to an opioid manifested?</p>
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**Topic 4: Opioid Prescribing;  
Sub-topics 4.1-4.3 (Module 1)  
Subject Matter Expert: Dr Abhimanyu Sud**

Note topic will be covered in 3 modules

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
1. A Sociotechnical Approach to the Opioid Crisis	LO 37: Recognize the immediate relevance of social and historical context for opioid prescribing.	Perform appropriately timed clinical assessments with recommendations for chronic pain and opioid dependence. (LO 37)	LO 37, 38, 39 Medical Expert	103 Substance Use or Addiction Disturbance	EPA 1 EPA 3 EPA 4	What does a multidisciplinary approach to chronic pain management mean/entail?  Opioid initiation considerations
2. Morphine Equivalence and Opioid Initiation	LO 38: Apply the concept of morphine equivalence to identify dose related risks of opioids.	Establish a patient-centred management plan. (LO 37, 38)			EPA 5 EPA 10 EPA 11	What is an appropriate starting dose of opioids?  Calculating morphine equivalence  Loss of treatment effect/tolerance
3. Opioid Titration, Opioid Switching, and Harm/Risk Assessment	LO 39: Describe and apply the entire opioid prescribing cascade, including initiation, titration, switching, and opioid tapering.	Determine the most appropriate procedures or therapies for managing acute and/or chronic pain. (LO 37, 38, 39)				What is an appropriate opioid titration?  How to appropriately switch opioids  Reasons for opioid tapering
4. Opioid Tapering		Apply knowledge of the clinical and biomedical sciences to safe prescribing of opioids and other narcotics. (LO 38, 39)				

Section	Learning Objectives	Competency	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
		Perform a patient-centred clinical assessment and establish a management plan for patients presenting with acute and/or chronic pain. (LO 37, 39)				

## Opioid Stewardship in Palliative Care

### Sub-topic 4.4 (Module 2)

#### Subject Matter Expert: Dr. Jenny Lau

Section	Learning Objectives	Competency	CanMEDS role	MCC Objectives	EPAs	Self-Assessment
1. Palliative approach to symptom management	LO 40: Describe the use of opioids to manage dyspnea and cough.	Perform a patient-centred clinical assessment and establish a management plan for patients presenting with dyspnea and/or cough (LO 40, 43)	LO 40, 41, 42, 43, 44, 45, 47 Medical Expert	25 Dying Patient	EPA 1 EPA 2 EPA 4	Two cases to illustrate different approaches to symptom management based on goals of care. First case would be of a patient who has a newly diagnosed stage IV lung cancer with prognosis of months-year. Second case would be of a patient with COPD who is at end-of-life with prognosis of days to weeks. Use cases to demonstrate to learners about how to use tools: ESAS, ECS-CP, PPS, ECOG Use cases to illustrate opioid adjustments required if patients have liver and renal dysfunction
2. Opioids for management of dyspnea and cough	LO 41: Describe the relationship between goals of care and symptom management to improve quality of life.	Establish goals of care in collaboration with patients and their families to inform symptom management including opioid use. (LO 41)	LO 41, 46 Communicator  LO 42, 46 Collaborator		EPA 5 EPA 12	
3. Opioid use at the end of life	LO 42: Explain the concept of “total pain” and the need for an interdisciplinary treatment plan using non-pharmacological and pharmacologic approaches.	Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families. (LO 41)				
4. Providing palliative care during the COVID-19 pandemic	LO 43: Identify symptom and functional assessment tools that are used in palliative and end of life care.  LO 44: Identify routes of opioid administration other than oral					

	<p>formulation to administer for symptom management at the end of life.</p> <p>LO 45: Describe the effects of liver and renal dysfunction on opioid metabolism and excretion.</p> <p>LO 46: Identify the importance of, and role played by, caregivers in palliative and end of life care.</p> <p>LO 47: Evaluate goals of care and symptom management of people receiving palliative care in the context of the COVID-19 pandemic</p>	<p>Work effectively with physicians and other colleagues in the health care professions. (LO 42)</p> <p>Determine the most appropriate procedures or therapies. (LO 44)</p> <p>Apply knowledge of the clinical and biomedical sciences to inform safe prescribing and consumption patterns of opioids. (LO 45)</p> <p>Share health care information and plans with patients and their families. (LO 46)</p> <p>Work effectively with physicians and other colleagues in the health care professions. (LO 46)</p>				
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## Safe Storage and Disposal of Opioids

### Sub-topic 4.5 (Module 3)

#### Subject Matter Expert: Alice Watt

Sections	Learning Outcomes	Competencies	CanMEDS Roles	MCC Objectives	EPAs	Self-Assessment
<p>1. Risks associated with unsafe opioid storage and disposal practices</p> <p>2. Evidence and recommendations for safe storage and disposal of opioids</p> <p>3. Key messages for a future of safe opioid storage and disposal</p>	<p>LO 48: Describe the risks associated with unsafe opioid storage and disposal practices.</p> <p>LO 49: Identify best practices for safe opioid storage and disposal.</p> <p>LO 50: Name three key messages to help patients understand safe opioid storage and proper disposal practices.</p>	<p>Actively communicate about resources and methodologies to access them in order to promote health, manage pain, addictions, and substance misuse and use disorders.</p>	<p>LO 48, 49, 50 Communicator</p> <p>LO 48 Health Advocate</p>	<p>103 Substance Use or Addiction Disturbance</p>	<p>EPA 10</p>	<p>Use the <a href="http://healthsteward.ca">healthsteward.ca</a> website to find a medication returns location near you.</p>

**Topic 5: Recognizing Opioid Use Disorder;**  
**Subject Matter Expert: Dr Jennifer Wyman**  
**Module 1: Recognizing Opioid Use Disorder**

Note: Topic will be covered over 2 modules

Sections	Learning Objectives	Competency	CanMEDS role	MCC Objectives	EPAs	Self-Assessment				
1. Opioid use disorder	LO 51: Identify risk factors for opioid use disorder	Establish professional therapeutic relationships with patients and their families. (Communicator)	LO 51, 52, 53, 54, 55 Medical Expert	103 Substance Use or Addiction Disturbance	EPA 1 EPA 2 EPA 3 EPA 4	What is your image of a person with “drug addiction”?  Get your ACE score, get your resilience score <a href="https://acestoohigh.com/got-your-ace-score/">https://acestoohigh.com/got-your-ace-score/</a>				
2. Risk factors for opioid use disorder	LO 52: Differentiate between tolerance, withdrawal, physiologic dependence, and opioid use disorder.						LO 53, 54, 56, 57 Communicator	103-1 Substance withdrawal	EPA 9	List 5 example of ACEs
3. Addressing stigma and communicating with compassion	LO 53: Explain the consequences of opioid misuse on the health of individuals, and related public health concerns						LO 53 Advocate			
4. Assessing and reducing risk of opioid use disorder	LO 54: Understand the utility of various assessment tools to assess the risk of misuse in patients being considered for opioid therapy.							Recognize when the values, biases or perspectives of patients, physicians, or other health care professionals have an impact on the quality of care and modify the approach to the patient accordingly. (Communicator)	Establish and maintain positive relationships with physicians and	Cases: <ul style="list-style-type: none"> <li>• Patient with chronic pain, opioid dependent, no aberrant behaviours/concerns</li> <li>• Patient with CNCP and opioid misuse</li> <li>• Patient with IVDU, OUD –</li> </ul>

Sections	Learning Objectives	Competency	CanMEDS role	MCC Objectives	EPAs	Self-Assessment
	<p>LO 55: Recognize warning signs in a patient who is using opioids.</p> <p>LO 56: Utilize a trauma-informed approach when communicating with patients with opioid use disorder.</p> <p>LO 57: Recognize barriers to care originating from bias and stigma for people with substance use disorders and the importance of non-stigmatizing language.</p>	<p>other colleagues in the health care professions to support relationship-centred collaborative care. (Collaborator)</p> <p>Apply knowledge of the clinical and biological sciences relevant to safe prescribing and consumption patterns of opioids and other narcotics. (Medical Expert)</p> <p>Determine the most appropriate procedures or therapies for chronic pain, opioid prescribing, and substance use. (Medical Expert)</p>				<p>started with recreational use</p> <ul style="list-style-type: none"> <li>• Patient with “recreational” opioid use, no OUD</li> </ul> <p>List 6 symptoms of opioid withdrawal</p> <p>Explain why tolerance and withdrawal are not criteria for</p> <p>Opioid Use Disorder in someone taking prescription opioids for chronic pain</p> <p>List 1 example of the consequences of OUD in each of the following categories: physical health, mental health, social health, public health</p> <p>Can screening tools effectively predict which patients will develop problematic use of prescribed opioids?</p> <p>List 5 prescribing strategies that can help to reduce the risks of prescribed opioids</p> <p>List 4 signs that could indicate problematic opioid use</p>

## Topic 5; Module 2: Managing Opioid Use Disorder

Sections	Learning Objectives	Competencies	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
1. Treatment principles for opioid use disorder	LO 58: Identify treatments and follow-up strategies for managing patients with inappropriate opioid use, including rehabilitation and psychosocial approaches focused on wellness, behavior modification and harm reduction.	Apply knowledge of the clinical and biomedical sciences relevant to safe prescribing and consumption patterns of opioids and other narcotics. (Medical Expert)	LO 58, 59, 60, 62 Medical Expert	103 Substance Use or Addiction Disturbance	EPA 5 EPA 12 EPA 9	Consider the origins of the harm reduction movement vs AIDS treatment now.  Video/materials on how to administer naloxone and manage an overdose
2. Opioid agonist therapy			LO 58, 61 Communicator		EPA 7	
3. Important considerations of opioid agonist therapy		Establish professional therapeutic relationships with patients and their families. (Communicator)			EPA 1 EPA 2	List 4 examples of harm reduction strategies utilized for opioid use  How quickly is tolerance to opioids lost?
4. Strategies in communication	LO 59: Identify the principles of opioid agonist therapy (OAT).  LO 60: Describe basic differences between the medications used for OAT  LO 61: Identify challenges in communication (e.g. diagnosis of substance use disorder, disagreement with patient around dosing) and apply strategies to overcome them.	Recognize when the values, biases or perspectives of patients, physicians, or other health care professionals have an impact on the quality of care and modify the approach to the patient accordingly. (Communicator)  Establish and maintain positive relationships with physicians and				Why is detox alone not recommended for people with OUD?  Which medications are used in the treatment of opioid withdrawal?  Put the steps for responding to an overdose in the correct order  What makes buprenorphine safer than methadone as a treatment for OUD? (list 3)  What medications should not be co-prescribed with buprenorphine and methadone?

Sections	Learning Objectives	Competencies	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
	LO 62: Identify and treat opioid withdrawal using appropriate strategies.	<p>other colleagues in the health care professions to support relationship-centred collaborative care. (Collaborator)</p> <p>Prioritize a procedure or therapy, taking into account clinical urgency and available resources. (leader)</p> <p>Use communication skills and strategies that help patients and their families make informed decisions regarding their health. (communicator)</p> <p>Establish plans for ongoing care and, when appropriate, timely consultation for chronic pain and opioid dependence. (medical expert)</p>				<p>List 3 strategies used to reduce diversion of oral agonist therapy</p> <p>Why is abstinence from opioids not the only goal of OAT?</p> <p>What are some of the barriers to OAT?</p>

## Topic 6: Cultural and Legal Considerations for Enhancing Competence

### Subject Matter Expert: Dr Susan Brien

Sections	Learning Objectives	Competencies	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
6.1 Safety for populations requiring special consideration	LO 63: Describe the unique challenges of prescribing opioids in the elderly population.	Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment.	LO 63, 64, 65, 66, 70, 75, 76 Medical Expert	78-1 Concepts of Health and Its Determinants	EPA 2 EPA 4	What pre-existing medical conditions in the elderly are most important to consider when prescribing opioids?
6.2 Cultural competency and treatment of Indigenous Peoples	LO 64: Discuss the use of opioids in women, particularly those who are pregnant or breast feeding.  LO 65: Identify the challenges in prescribing pain medications for patients with hepatic and/or renal insufficiency.	Work with patients to address determinants of health that affect them and their access to needed health services or resources.	LO 66, 67, 76 Health Advocate  LO 68, 69, 70, 73, 74 Professional	78-2 Assessing and measuring Health Status at the population level.  78-7 Health of Special Populations	EPA 5 EPA 9 EPA 12	What issues must be communicated to a pregnant or breastfeeding woman if she requires and opioid prescriptions?
6.3 Legal, ethical, and disciplinary considerations for physicians prescribing controlled substances for pain	LO 66: Recognize the bias that may be evident in the treatment of Indigenous Peoples with opioid use disorder and discuss anti-bias strategies.  LO 67: Identify the social determinants that contribute to the issues of substance misuse in First Nations, Inuit and Metis populations	Contribute to a process to improve health in the community or population they serve	LO 71, 72, 74, Scholar	103 Substance Use or Addiction Disturbance		What ethic subpopulations have special needs when prescribing opioids?
6.4 Enhancing and sustaining competence in treatment of pain, Opioid Use Disorder and substance misuse.	LO 68: Describe the legal parameters for the prescription of opioids in the jurisdiction of your future practice.  LO 69: Review best practices in the management of patients using opioids according to the CMPA.	Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice  Demonstrate accountability to		103-1 Substance withdrawal  121-Legal /Ethical Organizational and aspects of Medicine		What is the risk of substance misuse in the First Nations, Inuit and Metis populations?  List the social determinants that enhance the risk of substance use disorders in these populations?  What are the common misperceptions about substance use disorder in Indigenous populations?

Sections	Learning Objectives	Competencies	CanMEDS Role	MCC Objectives	EPAs	Self-Assessment
	<p>LO 70: Discuss the factors in determining whether a patient on opiates may drive a car</p> <p>LO 71: Describe three strategies to maintain competence in the treatment of pain within your future practice.</p> <p>LO 72: Discuss how you will monitor your practice to manage patients with issues of substance misuse.</p> <p>LO 73: Outline how to audit your practice of prescribing opioids.</p> <p>LO 74: Discuss the role that the industry and others have had in influencing practices of prescribing opioids.</p> <p>LO 75: Describe the risks and consideration for prescribing opioids to post-operative patients</p> <p>LO 76: Describe the importance of providing culturally safe care to Indigenous Peoples and how you can implement culturally safe care into your practice</p>	<p>patients, society, and the profession by responding to societal expectations of physicians</p> <p>Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them</p> <p>Integrate best available evidence into practice</p> <p>Contribute to the creation and dissemination of knowledge and practices applicable to health</p> <p>Engage in the continuous enhancement of their professional activities through ongoing learning</p>				<p>What regulatory obligations do prescribers have when writing a prescription for a narcotic?</p> <p>What legal /ethical obligations do you have to renew (or not) your patient's opioid prescriptions?</p> <p>What practice tools can be used to ensure compliance with your obligations and effective communication with your patient?</p> <p>What is the best means to stay current in your practice with respect to the management of pain and substance misuse?</p> <p>Why should physicians set up a practice audit?</p> <p>How can you know if industry has influenced your continuing professional development program?</p>

