



AFMC
RESPONSE
TO OPIOID CRISIS

SIMULATION
PLAYBOOK
TIPS



OVERVIEW

Developed in partnership with the Royal College of Physicians and Surgeons of Canada, the Simulation Playbook contains six case-based scenarios to help physicians and residents better treat patients with chronic pain and/or substance use disorder. The scenarios are linked to the AFMC curriculum learning objectives. This document details the scenarios and provides tips for preceptors as they review and use the Simulation Playbook.

SCENARIOS AND TIPS

SCENARIO #1:

ACUTE ON CHRONIC PAIN & OPIOID USE DISORDER

This case represents acute on chronic pain in a patient who does not show Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) behaviours. There are concerns with the number of opioids and benzodiazepines (BZO), both of which are well above recommended doses.

USER TIPS

1. Consider adapting to office setting with the patient without props. In this case you might consider sending the patient for possible surgical management, rather than a surgeon telling patient they need an appendectomy.
2. Consider having the patient on doses of opioids more representative of 2017 Canadian Opioid Guidelines.
 - A. The existing MME for this case is 860. This may be overwhelming for new physician learners. May choose a number in line with Canadian guidelines.
3. As patient is also on a BZO you may want to omit this or use a significantly lower prn dose for new learners.
 - A. Case has patient on up to 4mg lorazepam per day.

SCENARIO #2:

PEDIATRIC PAIN

This case represents parental discussion of pain management in acute cancer in a 13-year-old boy. The child is not present.

USER TIPS

1. As this case would not be in the purview of all physicians as represented it could be adapted to assume the child has had surgery and been placed on opioids and the parent is concerned about the long term risk of OUD. Make the parent your patient!
2. You may be comfortable with use of cannabis in youth but do not bring this up unless you are knowledgeable of risks and benefits.
3. It would be unwise, unless very knowledgeable, to entertain treatment and management of Ewing's sarcoma. Discuss how as family physicians you can support families with questions that require the input of another specialty colleague.

SCENARIO #3: OPIOID TAPERING & DEPRESCRIBING

This case involves a Crohn's patient of any gender who wishes to discontinue opioids. It is not supposed to represent SUD or OUD. There are concerns with number of opioids which are well above recommended dose, and concomitant BZO use.

USER TIPS

1. Consider having patient on doses of opioids more representative of 2017 Canadian Opioid Guidelines.
 - A. The existing MME for this case is 920. This may be overwhelming for new physician learners. Discuss how to approach patients who arrive in your practice already on a high dose of opioids. May choose a number in line with Canadian guidelines.
2. Consider omitting prior SUD history as it may confound the issue of what the patient's issues are and lead them to refer for SUD treatment.
3. Consider omitting present use of high dose inhaled cannabis as it may confuse learners with managing this possible SUD and steer them away from the learning objectives.
4. Consider suggesting taper to safer opioid doses. Discuss patient-led taper. Use this as an opportunity to work through the MME Tool
5. Consider suggesting BZO taper.
6. Be sure to use patient-centred care and not force taper unless SUD, misuse or diversion is suspected.

SCENARIO #4: DIAGNOSING OPIOID USE DISORDER

This case concerns street drug use of a homeless patient with back pain.

USER TIPS

1. This patient can be seen in your office setting.
2. He could have been given a short prescription via a Walk-in Clinic or emergency department prior to seeing you.
3. As there are no illicit drugs, street drugs or prescription drugs listed, make up what you feel is appropriate for your setting. Use this as an opportunity to discuss what is common in your community.
4. During debrief discuss only those resources with which you are familiar and what is available in your practice setting. Have learners discuss how they might use the AFMC's Patient-Physician Partner Toolkit

SCENARIO #5:

PERIPARTUM MANAGEMENT OF ORAL OPIOID AGONIST TREATMENT

This case is a first antenatal visit with a patient on methadone maintenance for OUD.

USER TIPS

1. Discuss management of OUD in pregnancy.
2. Review resources in your setting for pregnant persons with OUD.

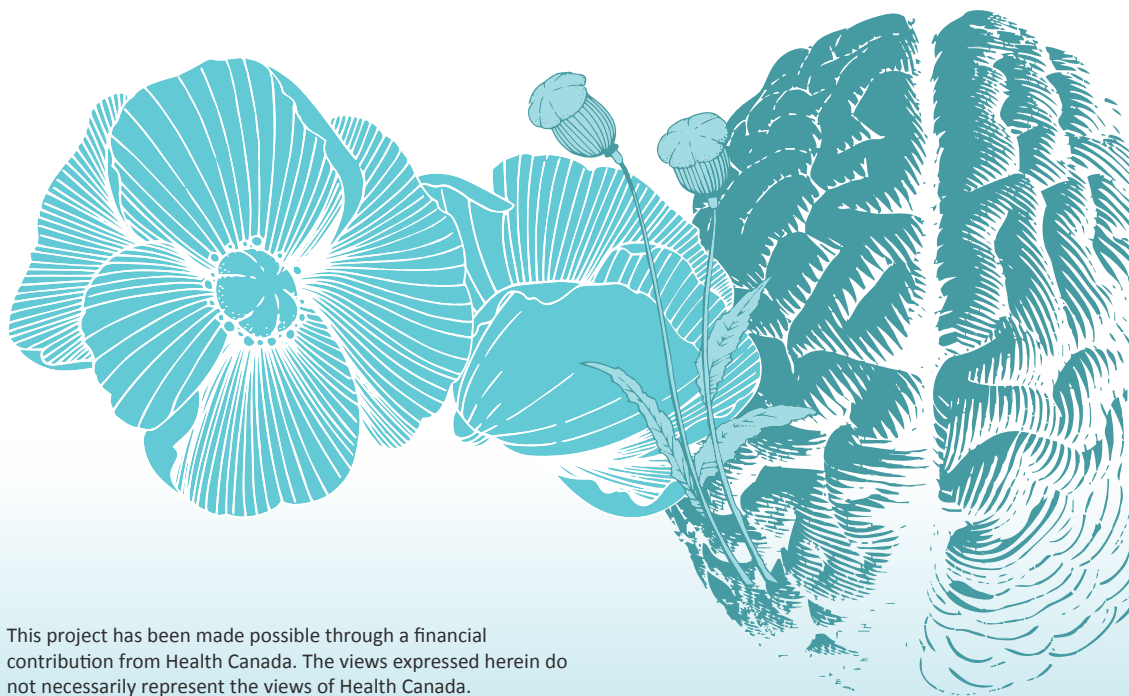
SCENARIO #6:

MANAGEMENT OF OPIOID SIDE-EFFECTS

This case is a non-binary patient with opioid side effects.

USER TIPS

1. The patient is a lawyer, which can be fear-provoking for some physicians. If you think this would interfere change the profession.



For more resources visit:

opioids.afmc.ca



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