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Assessing awareness, knowledge, and beliefs regarding opiates and benzodiazepines and deprescribing protocols by residents at UTRGV Knapp family medicine residency program.

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ABSTRACT

BACKGROUND

Controlled substances encompass drugs and specific chemicals subject to strict regulation due to their potential for abuse or risk. Opioid overdose remains a significant public health issue in the United States. Prescription opioids contribute to 18% of these deaths, while benzodiazepines are implicated in 31% to 61%. Clinicians encounter challenges in avoiding co-prescription, especially in patients with chronic pain and anxiety or sleep disorders. Despite growing interest in teaching mindful opioid prescribing, there is a lack of interventions to educate primary care clinicians and medical trainees on providing opioid overdose education and prevention. This quality improvement project aims to assess residents' awareness, knowledge, and beliefs regarding opiates and benzodiazepines, as well as their familiarity with deprescribing protocols.

METHODS

We conducted a survey among Family Medicine residents and graduates from the UTRGV Knapp family residency program. The pre-survey aimed to establish a baseline understanding, while the post-survey assessed any changes following an educational intervention. The presurvey was conducted on the current Family Medicine Residents and graduates, while the intervention and the post-survey were only conducted on the current Family Medicine Residents. Associations between nominal variables were assessed using Chi-square tests. Factor analysis, employing principal components analysis with varimax rotation, was conducted to uncover latent variables, thereby streamlining the questionnaire to enhance statistical efficiency. ANOVA: A three-way ANOVA was applied to examine the effects of fixed factors (year of residency, previous drug management training, and sex) on attitudes toward drug management. Sidak-adjusted post hoc comparisons were used to identify homogeneous groups detailed in the accompanying tables. All statistical analyses were done using Stata version 18.0 (StataCorp, College Station, TX).

RESULTS

The study included 56 respondents, aged between 26 and 35 years [86% (48/56) in age range]. Notably, Factor 1 (knowledge and confidence) had the highest increase after the training (Cohen- $d=2.0$, $p<0.001$). 40% (6/15) of the graduate physician participants were over 35. Gender distribution varied by residency year, with R2 having 20% (3/15) female participants and R3 having 71% (10/14) female participants. Prior drug management training was reported by 44% (12/24) of female participants, compared to 21% (6/29) of male participants ($p=0.057$). Overall, 32% (18/56) of participants, regardless of graduation status, reported previous training in drug management ($p=0.16$). Other factors, such as awareness and beliefs, did not show statistical significance.

CONCLUSION

This study supports the role of prior training in enhancing residents' confidence and ensuring adherence to current best practices in drug management, notably with opioids and benzodiazepines. This effect persists independent of the resident's year of training, highlighting the fundamental value of comprehensive drug management education early in medical training. The ability of residents to adapt to time constraints without compromising the quality of drug management further demonstrates the resilience and flexibility inherent to clinical training. However, the enhanced outcomes associated with additional training suggest that integrating structured drug management education into residency programs could be an essential strategy for improving patient care outcomes. In conclusion, this study advocates for the integration of focused drug management training within residency curricula.