Naloxone training sessions put students in realistic settings

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The University of Toledo’s Lloyd A. Jacobs Interprofessional Immersive Simulation Center offers a variety of authentic clinical environments for medical students and other health professionals in training to practice procedures and sharpen their skills on medical mannequins.

The mannequins can bleed, have heart rates that respond to the “treatment” they are receiving, and they can mimic the symptoms of a person experiencing a heroin overdose.

But instead of using the center’s virtual hospital facilities for naloxone-administration training, the UT College of Medicine recreates situations that students have seen in the news. These include scenarios that involve placing the mannequins around the building and outside to simulate overdoses in motels, high school hallways, department store restrooms or cars on the roadside.

“It’s experiential, it’s realistic, it’s relevant,” Carol Hasbrouck, director of the UT School for the Advancement of Interprofessional Education & Improvement of Human Performance, said of the training scenarios.

Hasbrouck was part of a team of educators from the college and the Toledo-Lucas County Health Department who talked about their program during a presentation at the recent AMA ChangeMedEd® 2017 National Conference.

What has happened in Ohio

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Their presentation began with a video that included disturbing footage recorded by police in East Liverpool, Ohio. The video showed how they found a couple passed out in their car after suspected heroin overdoses while their frightened grandson witnessed it all from the backseat. The use of images from that incident has been criticized by some who argue it contributes to stigma and publicly shamed people struggling with opioid-use disorder.

For the UT presenters, however, it was a way to “highlight the need” for such training and put things in context for their institution’s students.

“So, that’s Ohio,” Hasbrouck said. “It shows them the problem and why we’re bothering to teach this to them.”

It was later noted that, while the focus of the opioid-crisis response seems to be split between large inner cities and rural areas, it’s a community in the middle—the Dayton, Ohio-Montgomery County region—that may have the highest opioid overdose-death rates in the nation.

“Look at what has happened in Ohio,” said Christina Alvarado, RN, the simulation center’s manager of clinical and surgical operations. “This can happen to anyone. It’s not just the 25-year-old out partying. It’s the stay-at-home mom, the professional.”

UT students are taught these demographics along with the symptoms of an overdose and how to teach other people to administer naloxone.

They also learn the street names for drugs. This is important because the person who calls 911 may not know the clinical name for the drug their friend or family member may be overdosing on, said Donna Woodson, MD, a professor with the UT School of Population Health.

The idea is to give students both the big picture and minute details, said Jerry Kerr, AIDS program coordinator for the Toledo-Lucas County Health Department. Those details include learning how to assemble the naloxone nasal-spray syringe devices, which hold a 2 mg dose.

It was noted that a larger 4 mg-dose syringe is now available that doesn’t require assembly, but the smaller units are still in wide circulation.

Conference attendees were given naloxone syringes to assemble and were encouraged to practice on the medical mannequins the UT team brought to the conference. Afterward, they were encouraged to help themselves to a handful of Life Savers candy as a reward.

The goal of the program is a simple one: for students to walk out and say, “I can actually save a life,” Alvarado explained.
Schools responding quickly

Conference attendee Bradley Allen, MD, PhD, senior associate dean for medical student education at Indiana University School of Medicine, attended the presentation and called the UT naloxone-training sessions an important program.

He added that educational programming is being developed in response to the opioid crisis and it’s important for medical schools to create their own programs to address their community’s most pressing needs before government steps in and dictates what should or shouldn’t be taught.

What’s also important is to remove barriers to other therapies besides opioids to treat chronic pain, Dr. Allen said.

“There’s a reason why people went down the road of overuse of opioids,” he said, adding that this lack of alternatives helped shape the current crisis.

The AMA offers online CME to expand your understanding of the opioid epidemic. Explore educational content such as "A Primer on the Opioid Morbidity and Mortality Crisis: What Every Prescriber Should Know."

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