



Improving Medical Student Knowledge Concerning Opioid Use in Metro Detroit

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INTRODUCTION

The city of Dearborn is experiencing a rising opioid epidemic. Composed of a largely Arab immigrant population, Dearborn faces unique challenges with this epidemic such as deeply rooted perceptions of taboo, shame, and guilt around opioid use¹. To increase awareness about this problem, and to enhance the knowledge base of medical students concerning opioid use, the Islamic Medical Student Association (IMSA) at WSUSOM created a seminar around opioid misuse and treatment of opioid use disorder (OUD). The aim of this study is to analyze the impact of a case-based seminar on the knowledge base and cultural literacy of medical students concerning the opioid crisis, specifically within the minority communities of Metro Detroit.

METHODS & ANALYSIS

Participants

- 1st and 2nd year medical students; students received clinic hours for participating.
- Audience was targeted through emails and social media platforms

Data Collection

- Qualtrics survey was sent to all attendees, who were not facilitators, prior and following completion of the session.
- Surveys utilized Likert scales to measure session impact.
- Surveys were distributed via email.

Analysis

- Data was analyzed using the Qualtrics Survey Software System.
- Deidentification was done to ensure data collected is anonymous.

RESULTS

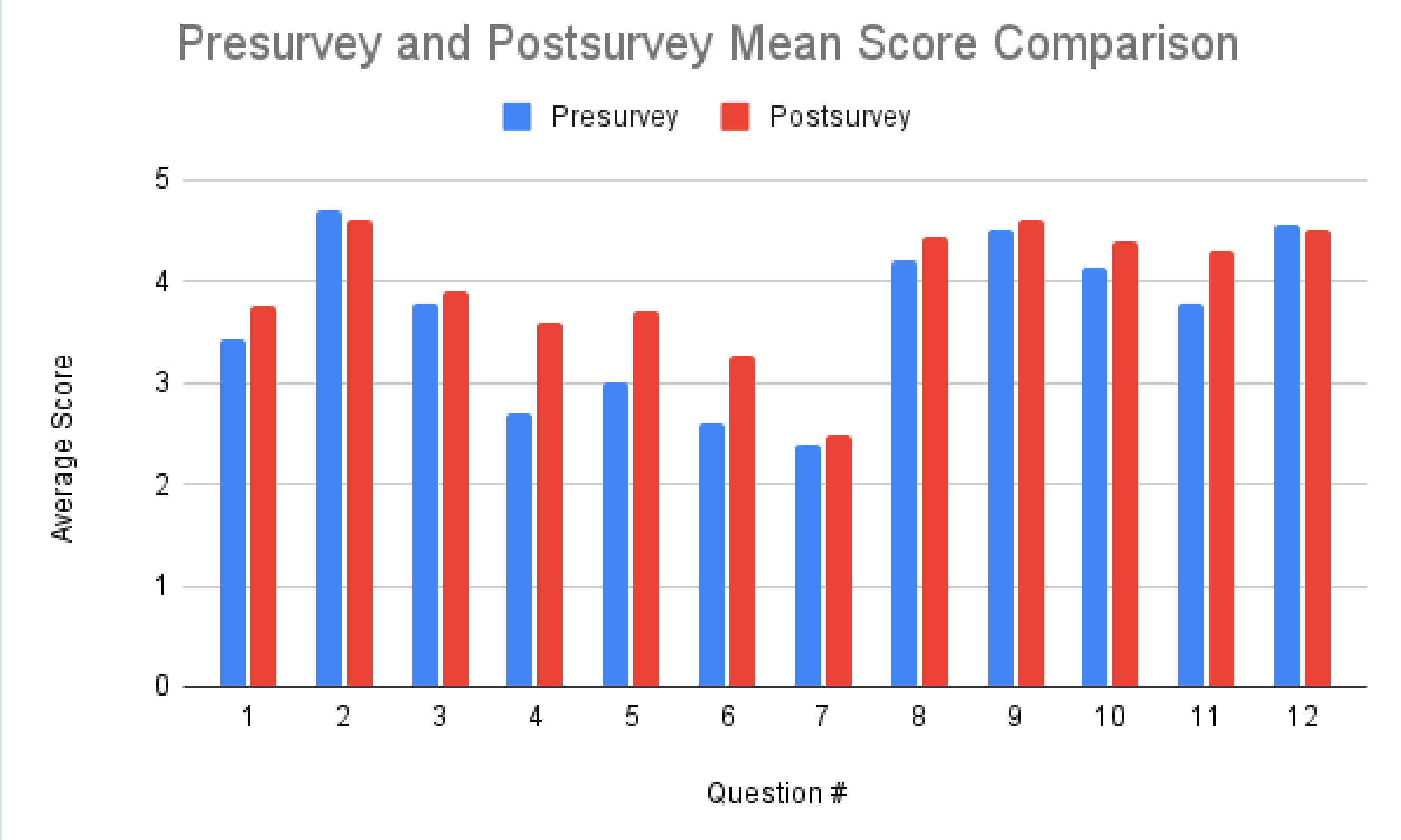
Survey Questions For Students:

Answer the following on a scale of 1-5

1. I would be comfortable treating someone with opioid addiction.
2. Opioid addiction is a serious issue that affects many cities in the US.
3. Opioid usage is rampant in the city I live in.
4. I know what to do if a friend/family were using opioids without a prescription.
5. There are many addiction treatment centers in Metro Detroit.
6. I know where to obtain Naloxone in Metro Detroit.
7. Opioids are hard to obtain without a prescription.
8. I am comfortable treating someone from a different culture than myself.
9. Physician misunderstanding of certain customs can lead to medical noncompliance.
10. Opioid addiction is a taboo subject in communities.
11. Health education is difficult to teach in some communities.
12. Language barriers are an issue in healthcare.
13. The opioid crisis is well known in cities like Dearborn.
14. Information about opioids is widely available to the Muslim community of Dearborn.
15. I feel more knowledgeable about opioid usage in ethnic/religious communities.
16. Language barriers are prevalent in treating opioid addiction.
17. I know what to do next to help fight the opioid crisis in communities.

- 58 participants filled out the pre-survey, and 44 filled out the post-survey.
- Overall, there was an increase in average Likert scores for many statements about opioid usage and cultural literacy.
- Statements on OUD general knowledge experienced significant increase in average score from pre to post survey.
- Statements about language barriers and opioid prevalence experienced a slight decrease in average score from pre to post survey.

RESULTS (Cont.)



CONCLUSION

This seminar was designed to identify and address gaps in medical students' understanding of the opioid epidemic within local minority communities, and improve cultural cognizance. We hope to use our analyses to optimize our program and eventually integrate it into the WSUSOM population health education curriculum. The model of this seminar could also be applied to improve awareness of various health crises in minority communities.

REFERENCES & ACKNOWLEDGEMENTS

1. *Opioid Addiction in Dearborn's Muslim Community*. Directed by Sneha Antony, Vice Media LLC., 2019.
2. Acknowledgement to Dr. Okotcha for taking part in the seminar.