

Questionnaire to evaluate the impact of our OUD treatment curriculum for healthcare professionals

Please rate your agreement with the following statements (Scale 1 - 7):

Confidence

1. I am confident in my ability to describe the benefits of pharmacological treatment for patients with Opioid Use Disorder.
2. I am confident in my ability to describe the pharmacology of buprenorphine.
3. I am confident in my ability to identify patients who have opioid use disorder.
4. I am confident in my ability to help patients safely begin buprenorphine treatment at home (home induction).
5. I am confident in my ability to offer brief counseling to patients with opioid use disorder.
6. I am confident in my ability to respond nonjudgmentally and compassionately when a patient discloses active, high risk substance use.
7. I am confident in my ability to safely address pain experienced by patients with opioid use disorder.
8. I am confident in my ability to safely prescribe buprenorphine to patients with hepatic or renal impairment.
9. I am confident in my ability to safely care for pregnant women with opioid use disorder.
10. I am confident in my ability to assess the psychiatric needs of patients with opioid use disorder.
11. I am confident in my ability to discuss opioid use disorder with the family members of adolescents with opioid use disorder.
12. I am confident in my ability to discuss criminal justice involvement with patients with opioid use disorder.

Attitude

1. A substance use disorder is a treatable chronic condition, with similarities to conditions such as diabetes or hypertension.
2. Using medications like methadone and buprenorphine for opioid use disorder is simply replacing one addiction with another.
3. The preferences of patients with opioid use disorder are an important consideration in selecting a treatment for their opioid use disorder.
4. A willingness to initiate medications for opioid use disorder is a responsibility of all physicians or advanced practice practitioners.
5. Patients with opioid use disorder have the right to decline counseling or behavioral health treatment and still receive MOUD.
6. Harm Reduction Informed Care is a useful approach that allows clinicians to meet patients wherever they are in the change process.
7. Patients with opioid use disorder can be trusted to accurately report their experience of pain.
8. Older adults are less likely to misuse opioids than younger adults.
9. Women who use opioids during their pregnancy are usually concerned about the welfare of the child they will deliver.
10. It is possible to treat depressive symptoms in patients while they continue to use opioids.
11. Adolescents are able to make informed decisions about the treatment of their opioid use disorder.
12. The criminalization of opioid use disorder places vulnerable individuals at greater risk of death.