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## A qualitative analysis of interprofessional students' perceptions toward patients with opioid use disorder after a patient panel experience

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### Abstract

**Background:** Students from health professional schools participated in a half-day interprofessional education workshop centered on substance use disorder training. One component was a patient panel featuring individuals with a history of opioid use disorder who described the impact of addiction on their lives and their road to recovery using varied treatment options. We hypothesized that interacting with individuals with opioid use disorder early in training would elicit more humanistic perspectives and decrease bias and stigma in future health care professionals.

**Methods—**After participating in the panel experience, health professional students ( $N=580$ ) from medicine, nursing, pharmacy, physical therapy, and social work were asked to complete short, 5-minute, rapid reflections. Prompts asked students whether the panel changed their perception of individuals with substance use disorder, to reflect on their attitudinal changes or lack thereof, and how working in interprofessional teams could impact the management and treatment of these patients. Conventional content analysis was performed.

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#### Author contributions

Luba Dumenco made significant contributions, including research conception and design, collection and analysis of data, interpretation of results, and writing drafts of the manuscript. Kristina Monteiro made significant contributions, including collection and analysis of data, interpretation of results, and writing drafts of the manuscript. Sally Collins made significant contribution, including collection and analysis of data, interpretation of results, and writing drafts of the manuscript. Cynthia Stewart made significant contributions, including conception and design, recruitment of patients for the panel, facilitating several of the panels, and reviewing manuscript drafts. Laureen Berkowitz made significant contributions, including conception and design, recruitment of patients for the panel, facilitating several of the panels, and reviewing manuscript drafts. Timothy Flanigan made significant contributions, including conception and design, recruitment of patients for the panel, facilitating several of the panels, and reviewing manuscript drafts. Josiah Rich made significant contributions, including conception and design, recruitment of patients for the panel, facilitating several of the panels, and reviewing manuscript drafts. Paul George made significant contributions, including research conception and design, collection and analysis of data, interpretation of results, and writing drafts of the manuscript.

Supplemental data for this article can be accessed on the publisher's website.

**Results:** Eighty-nine percent of students who attended the session completed the rapid reflections ( $n = 514$ ). Overall, approximately 70% ( $n = 369$ ) of students indicated that their perceptions of individuals with substance use disorder had changed as a result of the patient panel, with students from pharmacy more likely to indicate a change in attitudes. Themes across all professions included a change toward a more humanistic perspective, value of hearing real patient stories, and learning about treatment and recovery options. Student responses described how interprofessional health care teams can provide more holistic care with a broader range of therapeutic options that may improve long-term outcomes.

**Conclusions:** A patient panel experience is influential on interprofessional students' attitudes toward patients who suffer from opioid use disorder. Students identified an interprofessional approach as being a valuable component of management and treatment of these patients.

### Keywords

Health professional students; interprofessional education; substance-related disorders

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### Introduction

The opioid epidemic in the United States<sup>1</sup> has spurred renewed interest in equipping health care professionals with the knowledge and skills needed to prevent, treat, and manage substance use disorders.<sup>2</sup> (REFS) Developing a multidisciplinary workforce to address this public health crisis is critical.<sup>3</sup> Interdisciplinary collaboration in addictions education resulting in shared foundational knowledge, respect, and improved collaboration may better address the complexity of care required for patients with substance use disorder.<sup>3,4</sup> Coordinated treatment enables health care providers to consider multiple facets of a patient's health, in a patient-centric approach<sup>3,4</sup> that includes physical, mental, emotional, and societal components.

A recent review of interdisciplinary collaboration in addictions education and training curricula identified initiatives that improved knowledge and skills in health professional students but reported a scarcity of literature addressing attitudes toward addiction.<sup>3</sup> It is well recognized that health professionals' discomfort in discussing substance use with patients, negative or stigmatizing attitudes toward people who use substances, and skepticism about the utility of treatment all serve as barriers to effective screening, intervention, and treatment.<sup>5</sup> There has been a call to change the "clinical culture of care" toward patients with substance use disorder beginning early in health professions training.<sup>2</sup>

Specific educational interventions, such as screening, brief intervention, and referral to treatment (SBIRT) training, have been associated with an improvement in knowledge and skills. They have also been associated with positive perceived attitudes toward patients who used alcohol,<sup>5,6</sup> but not for patients who used drugs.<sup>5</sup> This was hypothesized to be due to lack of drug-related content and a bias that drug use is less treatable and more complex than alcohol use.<sup>5</sup>

Attitudinal changes have been associated with specific substance use field work (e.g., nursing students working at a prenatal clinic for women with alcohol problems,<sup>7</sup> medical

students participating in service learning electives).<sup>2,8</sup> However, these elective experiences would entail significant logistical challenges for broad implementation with larger numbers of interprofessional health care students.

We developed a component of an annual interprofessional education (IPE) workshop on opioid use disorder (described elsewhere<sup>9</sup>) to *specifically* address *attitudes and beliefs* toward patients with this disorder. We hypothesized that exposure to patients who had struggled with opioid use and who were in recovery would provide students with the opportunity to learn about personal struggles leading to addiction, the role of interdisciplinary teams in providing care, and the wide array of treatment options available. We assessed whether there was a positive change in attitudes (increased empathy, humanistic viewpoints) as a result of the patient panel by having students complete brief reflections immediately after the experience.

## Methods

In the spring of 2017, the Warren Alpert Medical School of Brown University (AMS) hosted an IPE workshop for 514 students from medicine (medical students, year 2), nursing (undergraduate degree, year 4), pharmacy (graduate degree, year 1), physical therapy (graduate degree, year 2), and social work (graduate degree, years 1 and 2) who were in the pre-licensure phase of their curriculum. Students were divided into interprofessional teams, with each team consisting of 1 medical student, 1 or 2 nursing students, 1 pharmacy student, 1 social work student (when possible), and 1 physical therapy student (when possible). On arrival, students were notified of their team number and met their colleagues during an introduction. Teams participated in a series of activities,<sup>9</sup> including a simulated case of an individual with a history of substance use disorder who was misusing oxycodone, a naloxone and overdose response training session, a complex patient case focused on a homeless individual who is using heroin, and a patient panel, the focus of this paper. These sessions were offered in a rotating and variable order.

Three patient panels were held simultaneously in the morning and afternoon sessions, for a total of 6 patient panels throughout the day. Each panel included 2 or 3 patients with a history of opioid use disorder and 1 facilitator (2 physicians, 1 nurse). During each panel, patients presented their personal stories, which included their experience with addiction, treatment in the health care system, as well as their recovery path. This was followed by a question-and-answer period.

At the conclusion of each panel session, students were asked to provide a 5-minute, written, ungraded rapid reflection immediately following the experience.<sup>10,11</sup> The 2 prompts were designed to assess students' attitudes toward patients with substance use disorder and the perceived value of working in interprofessional teams to manage and treat patients with these disorders. The first prompt (no. 1) asked: "Did the patient panel change your perceptions of individuals with substance use disorder?" Students circled "yes" or "no." If yes, students were asked to "describe how the patient panel impacted your perceptions of individuals with substance use disorder." If no, students were asked to "reflect on why you believe your perceptions did not change." The second prompt (no. 2) asked: "How might

working in an interprofessional team impact the management and treatment of a future patient with a substance use disorder?”

Three authors (L.D./S.C./K.M.) read and analyzed 514 student reflections using conventional content analysis.<sup>12</sup> Together the readers reviewed approximately 50 responses to identify and operationalize emergent themes, which were used to create a definitive theme set to code the remaining 464 responses.<sup>12</sup> In instances of divergence, the readers reconciled after brief discussion. The authors identified representative quotes for each of these themes. Subthemes that focused around a similar latent construct were grouped together under major themes for Prompt 1. For Prompt 2, all themes were individual major themes.

In order to identify differences between patient panels, the data were analyzed by patient panel session. We also analyzed the data by profession to determine if specific professions were more likely to report a change in perceptions (Prompt 1). This study was approved by the Brown University Institutional Review Board.

## Results

A total of 580 students from the following fields participated in the workshop: medicine ( $n = 132$  students; AMS), nursing ( $n = 226$  students; University of Rhode Island and Rhode Island College), pharmacy ( $n = 124$  students; University of Rhode Island), physical therapy ( $n = 28$  students; University of Rhode Island), and social work ( $n = 70$  students; Rhode Island College). Of the total number of students who participated in the patient panel, 88.6% ( $n = 514$ ) submitted rapid responses.

### Perceived impact of the patient panel on perceptions of individuals with substance use disorders (Prompt 1)

**Overall impact**—The first prompt asked students to indicate whether the patient panel changed their perceptions of individuals with substance use disorder by circling “yes” or “no.” These frequencies were analyzed as a whole and by discipline. Across all professions, 71.79% ( $n = 369$ ) of students who completed the rapid reflections indicated that the patient panel changed their perceptions of individuals with substance use disorder. Analyses revealed a majority of students in each profession (61.53% for medicine, 73.62% for nursing, 84.26% for pharmacy, 83.33% for physical therapy, 59.38% for social work) reported a change in perception ( $\chi^2(4) = 23.30, P < .001$ ) and that pharmacy students were more likely to indicate change. Analyses revealed no significant association between a change in perception and the patient panel session ( $\chi^2(2) = 4.60, P = .100$ ).

Of the 28.21% ( $n = 145$ ) of students who indicated that the patient panel experience did not change their perceptions of individuals with substance use disorder, an over-whelming majority reported having attended similar activities in their educational or professional experiences, previously being involved in the care of an individual with a substance use disorder, or personally knowing someone with a substance use disorder. Many of these students noted that the panel reinforced their (humanistic) views (“it affirmed my belief that we need to show compassion and empathy for those suffering from opiate abuse disorder”; “while it did not change my perspective this was hands down the best part of the day and

reminded me that it's important to listen and treat each patient as a human being") and that there was value to the panel ("still eye opening and impactful"). The highest percentage of students who reported no change in their perceptions as a result of the panel were in the fields of social work (40.63%,  $n = 26$ ) and medicine (39.32%,  $n = 46$ ).

**Major themes**—Responses were selected for thematic analysis if the response indicated that there was a change in perception from the patient panel ( $n = 369$ ). Of those responses, major themes and subthemes were identified (see Table 1). Across professions, the mean number of individual comments as a response to this prompt per student ranged from 1.66 (social work) to 2.06 (pharmacy), with the average of all professions being 1.88 comments per student. Across all professions, Theme 1, "a change toward a more humanistic perspective," accounted for a majority of the comments (54.61% of all comments,  $n = 379$ ), followed by Theme 2, "the value of hearing real patient stories and narratives" (29.39% of all comments,  $n = 204$ ). Theme 3, "learning about treatment and recovery options," accounted for 10.52% ( $n = 73$ ) of all comments, and Theme 4, "appreciation of the patient panel experience," accounted for 5.48% ( $n = 38$ ) of all comments. See [online Appendix 1](#) for the percentage of comments for each theme by profession.

**Importance of interprofessional teamwork (Prompt 2)**—Ten major themes were identified in response to Prompt 2 (see Table 2). Across professions, the mean number of comments per student ranged from 1.85 (medicine) to 2.30 (pharmacy), with the average of all professions being 2.10 comments per student.

The top 5 identified themes across all students were the "value of multiple perspectives" (different perspectives contributed by different individuals irrespective of discipline) (35.80%,  $n = 184$ ), "treatment options" (increased treatment options) (33.46%,  $n = 172$ ), "holistic care" (31.13%,  $n = 160$ ), "multiple disciplines" (different areas of discipline-specific expertise that can contribute to patient care) (30.54%,  $n = 157$ ), and "teamwork" (working in health care teams promotes synergy and improved patient care) (29.18%,  $n = 150$ ). Similar patterns emerged across professions. See online Appendix 2 for details.

## Discussion

We found that a patient panel within an interprofessional training workshop for health care students led to a considerable self-reported attitudinal change toward individuals with substance use disorder. Although we relied on student self-assessment, the positive comments elicited in the reflections suggest that interacting with individuals with opioid use disorder may have a profound impact on student perceptions. The reflections were strikingly humanistic and spoke firmly about decreased judgment and bias. Although a majority of students reported change, approximately 30% reported no change in perceptions. In most cases, the panel affirmed students' already humanistic attitudes but was still considered to be a valuable experience.

The questions and comments expressed by students during the patient panel experience, from a diverse array of health professional fields, provided multiple perspectives in understanding the complex issue of opioid use disorder. Students recognized the importance

of a team-based approach to screening, evaluation, and treatment of individuals with opioid use disorder.

Analyses revealed no significant association between which panel was attended and whether or not the panel changed their perceptions, suggesting that this approach may be generalizable to other health professional schools and that our findings were not dependent on the specific patients or facilitators.

There are several limitations to this study. This analysis relied on student self-reported perceptions. We did not perform pre/post-test analysis of health care professional students' attitudes toward working with individual using drugs with validated surveys such as the Drug and Drug Problems Perceptions Questionnaire (DDPPQ)<sup>13</sup> for several reasons. First, we aimed to capture student reflections as a result of the patient panel, rather than the entire workshop. Secondly, this survey was developed for individuals already working with clients and thus asks some questions that would not be developmentally applicable across all health professional schools (e.g., "On the whole, I am satisfied with the way I work with drug users.").<sup>13</sup>

This study describes a logistically feasible interprofessional educational intervention that was well received by learners from several health professional schools and contributed to a self-reported positive change in attitudes and decreased stigma associated with patients using opioids. It is unlikely that a single short patient panel experience would have longstanding sustained effects. However, inclusion of a patient panel experience as part of an interprofessional substance use curriculum may contribute to a more humanistic and empathetic "change in clinical culture"<sup>2</sup> in future health care professionals.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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**Table 1.**

Listing of themes for Prompt 1, with descriptions and examples.

Subtheme	Description	Examples
<b>Theme 1: Change in perception toward a more humanistic perspective</b>		
Humanistic	Recognition that people who struggle with addiction are no different than the health care professionals who treat them. Humanizing the experience of addiction.	“Actual accounts from people with lived experience is powerful and humanizes the opioid epidemic”; “humanized the experience of addiction and withdrawal, as well as the journey to sobriety”; “very humanizing”; “put a face and experience to the label “drug user”; it served as a very important reminder of the humanity we need to harness in working together with addicts”; “addicts are humans who feel, who struggle daily with their illness, and who should not be judged”
Increased compassion	A feeling of empathy for patients on the panel and other individuals who suffer from addiction.	“I always knew about the epidemic and the strong stigma but hearing first hand stories really opens your eyes to be compassionate to everyone”; “hearing each patient’s personal story spurred compassion and encouraged me to be compassionate in future interactions with patients”; “gave a perspective that I had not previously been familiar with; this will allow me greater empathy in the future as a clinician”; “I have immense compassion for these two men coming to talk with us and sharing their stories”
Learning about the patient perspective	Sharing of the patient’s perspective on addiction, recovery, and treatment options.	“Even if a client is resistant to changing/stopping substance use, it doesn’t mean they don’t want to stop or don’t see the harm in their behaviors”; “gave me a clearer understanding of what substance users face with trying to get clean”; “personal perspective opened my eyes to the different scenarios substance users have to cope with”; “substance users are people of troubled backgrounds, troubled past who want to change their future”; “gave me insight on what it is like to live on the “street”; “makes you see things from their perspective”; “very personal insight-these people have lives outside their drug use”
Importance of listening	A focus on how listening to patients and individuals with addiction can have a strong impact on their treatment.	“good to listen before making assumptions”; “to treat these patients with respect-listen to them about their addiction”; “have to be open and listen to their goals and needs”; “you have to find a way to relate to substance users so they will let you in, be less disease-focused in order to truly help, listen”; “we must have the desire and motivation to genuinely help them by listening to their story”
Learning about the patient perspective, specifically in regard to health care providers	Sharing of the patient’s perspective on their interactions with health care providers.	“I know that it’s important to view the client as a person, but hearing the panel share their stories was very impactful and it was helpful to hear the experiences with people/professionals who did not view them as a person who is in need”; “I was surprised by how they said showing compassion/empathy was one of the best ways to talk/treat and forming a connection can have a long-term impact on a user’s outcome”; “insight into ways that communication can offer help to patients”; “building a therapeutic alliance and trust with the person is most important”; “need someone to talk to and help them with their abuse, genuinely need some help and people who care”; “the success stories we learned today left an everlasting impact, it made me more aware of the faults in the healthcare system among professionals and the high prevalence of stigma towards substance users”
Decreased bias/stigma	A decrease of stigma and stereotypes for patients on the panel and other individuals who suffer from addiction.	“After the panel, I will think twice before judging someone who’s addicted”; “I realized that I still have certain prejudices when it comes to drug abuse, I need to be more careful and more aware of these prejudices, and really see addicts as real people”; “I learned why it is extremely important not to judge”; “decreased my stereotypes towards substance abusers”; “not being judgmental to patients who are drug abusers, there’s always a story behind it”; “seem like really nice people, the stigma is that drug users are “bad”; “substance abusers are often stigmatized as “bad” people; each person has a story and life which just led them down some bad paths”; “made it seem more personal and put a face to the “stereotypical addict, media portrays substance users in such a negative way, refreshing to hear their stories and see how their lives have changed and what they went through”; “substance abusers are human beings, they are not bad people”
Addiction as a disease	Discussion on addiction as a chronic disease that is difficult to control and requires management and treatment throughout one’s life.	“I realize that it can happen to anyone and that no one really wants to be addicted”; “it is not their fault, it is an illness, addiction is chronic”; “made me view them as real people with a chronic illness”; “opioid abuse is a chronic condition, it is a disease just like diabetes, HIV, etc.”

**Theme 2: The value of hearing real patient stories and narratives**



Subtheme	Description	Examples
Backstories	Learning about the individual's path toward addiction and the biographical information shared by the patient on the panel.	"It made me consider some things that I don't normally consider; it's very good to hear the backgrounds behind the stories"; "reminded me of complicated backgrounds and life circumstances many substance users experience"; "everyone has a story behind their substance use"; "allowed me to understand the countless factors which lead patients to become substance abusers"; "hear where they came from and how it escalated"; "root causes of addiction more understandable"; "opened my eyes to thinking about the family history and how impactful it was in their life"
Profoundness of addiction	Hearing the struggles and difficulty in overcoming and managing an addiction.	"Powerful, heart-breaking to hear their struggle, eye-opening to hear them share all of the motivations that came into play over the years"; "I think it really has affirmed the continuous challenge of getting off opiates"; "brought to life a lot of the horrors of withdrawals and thus the urge of users to relapse"; "better understand the true 'addictive' process that occurs with substance abuse"; "how hard the struggles of having an addiction actually are"
Stories/narratives	The value of hearing real stories about addiction from real individuals.	"Interesting and eye-opening to hear real stories from people who have actually gone through so much, makes more of an impact when you hear real stories from real people"; "true stories, experiences always bring to life what we are learning"; "everyone has a story; good to listen before making assumptions"; "important to listen to a patient's story"
Unique experiences	The value of hearing from various individuals on the panel; focusing on the unique experiences faced by those with addiction.	"Having three patients whose stories were so varied helped to emphasize the many faces of addiction"; "they are not all the same and have different stories, there is no one stereotype"; "different journeys, extremely impactful"; "really helped to show the individuality of patients with very different paths to addiction"; "stories about the progression and struggle of their individual addictions"; "different for every patient, no 'one size fits all' to therapy"; "created enhanced understanding of the individual experience"
<b>Theme 3: Learning about treatment and recovery options</b>		
Recovery	Stories that specifically focused on recovery and overcoming the odds to live a life where addiction is managed.	"Personal stories were powerful and inspiring, it helps people to see that recovery and being sober is attainable and possible"; "it was eye-opening to listen to recovery stories from substance users"; "their drive and dedication to recovery is incredible"; "the long road that is recovery"; "recovery is possible at any age"; "loved it, great hearing real stories of success/recovery"; "helpful to hear success stories"
Treatment options and considerations—learning about specific recovery options, including medication-assisted treatment (MAT)	Focus on multiple health care professionals providing a variety of treatment options, including medication-assisted therapy.	Helped me to conceptualize how methadone and Suboxone can assist recovery"; "made me realize it is possible for anyone to become sober"; "opened my eyes to seeing that there are options for recovery after long-term use"; "learning about resources is what can change a person's life"
<b>Theme 4: Appreciation of patient panel component of the workshop</b>		
Appreciation of panel	An appreciation for the patients on the panel sharing their perspectives, the facilitator working with the patients, and the session in general.	"I'm grateful for this panel offering a human face, story, and interaction with someone grappling with drug addiction as opposed to hearing a theoretical notion of a 'drug abuser'; "it was so generous of the panelists to give their time, and I really appreciate their perspectives"; "it really helped to guide me in my future practice when coming in contact with substance users"; "it was enlightening to hear the point of view from someone suffering from addiction and more powerful than learning about it in class or a movie"

Table 2.

Listing of major themes for Prompt 2, with descriptions and examples.

Major theme	Description	Examples
Treatment options	An emphasis that working interprofessionally allows for multiple treatment options in the management of addiction.	“There are several different viewpoints that are addressed so the patient’s treatment plan is more thorough.”; “greatly improve the management of a substance use disorder as long as all members approach the patient in a helpful and nonjudgmental manner; all specialties have an important component to offer.”; “managing pain can be handled differently by different professions; keep team focused on minimizing amount of prescription pain killers.”; “we can combine our siloed knowledge and figure out a comprehensive plan that is as varied as the person we re working with”
Multiple disciplines	Multiple disciplines have different levels of expertise across multiple areas in the treatment and management of addiction. Working interprofessionally allows healthcare professionals to work together and use each other’s strengths in the care for the patient.	“Having different fields of work all with different expertise brings a different side to care from everyone; social work brings the family aspect into play while pharmacy brings the treatment aspect while nursing brings in immediate care; working as a team helps bring the best care for the patient.”; “different professions have strengths they can bring together to guide the treatment of substance use disorder.”; “would help to provide all resources from different disciplines to this patient”; “different specialties have different resources.”; “to more completely effect long-term change, a doctor might prescribe a temporary fix, but it’s the nurses who know the patient, the pharmacist who educates the patient about medication, social workers who correct the underlying long-term lifestyle issues, and psychiatrists who address the motivations causing substance use in the first place, who can turn a life around as part of a team.”
Holistic	Interdisciplinary work fosters a holistic, comprehensive understanding and treatment of the patient, which is essential in treating a complex condition.	“Each member of the team offers different qualities and interventions which allows for a holistic treatment approach”; “a more holistic view of the patient and the more eyes and ears on the problem, the better it can be solved.”; “using different disciplines and skillsets, we can better cater to different aspects of their care in a more holistic way.”; “to help provide holistic healthcare to substance users -for all patients in general, we re not here to treat and prevent disease states, we re here to help our patients in any way we can”
Multiple perspectives	Working with multiple healthcare professionals (with or without different backgrounds) allows for multiple perspectives in understanding the patient’s point of view.	“I think it’s very important to see these complex patients from all perspectives to really understand all their needs and experiences.”; “everyone approaches the patient from a perspective that allows some contribution to treatment.”; “allowing for different outlooks on the situation, different inputs and ideas for treatment, putting brains together to see the whole picture”; “ideas can be interchanged and the many potential options can be discussed, ideas can be brought up that one person hadn’t thought of”
Teamwork	Working together in interdisciplinary teams produces a synergy that results in better patient care, than each healthcare professional working independently.	“Every professional team has different strengths and different knowledge about different disorders and treatments, the difference in expertise and training is what is so important about interprofessional work with substance use disorder, we need to focus on the various aspects of a person, which is why interprofessional teamwork is so important.”; “working as an interprofessional team plays a great impact on the management of a substance use disorder”; “substance use disorders affect every area of a client’s life, and need a full team to assess and treat the needs of the patient”; “everyone has a different area of expertise and working together can benefit a patient immensely, everyone can work at a different angle and the synergistic effect is what gets the patient to their goals”
Nonjudgmental	Working in interprofessional teams promotes a judgement-free zone so that patient’s needs can be fully met without stigma or stereotyping.	“Really treat each patient as a person, not to judge and to watch my own vocab around patients, treat every patient as if this is going to be the time they change their habits and to always provide education.”; “you may have someone on your team who is rude, judgmental, and lacking empathy which would have a negative impact, if a healthcare team can come together and understand this disorder with compassion it can only lead to positive outcomes for a patient”; “greatly improve the management of a substance use disorder as long as all members approach the patient in a helpful and nonjudgmental manner.”; “important that all healthcare team workers understand to not stigmatize patients as well as understand which drugs to avoid in their treatment plan”
Connections	Multiple team members in an interprofessional team are able to form connections with patients in multiple ways, ensuring they feel supported from treatment through recovery.	“I think it is very important to work in an interprofessional team when there is a patient with a substance use disorder, you need medications but you also need to give the patient someone to talk to and listen to them, respect them, and help them.”; “listening to the patient as best thing we can do, patients are real people and have a great story.”; “all have a different relationship with patients and are all needed to from the bond for change.”; “strengthen the likelihood of building a longitudinal and successful relationship”
Patient outcomes	Patient outcomes, or the quality of the patient’s life post-treatment increases as a result of better care provided by multiple disciplines to treat all aspects of a person’s life.	“The patient would probably get more comprehensive, better care, a team approach, is super important because substance use disorders are multi-faceted”; “comprehensive patient care is crucial to better patient outcomes”; “interprofessional teams have varied skillsets that complement each other, if we have compassionate medical teams, I believe we can improve quality of life and promote patient empowerment for long-term outcomes.”; “comprehensive patient care is crucial to better patient outcomes; you can better follow and treat a patient when working in an interdisciplinary team”

Major theme	Description	Examples
Continuity of care	There is uninterrupted care from multiple disciplines; as the patient is treated, a plan for care is created, and symptoms are managed.	“Having an interprofessional team can help manage substance use disorder at multiple levels and checkpoints, allows for continuous, less segmented care and higher chances of success.”; “have continuation of care so the patient always can feel that they are being taken care of and it shows that more than just their doctor or nurse or pharmacist etc. care about them and want to provide all the support they need during and after treatment”; “help patients feel they are treated as a human being with empathy as well as aiding in the transitions of care so users don’t get stuck between the cracks or left in limbo”; “treating the medical issues for patients, as well as continuing care, finding housing, treatment, making a plan”.
Collaboration	Collaborating with other healthcare professionals to achieve the same goal of improved patient care.	“Recognize collaboration is key, and we all have strengths that contribute to overall quality of patient care; encourages me to work more interdisciplinarily in general, especially with a substance abuse disorder.”; “work with everyone to assure that everyone is compassionate and is on the same page when it comes to treating people with substance abuse disorders and to keep each other in line with these goals”; “it’s important that team members who do understand and sympathize with drug users impart that knowledge to their fellow team members who might not have the same understanding”; “you can bounce ideas off each other, you might say something they haven’t thought of, or they might bring up a topic you missed”; “collaboration provides better patient-centered care”