

# **Whose comfort? A critical discourse analysis of educational materials used to teach about buprenorphine induction pathway at two urban emergency departments**

Category: Poster Presentation (in person)

## Abstract Body

Opioid-related deaths have continued to increase in Canada despite significant attempts to curb the opioid epidemic. Improved morbidity and mortality have been demonstrated with use of buprenorphine-naloxone in the treatment of opioid use disorder, with strong clinical evidence supporting its initiation in the emergency department (ED). However, more than half of overdose decedents in Ontario have visited an ED within the year prior to their death, suggesting significant barriers to optimal buprenorphine-naloxone induction.

As such, we sought to understand the discourses underpinning training materials used to educate and train clinicians, medical learners, and clients about buprenorphine induction in two of Toronto's most visited Eds, the Centre for Addiction and Mental Health and St. Michael's Hospital.

A Critical Discourse Analysis of documents and educational materials (including slide decks, presentations, modules, handouts and guidelines) providers, medical trainees and service users about the buprenorphine-naloxone induction pathway was undertaken. These materials were collected through communication with educational leaders at each ED. In total, 36 materials were analyzed, including 25 for MDs/residents, 5 for nurses, 1 for pharmacists, and 5 for service users. Materials were coded using Dedoose software with 2778 excerpts coded with 1549 codes.

Our analysis suggests that ensuring 'Caregiver Comfort' was the main goal driving these educational materials used to facilitate buprenorphine-naloxone induction in the ED. This is accomplished through mobilizing various dominant biomedical discourses, including algorithm-oriented medical education, care pathways/protocols, and extensive discussion on buprenorphine pharmacology. Comfort in prescribing buprenorphine-naloxone is further pursued through reference to mortality rates associated with the worsening fentanyl crisis, in addition to referencing treatment-seeking white men in case studies for patients with opioid use disorder. Importantly, we

noted a lack of discourse surrounding stigma and harm reduction.

In our analysis of buprenorphine-naloxone education materials, a predominant theme of Caregiver Comfort was demonstrated through discourses focusing on algorithmic care, opioid biomedicine and opioid overdose crisis.

### Key Words

- Education
- Opiate Agonist Therapy
- Opioids/Opiates
- Prevention/Harm Reduction
- Treatment Models/Programs

### Learning Objective # 1

Attendees will learn how qualitative research can expose underlying discourses behind medical training in clinical settings

### Learning Objective # 2

Attendees will learn how Foucauldian critical discourse analyses unearthed a contemporary pedagogical focus on algorithmic care, opioid biomedicine and opioid overdose crisis in order to nurture 'Caregiver Comfort' in clinical medical settings.

### Reference # 1

2: Bozinoff, N., Soobiah, C., Rodak, T., Bucago, C., Kingston, K., Klaiman, M., Poynter, B., Samuels, G., Schoenfeld, E., Shelton, D & Kalocsai, C. (2021). Facilitators of and barriers to buprenorphine initiation for people with opioid use disorder in the emergency department: protocol for a scoping review. *BMJ open*, 11(9), e053207

### Reference # 2

4: Ng, S. L., Baker, L., Cristancho, S., Kennedy, T. J., & Lingard, L. (2018). Qualitative research in medical education: methodologies and methods. *Understanding medical education: Evidence, theory, and practice*, 427-441.

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