**New Application: Addiction Psychiatry**

**Review Committee for Psychiatry**

**ACGME**

**Oversight**

**Resources**

1. Describe the partial hospitalization and/or day treatment programs that will be used for fellow education. [PR 1.8.b.]

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1. Will there be a multidisciplinary ambulatory care facility? [PR 1.8.c.] [ ]  YES [ ]  NO
2. Describe the patient population and how the program director will ensure that fellows achieve competence in the required patient care outcomes. [PR 1.8.d.; 1.8.e.]

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**Other Learners and Other Care Providers**

**Personnel**

**Program Coordinator**

1. Will there be a designated program coordinator? [PR 2.11.] [ ]  YES [ ]  NO

**Other Program Personnel**

1. List the professional personnel that will be available to the program from those clinical disciplines necessary for the accomplishment of clinical training and the educational goals of the program. [PR 2.12.a.]

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**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

Indicate the settings and activities in which fellows will demonstrate competence in providing comprehensive assessment, diagnosis, and treatment of patients with substance-related and addictive disorders in each of the categories listed below. Also indicate the method(s) that will be used to assess proficiency.

| **Patient Categories** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Developing a treatment plan in collaboration with the patient and patient’s family, shared decision-making with the patient; and forging therapeutic alliances with patients and patients’ families from diverse backgrounds and a variety of ethnic, racial, social, and economic groups [PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of harm reduction strategies[PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultation regarding the management of comorbid acute and chronic pain[PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatment of intoxication and withdrawal, substance-related and addictive disorders, and comorbid psychiatric conditions[PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prevention of the progression of substance-related and addictive disorders with appropriate patients, to include safe prescribing and monitoring of controlled medications; screening for alcohol, tobacco, opioid, and other substance use; and brief interventions to reduce unhealthy substance use[PR 4.4.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultation regarding themanagement of opioid analgesia and patients with co-occurring conditions; strategies and use of evidence-based approaches to mitigate risk, such as co-prescribing naloxone, use of toxicology, and prescription drug monitoring programs; and diversion control[PR 4.4.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of available evidence-based psychosocial treatments for substance-related and addictive disorders in individual and/or group therapy formats[PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Working with patients involved in mutual-help organizations[PR 4.4.i.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate proficiency in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| The pharmacology of major categories of addictive substances and the actions of pharmacological agents used to treat these conditions[PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| Common behavioral addictions [PR 4.6.b.] | Click here to enter text. | Click here to enter text. |
| The medical model of addiction, including knowledge of neurobiology and changes in brain structures associated with addiction[PR 4.6.c.] | Click here to enter text. | Click here to enter text. |
| The signs and symptoms of withdrawal from the major categories of substances, the range of options for treatment of the withdrawal syndromes, complications commonly associated with such withdrawal[PR 4.6.d.] | Click here to enter text. | Click here to enter text. |
| The signs and symptoms of intoxication and overdose, including identification of medical and psychiatric sequelae and comorbidity, medication and other treatments that can alter mental status behavior, and treatment of overdose[PR 4.6.e.] | Click here to enter text. | Click here to enter text. |
| The social and psychological problems and the medical and psychiatric disorders that often accompany chronic use of the major categories of substances[PR 4.6.f.] | Click here to enter text. | Click here to enter text. |
| The considerations, risks, and management of patients during pregnancy and following delivery, including management of babies born to patients with substance-related disorders[PR 4.6.g.] | Click here to enter text. | Click here to enter text. |
| Family systems and dynamics relevant to the etiology, diagnosis, and treatment of substance-related disorders[PR 4.6.h.] | Click here to enter text. | Click here to enter text. |
| The genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance-related disorders in community and health care settings, including screening for unhealthy substance use and brief motivational techniques to reduce substance use[PR 4.6.i.IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. List all planned seminars and didactic courses to be attended by fellows. Provide the name of the session, whether it is required or elective, the name(s) of instructor(s), and length, frequency, and total number of sessions. Insert additional rows as necessary. [PR 4.10.- 4.12.]

| **Title** | **Required or elective** | **Instructor(s)**  | **Length of session** | **Frequency** | **Total number of sessions** |
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1. Describe how clinical experience and didactics will be integrated to provide appropriate progressive learning. [PR 4.11.b.4.]

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1. Briefly describe fellow experiences with:
2. Evaluating acute and chronic patients along the continuum of care [PR 4.11.c.]

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1. Longitudinal management of outpatients with addictive disorders including a variety of diagnoses requiring individual treatment for at least six months [PR 4.11.d.]

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1. Performing assessments, including community and environmental assessments, family and care giver assessments, medical assessments, and physical assessments [PR 4.11.e.]

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1. Managing patients with FDA-approved medications to treat alcohol, opioid, and tobacco use disorders [PR IV.C.5.- 4.11.f.)]

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1. Using medications to treat patients with commonly co-occurring mental disorders [PR 4.11.g.]

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1. Using shared decision-making, motivational interviewing, and related techniques to engage patients in treatment based on their individual needs and preferences and to increase motivation for recovery [PR 4.11.h.]

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1. Using evidence-based psychosocial treatments for substance-related and addictive disorders in individual and/or group therapy formats [PR 4.11.i.]

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1. Working with patients who are participating in mutual-help programs [PR 4.11.j.]

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1. Assessing and treating patients with substance-related disorders related to:
	1. Alcohol [PR 4.11.k.1.]

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* 1. Cannabis and hallucinogens [PR 4.11.k.2.]

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* 1. Cocaine and other stimulants [PR 4.11.k.3.]

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* 1. Miscellaneous and emerging addictive substances [PR 4.11.k.4.]

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* 1. Nicotine and tobacco [PR 4.11.k.5.]

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* 1. Opioids [PR 4.11.k.6.]

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* 1. Sedatives, hypnotics, and anxiolytics [PR 4.11.k.7.]

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1. Providing consultation to acute and chronic medically ill patients with substance-related disorders who are being treated in primary care and medical specialty outpatient clinics andemergency, intensive care, medical, and/or surgical services of a general hospital. [PR 4.11.l.]

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* 1. Will fellows function at the level of a specialist consultant to primary care physicians and to intensive care specialists? [PR 4.11.l.1.] [ ]  YES [ ]  NO

If “NO,” explain.

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1. How many hours will each fellow have of faculty preceptorship weekly? [PR 4.11.m.] (#)
	1. How much time will be dedicated to one-on-one preceptorship? (#) hours
	2. How much time will be dedicated to group preceptorship? (#) hours
2. Describe how the program director will ensure that each fellow sees patients with a full range of substance-related and addictive disorders and have opportunities for training in the range of therapeutics, including both medication and psychosocial interventions. [PR 4.11.n.]

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**Scholarship**

1. Describe faculty members’ participation in organized clinical discussions, rounds, journal clubs, and conferences. [PR 4.14.a.]

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1. Will fellows participate in developing new knowledge or evaluating research findings? [PR 4.15.]
 [ ]  YES [ ]  NO

 If “NO”, explain.

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**Evaluation**

1. Will assessment include quarterly written evaluations of all fellows by clinical supervisors? [PR 5.1.f.] [ ]  YES [ ]  NO

 If “NO”, explain.

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