Supplemental Guide:
Addiction Psychiatry

ACGME

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Addiction Psychiatry Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

Additional Notes

The ACGME does not expect formal, written evaluations of all milestones (each numbered item within a subcompetency table) every six months. For example, formal evaluations, documented observed encounters in inpatient and outpatient settings, and multisource evaluation should focus on those subcompetencies and milestones that are central to the fellow's development during that time period.

Progress through the Milestones will vary from fellow to fellow, depending on a variety of factors, including prior experience, education, and capacity to learn. Fellows learn and demonstrate some skills in episodic or concentrated time periods (e.g., formal presentations, participation in quality improvement project, specific rotation scheduling, etc.). Milestones relevant to these activities can be evaluated at those times. The ACGME does not expect that programs organize their curricula to correspond month by month to the Addiction Psychiatry Milestones.

For the purposes of evaluating a fellow's progress in achieving Patient Care and Medical Knowledge Milestones it is important that the evaluator(s) determine what the fellow knows and can do, separate from the skills and knowledge of the supervisor.

Implicit in milestone level evaluation of Patient Care (PC) and Medical Knowledge (MK) is the assumption that during the normal course of patient care activities and supervision, the evaluating faculty member and fellow participate in a clinical discussion of the patient's care. During these reviews the fellow should be prompted to present their clinical thinking and decisions regarding the patient. This may include evidence for a prioritized differential diagnosis, a diagnostic workup, or initiation, maintenance, or modification of the treatment plan, etc. In offering independent ideas, the fellow demonstrates their capacity for clinical reasoning and its application to patient care in real-time. As fellows progress, their knowledge and skills should grow, allowing them to assume more responsibility and handle cases of greater complexity. They are afforded greater autonomy - within the bounds of the ACGME supervisory guidelines - in caring for patients. At Levels 1 and 2 of the Milestones, a fellow's knowledge and independent clinical reasoning will meet the needs of patients with lower acuity, complexity, and level of risk, whereas, at Level 4, fellows are expected to independently demonstrate knowledge and reasoning skills in caring for patients of higher acuity, complexity, and risk. In general, one would not expect beginning fellows to achieve Level 4 milestones. At all levels, it is important that fellows ask for, listen to, and process the advice they receive from supervisors, consult the literature, and incorporate this supervisory input and evidence into their thinking.

Patient Care 1: Evaluation and Diagnosis of the Patient with Addiction or Co-Occurring Disorders A. Thorough evaluation of the patient with substance use and addictive disorders including patient interview, gathering of collateral information, use of screening, assessment tools, and risk assessment B. Synthesis of information to generate patient formulation and differential diagnosis specific to substance use, addictive, and co-occurring disorders **Overall Intent:** To correctly identify patient's behavior on continuum from low risk use to substance use disorder (SUD) (meeting DSM-5 criteria) while recognizing other medical and psychiatric conditions and contributing social factors	
Milestones	**Examples**
Level 1 *Performs biopsychosocial history and targeted examination, including assessment for patient safety and risk of self and other harm, intoxication, and overdose* *Organizes, summarizes information, and develops a differential diagnosis*	● Feels a patient's thyroid during a visit (not a full head-to-toe exam) ● Correctly administers a National Institute on Alcohol Abuse and Alcoholism (NIAAA) single question alcohol screen, followed by Alcohol Use Disorders Identification Test (AUDIT) when positive ● Asks about family history of suicide and overdose history to determine potential risk in a patient ● Includes alcohol withdrawal in differential diagnosis of patient having hallucinations
Level 2 *Incorporates biopsychosocial history, examination, lab, and collateral data into patient evaluation* *Organizes and accurately summarizes information, and develops a differential diagnosis while avoiding premature closure*	● Reviews results of AUDIT with patient and discusses alcohol use ● Queries and incorporates patient's biopsychosocial history, such as housing, financial, and relationship status ● Orders and interprets urine toxicology screen ● Considers substance induced, medical, neurological, or psychiatric etiology for altered mental status
Level 3 *Performs comprehensive patient evaluation of routine patient presentation, including interpretation of toxicology testing* *Incorporates collateral information, other assessments, subtle findings, and conflicting information into a complete differential diagnosis*	● Assesses for relapse risk, home environment, or recovery environment ● Creates a case formulation (integrated summary) for a patient with alcohol and tobacco use disorder, chronic liver disease, post-traumatic stress disorder (PTSD), and experiencing homelessness ● Presents a wide differential along with rationale for working diagnosis
Level 4 *Performs comprehensive patient evaluation, including patients with complex presentations*	● Integrates motivational interviewing concepts and techniques into patient assessment ● Recognizes hazardous benzodiazepine use in a patient after hospital discharge for alcohol withdrawal

Uses all available information to generate a complete and accurate differential diagnosis; takes steps to resolve apparent inconsistencies, and continuously reassess the diagnosis	● Independently recognizes that patient has mental status change from previous assessment ● Develops a comprehensive differential diagnosis that considers appropriate psychiatric, addictive, and medical conditions, and re-evaluates the patient on an ongoing basis to further refine the differential diagnosis ● Orders confirmatory urine toxicology to resolve inconsistency in reported use and current urine toxicology results
Level 5 *Provides a significant contribution in education or scholarly work in the evaluation of patients with substance use and addictive disorders (e.g., teaches a course, research, publication)* *Provides a significant contribution in education or scholarly work in differential diagnosis and diagnostic criteria*	● Teaches a course on evaluation of patients with substance use and addictive disorders ● Teaches residents how to use the Clinical Opiate Withdrawal Scale (COWS)/Clinical Institute Withdrawal Assessment (CIWA) ● Analyzes available DSM data in co-occurring disorders to resolve discrepancies; publishing and using new DSM (or not yet in DSM) data; sits on a DSM panel and analyzes what needs to change for the next edition ● Incorporates a new alcohol screening tool in the emergency department ● Participates in a work group at a national conference to develop a new screening tool
Assessment Models or Tools	● Case review ● Clinical skills verification ● Direct observation ● Medical record (chart) audit ● Mock/oral exam ● Multisource feedback ● Observed structured clinical exam (OSCE) ● Simulation ● Standardized patient
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Case formulation is a theoretically based explanation or conceptualization of the information obtained from a clinical assessment. It offers a hypothesis about the cause and nature of the presenting problems and is considered an adjunct or alternative approach to the more categorical approach of psychiatric diagnosis. (Wikipedia definition) ● Agency for Healthcare Research and Quality (AHRQ). Treating Tobacco Use and Dependence: 2008 Update. https://www.ahrq.gov/prevention/guidelines/tobacco/index.html. 2021. ● American Society of Addiction Medicine (ASAM). The Performance Measures for the Addiction Specialist Physician. https://www.asam.org/docs/default-

	source/advocacy/performance-measures-for-the-addiction-specialist-physician.pdf?sfvrsn=5f986dc2_0. 2021. ● Center for Substance Abuse Treatment. *Treatment Improvement Protocols*: *A Guide to Substance Abuse Services for Primary Care Physicians*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 1997. https://www.ncbi.nlm.nih.gov/books/NBK64827/. 2021. ● Center for Substance Abuse Treatment. *Treatment Improvement Protocols: Screening and Assessing Adolescents for Substance Use Disorders.* Rockville, MD: Substance Abuse and Mental Health Services Administration; 1999. https://www.ncbi.nlm.nih.gov/books/NBK64364/. 2021. ● National Institute on Alcohol Abuse and Alcoholism (NIAAA). Health Professionals & Communities. https://www.niaaa.nih.gov/health-professionals-communities. 2021. ● National Institute on Drug Abuse Medical & Health Professionals (NIDAMED). Clinical Resources. www.drugabuse.gov/nidamed. 2021.

Patient Care 2: Psychotherapy, Behavioral, and Psychosocial Interventions in Substance and Addictive Disorders A. Uses one or more evidence-based psychotherapeutic interventions in the care of the patient B. Develops individualized, evidence-based, patient-centered treatment plans **Overall Intent:** To use evidence-based psychotherapy and other psychosocial interventions as part of a comprehensive treatment plan for patients with addictive disorders	
Milestones	**Examples**
Level 1 *Establishes and maintains a therapeutic alliance and provides appropriate psychotherapy* *Sets treatment goals in collaboration with the patient, including community resources*	● Incorporates elements of motivational interviewing in the initial treatment visit ● Identifies a patient's stage of change accurately
Level 2 *Uses current practice guidelines in evaluation and psychotherapeutic treatment* *Develops comprehensive, individualized treatment plans for patients with uncomplicated substance use and addictive disorders*	● Incorporates rating scales and screening tools into evaluation (e.g., Brief Addiction Monitor (BAM)) ● Discusses harm reduction strategies for a patient using intravenous (IV) fentanyl ● Suggests changing behavior so patient can avoid driving past a high-trigger location such as a liquor store
Level 3 *Participates in the delivery of evidence-based psychotherapy* *Incorporates co-occurring medical and psychiatric disorders into a comprehensive individualized treatment plan*	● Skillfully uses motivational interviewing to integrate the patient's medical and psychiatric consequences of SUD ● Recommends evidence-based psychotherapies to address comorbid psychiatric disorders
Level 4 *Delivers various types of evidence-based psychotherapy* *Develops comprehensive, individualized treatment plans for patients with complex presentations*	● Provides group therapy as well as individual therapy (e.g., motivational interviewing, cognitive based therapies – rational therapy, 12-step facilitation, individual drug counseling, community reinforcement approach, contingency management, network therapy, family therapy) ● Coordinates care with providers from other disciplines such as patient's case worker or primary care physician ● Discusses recommendation for sober living for a patient who has experienced multiple relapses in a non-supportive home environment
Level 5 *Competently teaches at least one evidence-based psychotherapy to other learners or contributes to scholarly work in psychotherapy for addictive disorders*	● Leads a workshop on motivational interviewing

Assessment Models or Tools	● Case review in clinical supervision ● Clinical skills verification ● Direct observation ● OSCE or standardized patient
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Fellows can build on previous learning and experience with psychotherapies, applying them to patients with substance use and addictive disorders ● Motivational Interviewing (MINT). Understanding Motivational Interviewing. https://motivationalinterviewing.org/understanding-motivational-interviewing. 2021. ● NIAAA. https://www.niaaa.nih.gov/. 2021. ● National Institute on Drug Abuse (NIDA). Behavioral Therapies. https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies. 2021. ● Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/. 2021.

Patient Care 3: Pharmacological Interventions for Substance Use and Addictive Disorders A. Uses evidence-based pharmacologic treatments for substance use, addictive, and co-occurring disorders, including monitoring of patient response and appropriate adjustment of treatment, includes long-term and acute management B. Incorporate medical and psychiatric factors into the individualized treatment plan, with focus on pharmacological treatment **Overall Intent:** To use evidence-based pharmacological treatments to treat substance use and addictive disorders while incorporating medical and psychiatric factors and co-occurring illnesses	
Milestones	**Examples**
Level 1 *Appropriately prescribes commonly used psychopharmacologic agents and recognizes patients with acute intoxication or withdrawal* *Sets treatment goals in collaboration with the patient, including general indications, dosing parameters, and common side effects for prescribed psychopharmacologic agents*	● Orders, prescribes, or dispenses naloxone for a person at risk for opioid overdose ● Assesses withdrawal risk from alcohol, opioids, and sedatives and prescribes appropriate pharmacotherapy
Level 2 *Appropriately prescribes pharmacologic agents for substance use and addictive disorders, including for the management of intoxication and withdrawal states* *Develops comprehensive, individualized treatment plans, including psychopharmacology, for patients with uncomplicated substance use and addictive disorders*	● Counsels patient about dosing and side effects of the approved pharmacotherapies for opioid use disorder and prescribes appropriate treatment ● Explains buprenorphine induction protocol to a patient and collaboratively decides on an in-home induction plan ● Appropriately anticipates, counsels, and addresses protracted withdrawals from benzodiazepine
Level 3 *Manages pharmacokinetic and pharmacodynamic drug interactions for patients prescribed multiple medications and/or using non-prescribed substances* *Incorporates co-occurring medical and psychiatric disorders into a comprehensive individualized treatment plan, including psychopharmacology*	● Times induction appropriately after the last dose of methadone in a patient transitioning to office-based buprenorphine treatment for opioid use disorder ● Develops tailored treatment strategies for patients with co-occurring SUDs, psychiatric, and medical problems ● Adjusts pharmacotherapy strategies for persons addicted to fentanyl
Level 4 *Titrates dosages, manages side effects and complex drug interactions for patients prescribed multiple medications, manages*	● Appropriately manages complex patients with SUD and comorbid conditions such as pregnancy, human immunodeficiency virus (HIV), active tuberculosis, or chronic pain

complex intoxication, withdrawal, and long-term management *Develops comprehensive, individualized treatment plans, including psychopharmacology, for patients with complex presentations*	● Skillfully uses buprenorphine and methadone in addressing both acute and chronic pain and opioid use disorder ● Understands and appropriately incorporates current medication for opioid use disorder regulations into patient care depending on the specific living and working situation of the individual
Level 5 *Provides a significant contribution in education or scholarly work in psychopharmacology for addictive disorders*	● Performs and publishes psychopharmacology research for addictive disorders ● Teaches course or leads a workshop on psychopharmacology for addictive disorders
Assessment Models or Tools	● Clinical skills verification ● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Prescription Drug Monitoring Program reports ● Quality improvement metrics
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● American Society of Addiction Medicine (ASAM). The ASAM 2015 National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. https://www.asam.org/Quality-Science/quality/npg. 2021. ● Aspinall EJ, Nambiar D, Goldberg DJ, et al. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: A systematic review and meta-analysis. *Int J Epidemiol*. 2014 Feb:34(1):235-48. https://www.ncbi.nlm.nih.gov/pubmed/24374889. 2021. ● MINT. http://www.motivationalinterviewing.org/. 2021. ● National Alliance of Advocates for Buprenorphine Treatment (NAABT). https://www.naabt.org/. 2021. ● National Harm Reduction Coalition. http://harmreduction.org/. 2021. ● SAMHSA. Training Materials and Resources. https://www.samhsa.gov/medication-assisted-treatment/training-resources. 2021. ● *SAMHSA/CSAT Treatment Improvement Protocols*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 1993. https://www.ncbi.nlm.nih.gov/books/NBK82999/. 2021.

Medical Knowledge 1: Clinical Neuroscience of Substance Use and Addictive Disorders A. Neuroanatomy and neurophysiology specific to substance use and addictive disorders B. Neuropharmacology of addictive substances C. Neuropharmacology of treatment modalities specific to substance use and addictive disorders **Overall Intent:** To apply the neuroscientific basis of addiction to explain genetic vulnerability, acute effects, chronic disease development, and treatment targets	
Milestones	**Examples**
Level 1 *Describes neurobiological and genetic hypotheses of common psychiatric disorders* *Describes the categories of common and uncommon addictive substances* *Describes the general indications and common side effects for commonly prescribed psychopharmacologic agents for addictive disorders*	● Recognizes that roughly half the risk of the development of SUD is attributed to genetic vulnerability ● Describes the role of dopamine and other neurotransmitters ● Categorizes gamma hydroxybutyrate (GHB) as a sedative ● Identifies Kratom as having opioid and stimulant properties ● Explains the risks, benefits, and alternatives of disulfiram for alcohol use disorder
Level 2 *Describes the basic neuroanatomy of addictive disorders* *Demonstrates knowledge of the basic principles of the neuropharmacology of common addictive substances* *Describes the neuropharmacology and mechanisms of action of agents used for treatment of addictive disorders*	● Maps the neuroanatomy of the limbic system with attention to the reward system of the nucleus accumbens and the ventral tegmental area ● Contrasts the mechanisms of action of methadone, buprenorphine, and naltrexone/naloxone at the mu opioid receptor ● Compares and contrasts how the five main classes of substances modulate the reward system through various receptor targets
Level 3 *Describes the basic and neurophysiology related to the pathophysiology of addictive disorders* *Describes the detailed neuropharmacology of all classes of addictive substances including emerging addictive substances* *Demonstrates understanding of the detailed mechanisms of action and side effects of*	● Describes how the use of opioids results in persistent dysregulation of receptor density ● Discusses the neuropharmacology of Kratom ● Explains how the complex interaction between opioid agonist treatment and sedative/hypnotics increases overdose risk

pharmacologic agents for addictive disorders, including the potential for medication interactions	● Is aware of the risk of interaction of gabapentin and opioid medications
Level 4 *Incorporates the latest research findings into discussions of the neuroscience of addictive disorders* *Teaches others about the neuropharmacology of addictive substances* *Integrates knowledge of neuropharmacology into selection of appropriate agents for patients*	● Describes how single nucleotide polymorphisms modulate clinical expression of withdrawal ● Differentiates the synaptic location of action of methamphetamine versus cocaine ● Explains how different sedative/hypnotics act on the gamma aminobutyric acid/glutamate system and uses this information to select an appropriate medication
Level 5 *Designs a neuroscience course focusing on substance use and addictive disorders* *Participates in a scholarly activity related to the neuroscience or neuropharmacology of addiction*	● Creates a teaching module for pediatrics residents on how the developing brain is more vulnerable to addiction ● Participates in and presents research on functional magnetic resonance imaging (fMRI) data on cocaine-induced brain changes at a local or national meeting
Assessment Models or Tools	● Case-based discussion ● Direct observation ● Journal club presentation ● Practice review questions (e.g., ASAM, ACAAM)
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● ASAM and ACAAM review questions ● APA textbook of substance abuse study guide ● Fralin Biomedical Research Institute. Neurocircuitry of Addiction: An Alcohol Perspective. https://www.youtube.com/watch?reload=9&app=desktop&v=JkEy0sovpgI. 2021. ● Koob GF, Le Moal M. *Neurobiology of Addiction*. Cambridge, MA: Academic Press; 2006. https://www.sciencedirect.com/science/book/9780124192393. 2021. ● National Institute on Drug Abuse. The Neurobiology of Addiction. https://www.drugabuse.gov/publications/teaching-addiction-science/neurobiology-drug-addiction. 2021. ● Ries RK, Fiellin DA, Miller SC, Saitz R. Section 1: Basic science and core concepts. In: *The ASAM Principles of Addiction Medicine*. 5th ed. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2014. ISBN:978-1451173574.

	● Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. *N Engl J Med.* 2016 Jan 28;374(4):363-71. https://www.ncbi.nlm.nih.gov/pubmed/?term=koob+volkow+NEJM. 2021. ● Wachman EM, Hayes MJ, Brown MS, Paul J, Harvey-Wilkes K, Terrin N, Huggins GS, Aranda JV, Davis JM. Association of OPRM1 and COMT single-nucleotide polymorphisms with hospital length of stay and treatment of neonatal abstinence syndrome. *JAMA*. 2013 May;309(17):1821-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432911/. 2021.

Medical Knowledge 2: Psychopathology A. Knowledge of the developmental trajectories, risk factors, biological, environmental, social, psychological, and epidemiologic factors that contribute to the development of addictive disorders B. Knowledge of criteria to determine appropriate level of care for the patient (including risk factors for morbidity and mortality) C. Knowledge at the interface of addiction psychiatry and other fields of medicine **Overall Intent:** To understand the biological, social, and psychological factors contributing to the development of addictive disorders, and how such factors effect treatment strategies, risk levels, and prognosis	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of risk factors that contribute to the development of addictive disorders*	● Lists risk factors for the development of an alcohol use disorder
Describes appropriate criteria to determine the necessary level of care for the patient	● Lists medical conditions that indicate a need for inpatient rather than outpatient detoxification from alcohol
Demonstrates sufficient knowledge to perform initial evaluations of patients with medical, psychiatric, and addictive disorders	● Conducts appropriate initial evaluations of new patients to include screening for relevant psychiatric, addictive, and medical conditions with occasional supervision
Level 2 *Describes biological, social, psychological, and epidemiological factors that contribute to or protect against the development of addictive disorders*	● Discusses the impact of unemployment and homelessness on a patient's risk for addiction
Incorporates risk of morbidity and mortality from substance use in describing the appropriate level of care for the patient	● Considers a patient's history of withdrawal seizures in determining the appropriate level of care for detoxification from alcohol with limited supervision ● Considers a patient's medical comorbidities and psychosocial burden in determining the appropriate level of care
Describes the medical effects of addictive substances and psychiatric comorbidity	● Describes the impact of continued cocaine use in terms of medical and psychiatric risk for a patient with a history of heart disease and bipolar disorder
Level 3 *Describes the developmental trajectories of addictive disorders*	● Discusses the likely trajectory of opioid use disorder for a 20-year-old patient presenting for treatment
Consistently applies appropriate criteria to determine necessary level of care for patients	● Consistently incorporates medical, psychiatric, and psychosocial risk factors when determining the appropriate level of care for detoxification from alcohol

Applies knowledge of addictive and co-occurring conditions in patients with medical and psychiatric disorders	● Develops a treatment plan that considers the impact of continued cocaine use on a patient's anxiety disorder and hypertension
Level 4 *Applies knowledge of the biological, environmental, social, psychological, and epidemiologic factors that contribute to the development of addictive disorders* *Applies current practice guidelines for the treatment of addictive disorders* *Demonstrates advanced knowledge sufficient to treat patients with complex medical, psychiatric, and addictive co-occurring disorders*	● Develops a treatment plan that comprehensively incorporates a patient's risk factors related to family history, recent unemployment, and divorce into the treatment of alcohol use disorder ● Independently and consistently develops treatment plans for alcohol use disorder that are based on current practice guidelines ● Consistently and independently manages the treatment of patients with alcohol use disorder, depression, alcoholic hepatitis, and cirrhosis ● Manages patients with significant addiction and co-occurring psychopathology (including personality disorder) while optimizing outcomes
Level 5 *Teaches others about or engages in research on biological, environmental, social, and psychological factors that contribute to the development of addictive disorders* *Teaches others about or engages in research related to level of care and treatment guidelines* *Teaches others about or engages in research related to the interface of medical, psychiatric, and addictive disorders*	● Delivers a lecture to medical students on the biological, environmental, social, and psychological factors that contribute to the development of opioid use disorder ● Develops a lecture series for general psychiatry residents on levels of care for addictive disorders ● Collaborates in research evaluating treatment approaches for patients with co-occurring bipolar disorder and cocaine use
Assessment Models or Tools	● Assessment of case presentation ● Case review ● Direct observation ● Medical record (Chart) audit ● Portfolio review ● Written examination
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*

Notes or Resources	● Brady KT, Levin FR, Galanter M, Kleber HD. *The American Psychiatric Association Publishing: Textbook of Substance Use Disorder Treatment*. 6th ed. Washington, DC: American Psychiatric Association Publishing; 2021. ISBN:978-1615372218. ● Kaminer Y. *Youth Substance Abuse and Co-occurring Disorders*. Arlington, VA: American Psychiatric Publishing; 2016. ISBN:978-1-58562-497-3. ● Kendler KS, Prescott CA. *Genes, Environment, and Psychopathology: Understanding the Causes of Psychiatric and Substance Use Disorders*. 1st ed. New York, NY: Guilford Press; 2007. ISBN:978-1593856458. ● Shadur JM, Lejuez CW. Adolescent substance use and comorbid psychopathology: Emotion regulation deficits as a transdiagnostic risk factor. *Current Addiction Reports*. 2015;2(4):354-363. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4753079/. 2021.

Medical Knowledge 3: Psychotherapy, Behavioral, and Psychosocial Treatments (Individual, Group, and Family Therapies; Motivational-Based Therapies; Contingency \Management; 12-step Facilitation; Self-Help Groups; Cognitive Behavioral Therapies including Relapse Prevention; Comprehensive Rehabilitation Approaches; and Integration of Psychotherapy and Psychopharmacology A. Knowledge of the theoretical underpinnings, techniques, components and evidence base of the psychotherapies and behavioral and psychosocial treatments specific to substance use and addictive disorders **Overall Intent:** To understand the understand the principles, evidence, and techniques for use of non-pharmacologic treatments for substance use and addictive disorders	
Milestones	**Examples**
Level 1 *Lists the currently available non-pharmacologic treatment modalities for addictive disorders*	● Is aware of the existence of evidence-based research into non-pharmacologic treatments for addictive disorders
Level 2 *Describes basic theoretical principles, components, and techniques for the use of several non-pharmacologic treatments for addictive disorders*	● Describes at least one study on the evidence-based research into non-pharmacologic treatments of addictive disorders
Level 3 *Demonstrates knowledge of the evidence base for non-pharmacological treatments for addictive disorders*	● Critically discusses a key study describing the evidence for use of non-pharmacologic treatment for addictive disorders
Level 4 *Demonstrates comprehensive knowledge of the current evidence for non-pharmacological treatments for addictive disorders*	● Describes, in detail, the current evidence for use of behavioral, psychotherapeutic, and psychosocial treatments for addictive disorders ● Describes the principles behind combining pharmacotherapy with behavioral therapies for treating SUD and list several combinations that were studied
Level 5 *Teaches others or engages in research on the delivery of non- pharmacological treatments for addictive disorders*	● Performs a comprehensive review on evidence-based treatments and presents to colleagues ● Publishes research on psychosocial treatments for addictive disorders
Assessment Models or Tools	● Didactic presentation ● Journal club performance ● Multisource feedback ● Written examination
Curriculum Mapping	●

Notes or Resources	● Bowen S, Chawla N, Grow J, Marlatt GA. *Mindfulness-Based Relapse Prevention for Addictive Behaviors: A Clinician's Guide*. 2nd ed. New York, NY: Guilford Publications; 2021. ISBN:978-1462545315. ● Kadden R. *Cognitive-Behavioral Coping Skills Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence*. No. 94. US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; 1995. ISBN:978-0788108990. ● Miller PM. *Evidence-Based Addiction Treatment*. Burlington, MA: Academic Press; 2009. ISBN:978-0123743480. ● Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. New York, NY: Guilford Press; 2012. ISBN:978-1609182274. ● Velasquez MM, Crouch C, Stephens NS, DiClemente CC. *Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual*. 2nd ed. New York, NY: Guilford Publications; 2015. ISBN:978-1462523405. ● Witkiewitz KA, Marlatt GA. *Therapist's Guide to Evidence-Based Relapse Prevention*. 1st ed. Burlington, MA: Elsevier; 2007. ISBN:978-0123694294.

Systems-Based Practice 1: Patient Safety and Quality Improvement **Overall Intent:** To analyze patient safety events, appropriately disclose patient safety events, and participate in quality improvement	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common patient safety events*	● Recognizes mortality, morbidity, adverse events, and near misses as reportable events
Demonstrates knowledge of how to report patient safety events	● Identifies institutional mechanisms for reporting patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	● Lists and describes the basic elements of a Plan, Do, Study, Act (PDSA) cycle
Level 2 *Identifies system factors that lead to patient safety events*	● Identifies hand-off and data reporting deficiencies which have led to errors in patient care
Reports patient safety events through institutional reporting systems (simulated or actual)	● Consistently reports medication or other systematic errors using institution-specific reporting mechanisms
Describes local quality improvement initiatives (e.g., reduced infection rates, overdose rates, suicide rates; increased access to evidence-based treatment)	● Describes an institutional quality improvement initiative to improve medication reconciliation in the electronic health record
Level 3 *Participates in analysis of patient safety events (simulated or actual)*	● Meaningfully participates in a root cause analysis of a patient medication error
Participates in disclosure of patient safety events to patients and families (simulated or actual)	● Informs the patient and their family of the medication or other error and its consequences with attending assistance
Participates in local quality improvement initiatives	● Participates in the institutional quality improvement initiative on medication reconciliation
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)*	● Presents a morbidity and mortality (M and M) conference on a patient medication error and possible measures to prevent future errors

Discloses patient safety events to patients and families (simulated or actual) *Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project*	● Independently informs the patient and their family of the medication or other error and its consequences ● Designs and conducts their own quality improvement project on preventing errors
Level 5 *Actively engages teams and processes to improve systems to prevent patient safety events* *Role models or mentors others in the disclosure of patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● Becomes a resident patient safety representative at his or her institution ● Supervises another learner as the learner informs a patient of a minor medication or other error ● Develops and leads an institution-wide quality improvement initiative related to medication or other patient safety errors
Assessment Models or Tools	● Assessment of case presentation ● Assessment of M and M presentation ● Direct observation ● Quality improvement project ● Simulation
Curriculum Mapping	●
Notes or Resources	● AADPRT. Model Curricula in Quality Improvement. https://portal.aadprt.org/user/vto/category/600. 2021. ● AMA model ● American Board of Psychiatry and Neurology, Inc. (ABPN). Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. 2021. ● Department of Veterans Affairs. Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. 2021. ● Institute for Healthcare Improvement (IHI). Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. 2021.

Systems-Based Practice 2: System Navigation for Patient-Centered Care **Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes; to coordinate patient care, safely transition care, and appropriately adapt care to meet community needs	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination* *Identifies key elements for safe and effective transitions of care and hand-offs* *Demonstrates awareness of population and community health needs*	● Identifies the members of the interprofessional team, including physicians, nurses, psychologists, and other allied health professionals and describes their roles ● Lists the essential components of an effective sign-out and care transition including sharing information necessary for successful on-call/off-call transitions ● Recognizes that there are barriers to the receipt of medication for opioid use disorder
Level 2 *Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams* *Performs safe and effective transitions of care/hand-offs in routine clinical situations* *Identifies specific population and community health needs for their local population*	● Contacts interprofessional team members for routine cases and with occasional supervision can ensure all necessary referrals, testing, and care transitions are made ● Performs a routine case sign-out and occasionally needs direct supervision to identify and triage cases or calls ● Identifies that Latino men in the local community are not adequately screened for alcohol use disorders
Level 3 *Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams* *Performs safe and effective transitions of care/hand-offs in complex clinical situations* *Uses local resources effectively to meet the needs of a patient population and community*	● Sees a patient in the emergency department and effectively coordinates care and consults with the assertive community treatment team who has been managing the patient ● Performs safe and effective transitions of care on clinical service at shift change and with the rare need for supervision ● Participates in meetings with local religious leaders to discuss the need for alcohol use disorders screening in the community
Level 4 *Role models effective coordination of patient-centered care among different disciplines and specialties*	● Leads students and more junior team members regarding the use of appropriate interprofessional teams and ensures necessary resources have been arranged

Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings *Participates in changing and adapting practice to provide for the needs of specific populations*	● Provides efficient hand-off to the weekend team, and coordinates and prioritizes consultant input for a new high-risk diagnosis to ensure the patient gets appropriate follow-up ● Offers alcohol use disorders screening at local cultural centers
Level 5 *Analyzes the process of care coordination and leads in the design and implementation of improvements* *Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes* *Leads innovations and advocates for populations and communities with health care needs*	● Works with hospital or ambulatory site team members or administration to analyze care coordination; takes a leadership role in designing and implementing changes to improve care coordination ● Works with a quality improvement mentor to identify better hand-off tools for on-call services ● Interacts constructively and proactively with other medical services to ensure optimal outcomes for patients with severe medical, psychiatric, and addictive comorbidities ● Identifies that Hispanic men in the local community are less likely to be screened for alcohol use disorders and develops a program to improve screening opportunities
Assessment Models or Tools	● Assessment during interdisciplinary rounds ● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Portfolio review ● Review of sign-out tools, use and review of checklists ● Simulation
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● CDC. Population Health Training. https://www.cdc.gov/pophealthtraining/whatis.html. 2021. ● Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. *AMA Education Consortium: Health Systems Science*. 1st ed. Philadelphia, PA: Elsevier; 2016. https://commerce.ama-assn.org/store/ui/catalog/productDetail?product_id=prod2780003. 2021. ●

Systems-Based Practice 3: Physician Role in Health Care Systems **Overall Intent:** To identify components of the health care system, to promote health care advocacy, and to transition to independent practice	
Milestones	**Examples**
Level 1 *Identifies key components of the complex health care system* *Describes practice models and basic addiction care payment systems* *Identifies basic knowledge domains for effective transition to practice*	● Recognizes the role of key facets of the health care system such as insurance companies, hospitals, clinics, and the government ● Lists large health care delivery systems relevant to the region such as managed care corporations, community mental health and state hospital systems, and understands the basic differences between private insurance, Medicaid, Medicare, and Veterans Affairs (VA) eligibility ● Obtains a guide to starting fellowship and studies it in preparation for beginning of the educational program
Level 2 *Describes how components of a complex health care system are interrelated, and how this impacts patient care* *Identifies barriers to care in different health care systems* *Demonstrates use of information technology and documentation required for medical practice*	● Discusses issues related to insurance coverage for medications for addiction treatment ● Raises concern about an insurance company not covering an appropriate level of care for a patient with SUD, such as inpatient, residential, or intensive outpatient programs ● Uses a note template to ensure all documentation requirements are met
Level 3 *Discusses how individual practice affects the broader system* *Engages with patients in shared decision making and advocates for appropriate care and parity* *Describes core administrative knowledge needed for transition to practice*	● Raises concern about unnecessary tests for a patient and how they increase costs for that patient and others ● Considers cost-effectiveness, presents several medication options to a patient, works through the choice of medication with the patient and communicates the rationale to the third-party payor ● Understands the process of contract negotiations, choosing malpractice insurance carriers, and basic regulatory requirements for addiction psychiatry practice
Level 4 *Manages various components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care*	● Works with members of the interdisciplinary team to ensure health care parity for patients with SUD

Advocates for patient care needs including mobilizing community resources *Analyzes individual practice patterns and professional requirements in preparation for practice*	● Encourages other physicians to use pharmacotherapy for addiction treatment ● Reviews requirements and prepares for subspecialty board certification
Level 5 *Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care* *Participates in advocacy activities for access to care in addiction treatment and reimbursement* *Educates others to prepare them for transition to practice*	● Works with community or professional organizations to advocate for incorporation of addiction treatment to the general psychiatric or medical services ● Testifies before the state legislature on behalf of the state psychiatric society regarding issues of addiction health parity including coverage of medications and various levels of care ● Develops a presentation for senior residents on how to run an addiction-focused psychiatric practice
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Review of committee service ● Review of leadership roles ● Self-evaluation ● Simulation
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● AADPRT. Systems-Based Practice Curriculum for Psychiatry Residents. https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Systems%20Based%20Practice/57febe5a885bc_SBP%20Curriculum.pdf. 2021. ● ● ABPN. Improvement in Medical Practice (PIP). https://www.abpn.com/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/. 2021. ● APA. Resident Guide to Surviving Psychiatric Training. https://www.psychiatry.org/File%20Library/Residents-MedicalStudents/Residents/Guide-Surviving-Psychiatric-Training/Resident-Guide-Surviving-Psychiatric-Training.pdf. 2021. ● APA. Transition to Practice and Early Career Resources. https://www.psychiatry.org/psychiatrists/practice/transition-to-practice. 2021.

	● APA. Quality Improvement. https://www.psychiatry.org/psychiatrists/practice/quality-improvement. 2021. ● NASMHPD. National Framework for Quality Improvement in Behavioral Health Care. https://nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf. 2021. ● Oldham JM, Golden WE, Rosof BM. Quality improvement in psychiatry: Why measures matter. *J Psychiatr Pract*. 2008;14(Suppl 2):8-17. https://journals.lww.com/practicalpsychiatry/Abstract/2008/05002/Quality_Improvement_in_Psychiatry__Why_Measures.2.aspx. 2021.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** To appraise and apply evidence-based best practices	
Milestones	**Examples**
Level 1 *Demonstrates how to access and summarize available evidence, and incorporate patient preferences and values, to care for a routine patient*	● Identifies the clinical problem and obtains the appropriate evidence-based guideline for the patient
Level 2 *Articulates clinical questions and elicits patient preferences and values to guide evidence-based care*	● Devises a PubMed and PsychInfo search to determine best psychotherapy approach for treatment of a female patient with social anxiety disorder and opioid use disorder who does not want to take medications because she is trying to get pregnant
Level 3 *Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients*	● Selects the best medication option for a patient with bipolar disorder and alcohol use disorder by prioritizing meta-analysis data over case or anecdotal reports
Level 4 *Critically appraises conflicting evidence and applies it to guide the care of an individual patient*	● Assesses the evidence base for alternative treatment options when their patient with alcohol use disorder fails all first line treatment options
Level 5 *Mentors others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines*	● Formally teaches others how to find and apply best practice guidelines
Assessment Models or Tools	● Assessment of case presentation ● Case review ● Direct observation ● Journal Club ● Learning portfolio ● Written examination
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● APA. Clinical Practice Guidelines. https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. 2021. ● Drake RE, Goldman HH, Leff HS, et al. Implementing evidence-based practices in routine mental health service settings. *Psychiatr Serv.* 2001;52(2):179-182. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.2.179. 2021. ● Guyatt G, Rennie D, Meade MO, Cook DJ. *Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice.* 3rd ed. New York, NY: McGraw Hill; 2015. https://jamaevidence.mhmedical.com/book.aspx?bookId=847. 2021.

	● U.S. Department of Veterans Affairs. VA-DD Clinical Practice Guidelines. https://www.healthquality.va.gov/. 2021. ● U.S. National Library of Medicine. PubMed Tutorial. https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. 2021.

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth **Overall Intent:** To know how to seek performance data, to conduct reflective practice, and to create and use a learning plan	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals*	● Articulates a professional improvement goal for themselves
Identifies the factors which contribute to gap(s) between expectations and actual performance	● Identifies an area of weakness in medical knowledge that affects ability to care for patients
Recognizes opportunities to improve performance	● Begins to seek ways to determine where improvements are needed and makes some specific goals that are reasonable to execute and achieve
Level 2 *Demonstrates openness to performance data (feedback and other input) to inform goals*	● Accepts and incorporates feedback into goals
Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance	● After working on inpatient service for a week, notices own difficulty in describing substance-induced psychotic symptoms and asks the attending for assistance in better distinguishing and identifying symptoms of thought disorder in patients with substance-induced psychosis
Designs and implements a learning plan, with supervision	● Uses feedback with a goal of improving communication skills with peers/colleagues, staff members, and patients the following week
Level 3 *Seeks performance data episodically*	● Humbly acts on input and is appreciative and not defensive
Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	● Takes input from peers/colleagues and supervisors to gain complex insight into personal strengths and areas to improve
Independently creates and implements a learning plan	● Discusses with supervisor feedback regarding motivational interviewing skills based on progress notes, videotaped sessions, or other modalities to better learn about nonverbal communication
Level 4 *Seeks performance data consistently*	● Consistently and independently creates a learning plan for each rotation
Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	● Consistently identifies ongoing gaps and chooses areas for further development

Uses performance data to measure the effectiveness of the learning plan, and when necessary, improves it	● Adapts learning plan using updated feedback when multisource assessments do not improve
Level 5 *Role models consistently seeking performance data* *Mentors others on reflective practice* *Facilitates the design and implementation of learning plans for others*	● Consistently acknowledges own areas of weakness with supervisors and colleagues ● Encourages other learners on the team to consider how their behavior affects the rest of the team ● Assists a more junior learner in devising a learning plan
Assessment Models or Tools	● Direct observation ● Learning portfolio ● Multisource feedback ● Review of learning plan
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: Practice-based learning and improvement. *Acad Pediatr.* 2014;14(2 Suppl):S38-S54. https://www.academicpedsjnl.net/article/S1876-2859(13)00333-1/fulltext. 2021. ● Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. *Acad Med.* 2009;84(8):1066-1074. https://journals.lww.com/academicmedicine/Fulltext/2009/08000/Measurement_and_Correlates_of_Physicians__Lifelong.21.aspx. 2021. ● Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA, Park YS. Assessing residents' written learning goals and goal writing skill: Validity evidence for the learning goal scoring rubric. *Acad Med.* 2013;88(10):1558-1563. https://journals.lww.com/academicmedicine/Fulltext/2013/10000/Assessing_Residents__Written_Learning_Goals_and.39.aspx. 2021.

Professionalism 1: Professional Behavior and Ethical Principles **Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas	
Milestones	**Examples**
Level 1 *Identifies and describes core professional behavior*	● Lists punctuality, accountability, and a sense of patient ownership as professionalism
Recognizes that one's behavior in professional settings affects others	● Recognizes that arriving late negatively impacts clinic staff and patient care
Demonstrates knowledge of core ethical principles	● Discusses the basic principles underlying ethics (beneficence, nonmaleficence, justice, autonomy) and professionalism (professional values and commitments), and how they apply in various situations (e.g., informed consent process)
Level 2 *Demonstrates professional behavior in routine situations*	● Completes clinical documentation within mandated timeframe
Takes responsibility for own professionalism lapses and responds appropriately	● Apologizes for the lapse when appropriate and takes steps to make amends if needed
Analyzes straightforward situations using ethical principles	● Recognizes the conflict between autonomy and beneficence in decisions regarding involuntary treatment
Level 3 *Demonstrates professional behavior in complex or stressful situations*	● Remains calm and respectful when dealing with a combative patient
Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	● Is familiar with institutional procedures and state laws regarding impaired physicians
Analyzes complex situations using ethical principles and recognizes when help is needed	● Navigates conflicting ethical principles of autonomy and beneficence when considering breeching patient confidentiality and consults supervising attending
Level 4 *Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others*	● Recognizes that an on-call colleague appears sleep deprived and offers to switch call with her for that night or reminds her how to access backup ● Notices when a patient triggers an emotional reaction and asks for help with the case
Responds appropriately to professionalism lapses of colleagues	● Gives feedback to a colleague when their behavior fails to meet professional expectations in the moment for minor or moderate single episodes of unprofessional behavior

Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)	● Refers to American Medical Association or American Osteopathic Association Code of Ethics to identify and resolve ethical issues
Level 5 *Role models professional behavior and ethical principles* *Seeks to address issues of lapses in professionalism on a systems level* *Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution*	● Serves as a peer consultant on difficult professionalism and ethical issues ● Participates in an organizational work group to review and update substance use disorder questions on licensing forms ● Provides support to professionals seeking treatment for substance use disorders ● Volunteers to participate on the physician health committee
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) ● Simulation
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● The two Professionalism subcompetencies reflect the following overall values: residents must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles, and residents must develop and acquire a professional identity consistent with values of oneself, the specialty, and the practice of medicine. Residents are expected to demonstrate compassion, integrity, and respect for others; sensitivity to variety of populations; responsibility for patient care that supersedes self-interest; and accountability to patients, society, and the profession. ● ABIM Foundation. American Board of Internal Medicine. Medical professionalism in the new millennium: A physician charter. *Annals of Internal Medicine*. 2002;136(3):243-246. https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter. 2021. ● American Medical Association. Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethics. 2021. ● American Psychiatric Association (APA). Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. 2021.

	● APA. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry.* Arlington, VA: American Psychiatric Publishing; 2013. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj9ufKWi5rxAhWVVs0KHRY7Bm8QFjAAegQIBBAD&url=http%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FPsychiatrists%2FPractice%2FEthics%2Fprinciples-medical-ethics.pdf&usg=AOvVaw04tpu4LorkuNT2oR4mMGMa. 2021 ● American Osteopathic Association. Code of Ethics. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. 2021. ● Cruess RL, Cruess SR, Steiner Y. 2016. Teaching Medical Professionalism – Supporting the Development of a Professional Identity. 2nd ed. Cambridge, UK: Cambridge University Press. ISBN:9781316178485. ● Bynny RL, Paauw DS, Papadakis MA, Pfeil S, Alpha Omega Alpha. *Medical Professionalism Best Practices: Professionalism in the Modern Era.* Menlo Park, CA: Alpha Omega Alpha Honor Medical Society; 2017. http://alphaomegaalpha.org/pdfs/Monograph2018.pdf. 2021. ● Gabbard GO, Roberts LW, Crisp-Han H, Ball V, Hobday G, Rachal F. *Professionalism in Psychiatry*. Arlington, VA: American Psychiatric Publishing; 2011. ISBN:978-1585623372. ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. https://accessmedicine.mhmedical.com/book.aspx?bookID=1058. 2021.

Professionalism 2: Accountability/Conscientiousness **Overall Intent:** To take responsibility for one's own actions and the impact on patients and other members of the health care team	
Milestones	**Examples**
Level 1 *Takes responsibility to complete tasks and responsibilities* *Introduces self as patient's fellow physician*	● Responds promptly to reminders from program administrator to complete work-hour logs ● Introduces self as a physician fellow
Level 2 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations; identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future* *Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care*	● Returns phone calls from patients and documents the encounter in the record ● Follows up on patient's electrocardiogram (EKG) results without prompting ● Refers a patient for a sleep study when symptoms are reported
Level 3 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations* *Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric addiction care provider*	● Notifies resident on day service about overnight call events during transition of care or hand-off to avoid patient safety issues and compromise of patient care ● Patient and family members refer to the fellow as the treating physician
Level 4 *Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving* *Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care*	● Takes on a new patient in the morning when other fellows are occupied ● Takes responsibility for potential adverse outcomes and professionally discusses with the interdisciplinary team ● Collaborates with the nurse manager to streamline patient discharges
Level 5 *Provides innovative ideas/plans on improvements to system outcomes*	● Leads a work group or creates a service to improve outcomes for patients with complex addiction and medical illness

Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care	● Initiates and leads a journal club to review latest evidence-based guidelines ● Initiates and leads an M and M to discuss ways to improve systems of care
Assessment Models or Tools	● Compliance with deadlines and timelines ● Direct observation ● Multisource feedback ● Self-evaluations and reflective tools ● Simulation
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Code of conduct from fellow/resident institutional manual ● Expectations of residency program regarding accountability and professionalism

Professionalism 3: Well-Being **Overall Intent:** To manage and improve own personal and professional well-being in an ongoing way	
Milestones	**Examples**
Level 1 *Recognizes the importance of addressing personal and professional well-being*	● Open to discussing well-being concerns as they might affect performance ● Reflects on small wins in clinical practice
Level 2 *Lists available resources for personal and professional well-being* *Describes institutional resources designed to promote well-being*	● Independently identifies wellness activities (e.g., fitness classes, therapy) to support well-being during the educational program ● Knows how to contact employee assistance program (EAP) and wellness office
Level 3 *With assistance, proposes a plan to promote personal and professional well-being* *Recognizes which institutional factors positively or negatively affect well-being*	● With supervision, assists in developing a personal learning or action plan to address factors potentially contributing to burnout ● Identifies the impact of moonlighting on well-being
Level 4 *Independently develops a plan to promote personal and professional well-being* *Describes institutional programs designed to examine systemic contributors to burnout*	● Works to prevent, mitigate and intervene early during stressful periods ● Develops healthy unwinding routine to promote physical well-being ● Develops a list of institutional wellness resources and shares it with colleagues
Level 5 *Creates institutional level interventions that promote colleagues' well-being* *Contributes to institutional programs designed to examine systemic contributors to burnout, or participates in research in this area*	● Establishes a mindfulness program open to all employees ● Creates and leads a resiliency training for learners ● Participates on the institutional well-being committee
Assessment Models or Tools	● Direct observations ● Institutional online training modules ● Participation in institutional or community well-being programs ● Well-being or burnout self-assessments
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

	● Professional behavior refers to the global comportment of the fellow in carrying out clinical and professional responsibilities. This includes: ○ being reliable, responsible, and trustworthy (e.g., knows and fulfills assignments without needing reminders) ○ being respectful and courteous (e.g., listens to the ideas of others, is not hostile or disruptive, maintains measured emotional responses and equanimity despite stressful circumstances) ○ timeliness (e.g., reports for duty, answers pages, and completes work assignments on time) ○ maintaining professional appearance and attire ○ maintaining professional boundaries ○ understanding that the role of a physician involves professionalism and consistency of one's behaviors, both on and off duty ● These descriptors and examples are not intended to represent all elements of professional behavior. Fellows are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that fellows recognize the inherent conflicts and competing values involved in balancing dedication to patient care with attention to the interests of their own well-being and responsibilities to their families and others. Balancing these interests while maintaining an overriding commitment to patient care requires, for example, ensuring excellent transitions of care, sign-out, and continuity of care for each patient during times that the fellow is not present to provide direct care for the patient. ● ACGME. "Well-Being Tools and Resources." https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. ● American Board of Pediatrics. "Entrustable Professional Activities for Subspecialties." https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. ● American Board of Pediatrics. "Medical Professionalism." https://www.abp.org/content/medical-professionalism. Accessed 2020.AAMC. Transition to Residency. https://news.aamc.org/video/transition-residency/. 2021. ● AAMC. Well-Being in Academic Medicine. https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html. 2021. ● AMA. About STEPS Forward. https://edhub.ama-assn.org/steps-forward/pages/about. 2021. ● APA. Well-being and Burnout. https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout. 2021.

	● Chaukos D, Chad-Friedman E, Mehta DH, et al. SMART-R: A prospective cohort study of a resilience curriculum for residents by residents. *Acad Psychiatry*. 2018;42(1):78-83. https://link.springer.com/article/10.1007%2Fs40596-017-0808-z. 2021. ● Hicks PJ, Schumacher D, Guralnick S, Carraccio C, Burke AE. Domain of competence: Personal and professional development. *Acad Pediatr*. 2014;14(2 Suppl):S80-97. https://www.academicpedsjnl.net/article/S1876-2859(13)00332-X/fulltext. 2021. ● Local resources, including Employee Assistance Plan (EAP) ● Magudia K, Bick A, Cohen J. et al. Childbearing and family leave policies for resident physicians at top training institutions. *JAMA*. 2018;320(22):2372-2374. https://jamanetwork.com/journals/jama/fullarticle/2718057. 2021. ● Mind Garden. Maslach Burnout Inventory (MBI). https://www.mindgarden.com/117-maslach-burnout-inventory-mbi. 2021. ● NAM. Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. 2021.

Interpersonal and Communication Skills 1: Patient and Family-Centered Communication **Overall Intent:** To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision making	
Milestones	**Examples**
Level 1 *Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport*	● Self-monitors and controls tone, nonverbal responses, and language and asks questions to invite patient/family participation
Identifies common barriers to effective communication	● Identifies the need for an interpreter for a patient with a hearing impairment
Recognizes communication strategies may need to be adjusted based on clinical context	● Avoids medical jargon when talking to patients, makes sure communication is at the appropriate level to be understood by a lay person
Level 2 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language*	● Establishes a developing, professional relationship with patients/families, with active listening, attention to affect, and questions using non-stigmatizing language that explore the optimal approach to daily tasks
Identifies complex barriers to effective communication	● Identifies the need for alternatives when a patient refuses to use an interpreter
Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	● Takes lead in organizing a meeting time and agenda with the patient, family, and subspecialist team; begins the meeting, reassessing patient and family understanding of need for medication
Level 3 *Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively*	● Establishes and maintains a therapeutic relationship with a challenging patient and can articulate personal challenges in the relationship, how their biases may impact the relationship, and strategies to use going forward
When prompted, reflects on biases that may contribute to communication barriers	● Establishes a relationship with a patient who is reluctant to attend mandated visits
With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals, and preferences; acknowledges uncertainty and conflict	● Elicits what is most important to the patient and family, and acknowledges uncertainty in the medical complexity and prognosis

Level 4 *Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity*	● Easily establishes a therapeutic relationship with a patient who denies a problem and a family insisting on treatment
Independently recognizes biases and attempts to proactively minimize their contribution to communication barriers	● Identifies, discusses during supervision, and addresses biases and countertransference for complex patients
Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	● Engages in a shared decision making process to develop an appropriate treatment plan acceptable to all when a patient and/or family refuse medication, despite a clear indication
Level 5 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships*	● Demonstrates an ongoing openness to discussing personal clinical errors and resolutions in mentoring and teaching
Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers	● Leads a peer supervision group in treating patients with complex presentations, e.g., with severe substance use disorder and comorbid borderline personality disorder
Role models shared decision making in patient/family communication, including those with a high degree of uncertainty/conflict	● Develops a workshop in patient-family communication with an emphasis on difficult communications
Assessment Models or Tools	● Direct observation ● Kalamazoo essential elements communication checklist (adapted) ● Self-assessment including self-reflection exercises ● Skills needed to Set the state, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE) ● Standardized patients or structured case discussions
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Laidlaw A, Hart J. Communication skills: An essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. *Med Teach*. 2011;33(1):6-8. https://www.tandfonline.com/doi/abs/10.3109/0142159X.2011.531170?journalCode=imte20. 2021.

	● Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. *Acad Med*. 2001;76(4):390-393. https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential_Elements_of_Communication_in_Medical.21.aspx. 2021. ● Makoul G. The SEGUE Framework for teaching and assessing communication skills. *Patient Educ Couns*. 2001;45(1):23-34. https://www.sciencedirect.com/science/article/abs/pii/S0738399101001367?via%3Dihub. 2021. ● Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. *BMC Med Educ*. 2009; 9:1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631014/. 2021.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication **Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations	
Milestones	**Examples**
Level 1 *Uses language that values all members of the health care team* *Recognizes the need for ongoing feedback with the health care team*	● Uses respectful communication with clerical and technical staff members ● Listens to and considers others' points of view, is nonjudgmental and actively engaged, and demonstrates humility
Level 2 *Communicates information effectively with all health care team members* *Solicits feedback on performance as a member of the health care team*	● Demonstrates active listening by fully focusing on the speaker (other health care provider, patient), actively showing verbal and nonverbal signs (eye contact, posture, reflection, questioning, summarization) ● Asks supervisor for feedback on performance as a leader in team meetings
Level 3 *Uses active listening to adapt communication style to fit team needs* *Communicates concerns and provides feedback to peers and learners*	● Simplifies language and avoids medical jargon when the team has difficulty understanding ● Respectfully provides feedback to other members of the team for the purposes of improvement or reinforcement of correct knowledge, skills, and attitudes, when appropriate
Level 4 *Coordinates recommendations from different members of the health care team to optimize patient care* *Respectfully communicates feedback and constructive criticism to peers and superiors*	● Synthesizes recommendations from team members to develop a consensus approach ● Provides respectful but candid feedback to attending on their teaching style
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Facilitates regular health care team-based feedback in complex situations*	● Organizes a team meeting to discuss and resolve conflicting feedback on a plan of care ● Organizes a team check-in after difficult events
Assessment Models or Tools	● Direct observation ● Medical record (chart) review audit ● Multisource feedback ● Simulation encounters

Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. *MedEdPORTAL*. 2015;11:10174. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10174. 2021. ● Fay D, Mazzone M, Douglas L, Ambuel B. A validated, behavior-based evaluation instrument for family medicine residents. *MedEdPORTAL*. 2007;3:622. https://www.mededportal.org/doi/10.15766/mep_2374-8265.622. 2021. ● François, J. Tool to assess the quality of consultation and referral request letters in family medicine. *Can Fam Physician*. 2011;57(5):574–575. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093595/. 2021. ● Green M, Parrott T, Cook G. Improving your communication skills. *BMJ.* 2012;344:e357 https://www.bmj.com/content/344/bmj.e357. 2021. ● Henry SG, Holmboe ES, Frankel RM. Evidence-based competencies for improving communication skills in graduate medical education: A review with suggestions for implementation. *Med Teach*. 2013;35(5):395-403. https://www.tandfonline.com/doi/abs/10.3109/0142159X.2013.769677?journalCode=imte20. 2021. ● Roth CG, Eldin KW, Padmanabhan V, Freidman EM. Twelve tips for the introduction of emotional intelligence in medical education. *Med Teach*. 2018;21:1-4. https://www.tandfonline.com/doi/abs/10.1080/0142159X.2018.1481499?journalCode=imte20. 2021.

Interpersonal and Communication Skills 3: Communication within Health Care Systems **Overall Intent:** To effectively communicate with the health care team, peers, learners, and faculty members using a variety of methods	
Milestones	**Examples**
Level 1 *Accurately records information and communicates verbally with health care team* *Communicates about administrative issues through appropriate channels, as required by institutional policy*	● Creates documentation that is accurate but may include extraneous information ● Respects patient confidentiality in written and verbal communication related to patient care ● Identifies institutional and departmental communication hierarchy for concerns and safety issues
Level 2 *Demonstrates organized diagnostic and therapeutic reasoning through notes and verbal communication* *Respectfully communicates concerns about the system*	● Creates organized and accurate documentation outlining clinical reasoning that supports the treatment plan ● Develops documentation templates ● Recognizes that a communication breakdown has happened and respectfully brings the breakdown to the attention of the faculty member
Level 3 *Concisely and appropriately reports diagnostic and therapeutic reasoning in the patient record and through verbal communication* *Uses appropriate channels to offer clear and constructive suggestions to improve the system*	● Complex clinical thinking is documented concisely but may not contain anticipatory guidance ● Knows when to direct concerns locally, departmentally, or institutionally (i.e., appropriate escalation)
Level 4 *Communicates clearly and concisely, in an organized written form and through verbal communication, including providing anticipatory guidance to others* *Initiates difficult conversations with appropriate stakeholders to improve the system*	● Notes are exemplary and used by the faculty to teach others ● Talks directly to an emergency department physician about breakdowns in communication to prevent recurrence
Level 5 *Contributes to departmental or organizational initiatives to improve communication systems*	● Leads a task force established by the institutional quality improvement committee to develop a plan to improve clinical hand-offs

Facilitates dialogue regarding systems issues among larger community stakeholders	● Meaningfully participates in a committee to examine community emergency response systems including addiction and psychiatric emergencies
Assessment Models or Tools	● Direct observation of sign-outs, observation of requests for consultations ● Medical record (chart) audit ● Multisource feedback ● Semi-annual meetings with the program director
Curriculum Mapping	● *This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.*
Notes or Resources	● American Psychiatric Association. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760. 2021. ● Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: Validity evidence for a checklist to assess progress notes in the electronic health record. *Teach Learn Med.* 2017;29(4):420-432. https://www.tandfonline.com/doi/abs/10.1080/10401334.2017.1303385?journalCode=htlm20. 2021. ● Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. *Jt Comm J Qual Patient Saf*. 2006;32(3)167-175. https://www.ncbi.nlm.nih.gov/pubmed/16617948. 2021. ● Starmer AJ, Spector ND, Srivastava R, et al. I-PASS, a mnemonic to standardize verbal handoffs. *Pediatrics*. 2012;129(2):201-204. https://www.ipassinstitute.com/hubfs/I-PASS-mnemonic.pdf. 2021.

In an effort to aid programs in the transition to using the new version of the Milestones, we have mapped the original Milestones 1.0 to the new Milestones 2.0. Below we have indicated where the subcompetencies are similar between versions. These are not necessarily exact matches, but are areas that include some of the same elements. Note that not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: Evaluation and diagnosis of the patient	PC1: Evaluation and Diagnosis of the Patient with Addiction or Co-Occurring Disorders
PC2: Psychotherapy, behavioral, and psychosocial interventions in substance and addictive disorders	PC2: Psychotherapy, Behavioral, and Psychosocial Interventions
PC3: Pharmacological interventions for substance use and addictive disorders	PC3: Pharmacological Interventions for Substance Use and Addictive Disorders
MK1: Clinical neuroscience of substance use and addictive disorders	MK1: Clinical Neuroscience of Substance Use and Addictive Disorders
MK2: Psychopathology	MK2: Psychopathology
MK3: Psychotherapy, behavioral, and psychosocial treatments	MK3: Psychotherapy, Behavioral, and Psychosocial Treatments
SBP1: Patient Safety and the Health Care Team	SBP1: Patient Safety and Quality Improvement
SBP2: Resource Management	SBP3: Physician Role in Health Care Systems
SBP3: Community-based Care	SBP2:System Navigation for Patient-Centered Care
SBP4: Consultation to general psychiatrics, non-psychiatric medical providers, and non-medical systems	ICS2: Interprofessional and Team Communication ICS3: Communication within Health Care Systems
PBLI1: Development and execution of lifelong learning through constant self-evaluation, including critical evaluation of research and clinical evidence	PBLI1: Evidence-Based and Informed Practice PBLI2: Reflective Practice and Commitment to Personal Growth
PBLI2: Teaching	
PROF1: Compassion, integrity, respect for others, sensitivity to heterogenous patient populations, adherence to ethical principles	PROF1: Professional Behavior and Ethical Principles
PROF2: Accountability to self, patients, colleagues, and the profession	PROF2: Accountability/Conscientiousness PROF3: Well-Being
ICS1: Relationship development and conflict management with patients, families, colleagues, and members of the health care team	ICS1: Patient and Family-Centered Communication ICS2: Interprofessional and Team Communication
ICS2: Information sharing and record keeping	ICS3: Communication within Health Care Systems

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - *https://meridian.allenpress.com/jgme/issue/13/2s*

Milestones Guidebooks: https://www.acgme.org/milestones/resources/

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

Milestones Guidebook for Residents and Fellows: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: https://www.acgme.org/milestones/research/

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report,* updated each fall
- *Milestones Bibliography*, updated twice each year

Developing Faculty Competencies in Assessment courses - https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/

Assessment Tool: Direct Observation of Clinical Care (DOCC) - https://dl.acgme.org/pages/assessment

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/

Improving Assessment Using Direct Observation Toolkit - https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

Learn at ACGME has several courses on Assessment and Milestones - https://dl.acgme.org/