**New Application: Addiction Psychiatry**

**Review Committee for Psychiatry**

**ACGME**

**Oversight**

**Participating Sites**

1. Indicate whether ACGME-accredited programs in the following specialties are available at each participating site. [PR I.B.1.b)]

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|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Family medicine |  |  |  |  |
| Internal medicine |  |  |  |  |
| Neurology |  |  |  |  |
| Physical medicine and rehabilitation |  |  |  |  |

1. List the designated site director at each participating site who is responsible for the day-to-day activities of the program at that site, with overall coordination by the program director. [PR I.B.4.a)]

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| **Site** | **Designated Site Director** |
| **#1** | Name |
| **#2** | Name |
| **#3** | Name |
| **#4** | Name |

**Resources**

1. Describe the inpatient facilities available to the program. [PR I.D.1.a)]

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

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1. Will there be a multidisciplinary ambulatory care facility? [PR I.D.1.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 I.D.4.a); I.D.4.b)]

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**Other Learners and Other Care Providers**

Describe how the program director will ensure that the presence of other learners will not interfere with the appointed fellows’ education. [PR I.E.2.]

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**Personnel**

**Program Coordinator**

1. Will there be a designated program coordinator? [PR II.C.1.)]  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 II.D.1.]

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1. Will substance abuse counselors and, where appropriate, teachers, be available to the program? [PR II.D.3.]  YES  NO

If “NO,” explain.

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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 IV.B.1.a)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

Indicate the settings and activities in which fellows will demonstrate proficiency in evaluating and treating patients 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)** |
| --- | --- | --- |
| Patients with primary substance-related disorders, and their families  [PR IV.B.1.b).(1).(a)(i)] | Click here to enter text. | Click here to enter text. |
| Medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic substance-related disorders, including acute intoxication and overdose  [PR IV.B.1.b).(1).(a)(ii)] | Click here to enter text. | Click here to enter text. |
| Psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders, as well as patients suffering from medical conditions commonly associated with substance-related disorders including hepatitis and HIV/AIDS  [PR IV.B.1.b).(1).(a)(iii)] | Click here to enter text. | Click here to enter text. |
| Medication-dependent patients with chronic medical disorders/conditions, including patients with chronic pain  [PR IV.B.1.b).(1).(a)(iv)] | Click here to enter text. | Click 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)** |
| --- | --- | --- |
| The use of all of the major categories of substances, as well as knowledge of the types of treatment required for each  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Signs of withdrawal from these major categories of substances, knowledge, and experience with the range of options for treatment of the withdrawal syndromes, and knowledge of the complications commonly associated with such withdrawal  [PR IV.B.1.c).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Signs and symptoms of overdose, including the medical and psychiatric sequelae of overdose, and treatment of overdose  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| The social and psychological problems and the medical and psychiatric disorders which often accompany the chronic use of the major categories of substances  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| The special problems of the pregnant woman with substance-related disorders and of the babies born to these women  [PR IV.B.1.c).(1).(d)] | 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 IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power  [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| The genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance-related disorders  [PR IV.B.1.c).(1).(g)] | 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 IV.B.1.e)] (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, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (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 IV.C.1.-IV.C.2.]

| **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 IV.C.4.d)]

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1. Briefly describe fellow experiences with:
2. Evaluating acute and chronic patients in inpatient and outpatient, and/or residential, settings [PR IV.C.5.a)]

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1. Performing assessments, including community and environmental assessments, family and care giver assessments, medical assessments, and physical assessments [PR IV.C.5.b)]

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1. Managing opiate replacement therapy [PR IV.C.5.c)]

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1. Using psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of substance-related disorders [PR IV.C.5.d)]

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1. Using techniques required for the intervention with chronic substance users, and dealing with the defense mechanisms that cause such patients to resist treatment [PR IV.C.5.e)]

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1. Using the various psychotherapeutic modalities involved in the ongoing management of the chronic substance using patient, including individual psychotherapies, couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy [PR IV.C.5.f)]

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1. Working with patients who are participating in self-help programs [PR IV.C.5.g)]

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1. Assessing and treating patients with substance-related disorders related to:
   1. Alcohol [PR IV.C.5.h).(1)]

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* 1. Benzodiazepines [PR IV.C.5.h).(2)]

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* 1. Cannabis and hallucinogens [PR IV.C.5.h).(3)]

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* 1. Cocaine and other stimulants [PR IV.C.5.h).(4)]

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* 1. Opioids [PR IV.C.5.h).(5)]

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* 1. Other substances of abuse, including sedatives, hypnotics, or anxiolytics [PR IV.C.5.h).(6)]

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* 1. Nicotine [PR IV.C.5.h).(7)]

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* 1. Miscellaneous or unusual substances [PR IV.C.5.h).(8)]

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1. Providing consultation to acute and chronic medically-ill patients with substance-related disorders who are being treated on emergency, intensive care, medical, and/or surgical services of a general hospital. [PR IV.C.5.i)]

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| Click here to enter text. |

* 1. Will fellows function at the level of a specialist consultant to primary care physicians and to intensive care specialists? [PR IV.C.5.i).(1)]  YES  NO

If “NO,” explain.

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| Click here to enter text. |

1. How many hours will each fellow have of faculty preceptorship weekly? [PR IV.C.6.] (#)
   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 will maintain a patient log documenting all clinical experiences. [PR IV.C.7.]

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**Scholarship**

1. Describe faculty members’ participation in organized clinical discussions, rounds, journal clubs, and conferences. [PR IV.D.2.b)]

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1. Will fellows participate in developing new knowledge or evaluating research findings? [PR IV.D.3.a)]  
     YES  NO

If “NO”, explain.

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| Click here to enter text. |

**Evaluation**

1. Will assessment include quarterly written evaluations of all fellows by all supervisors and directors of clinical components of the program? [PR V.A.1.a).(2)]  YES  NO

If “NO”, explain.

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