**New Application: Addiction Medicine**

**Review Committee for Anesthesiology, Emergency Medicine**

**Family Medicine, Internal Medicine, Obstetrics and Gynecology,**

**Pediatrics, Preventive Medicine, or Psychiatry**

**ACGME**

**Resources**

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| Will the program have access to an inpatient care facility? [PR 1.8.a] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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Will there be at least one acute care general hospital with a full range of services, including: [PR 1.8.a.1]

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| medical and surgical services | [ ]  YES [ ]  NO |
| intensive care units | [ ]  YES [ ]  NO |
| emergency services | [ ]  YES [ ]  NO |
| diagnostic laboratory | [ ]  YES [ ]  NO |
| imaging services | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Personnel**

**Subspecialty Physician Faculty Members**

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| Will there be at least one physician certified in psychiatry by the ABPN or AOBNP, who will have a continuous and meaningful role in the fellowship? [PR 2.9.a.1.] | [ ]  YES [ ]  NO |
| Will there be at least one physician with ABMS member board or AOA certifying board certification in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. [PR 2.9.a.2.] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Other Program Personnel**

*In this section, list the types of personnel available to the program. Names of individual personnel do not need to be provided.*

List the professional personnel (including addiction counselors, nurses, and psychologists) that are available to the program from clinical disciplines, such that the educational goals of the program can be met. [PR 2.12.a.] (Limit response to 400 words)

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List the clinicians available to the program such that fellows receive training in the treatment of substance use disorders (SUDs) and related consequences across the lifespan. [PR 2.12.b.] (Limit response to 400 words)

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List the clinicians available to the program with expertise in the proper evaluation and management of pain conditions, such that fellows receive exposure to and gain understanding of the multiple modalities by which pain can be treated. [PR 2.12.c.] (Limit response to 400 words)

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**Educational Program**

**ACGME Competencies**

**Patient Care**

Will fellows indicate competence in:

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| comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and SUDs along a continuum of care, including inpatient/residential, outpatient treatments, early intervention, harm reduction, and prevention? [PR 4.4.a.] | [ ]  YES [ ]  NO |
| providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics? [PR 4.4.b.] | [ ]  YES [ ]  NO |
| providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions? [PR 4.4.c.] | [ ]  YES [ ]  NO |
| screening, brief intervention, and motivational interviewing? [PR 4.4.d.] | [ ]  YES [ ]  NO |
| working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patient’s care? [PR 4.4.e.] | [ ]  YES [ ]  NO |
| providing continuity of care to patients? [PR 4.4.f.] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate knowledge of:

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| the medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction? [PR 4.6.a.] | [ ]  YES [ ]  NO |
| pharmacology of common psychoactive substances, including alcohol, nicotine, stimulants, sedative-hypnotics, depressants, opioids, inhalants, hallucinogens, and cannabinoids? [PR 4.6.b.] | [ ]  YES [ ]  NO |
| epidemiology of substance use, SUDs, and the genetic and environmental influences on the development and maintenance of these disorders? [PR 4.6.c.] | [ ]  YES [ ]  NO |
| the impact of substance use, including psychosocial and medicolegal implications, in diverse populations and cultures, such as in women, neonates, children, adolescents, families, the elderly, sexual and gender minorities, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, and persons involved in the criminal justice system? [PR 4.6.d.] | [ ]  YES [ ]  NO |
| common behavioral addictions? [PR 4.6.e.] | [ ]  YES [ ]  NO |
| prevention of SUDs, including identification of risk and protective factors? [PR 4.6.f.] | [ ]  YES [ ]  NO |
| screening, brief intervention strategies appropriate to substance use risk level, and referral to treatment? [PR 4.6.g.] | [ ]  YES [ ]  NO |
| comprehensive substance use assessment and re-assessment, including diagnostic interview, use of standardized questionnaires, lab tests, imaging studies, physical examinations, mental status examinations, consultative reports and collateral information? [PR 4.6.h.] | [ ]  YES [ ]  NO |
| identification and treatment of common co-occurring conditions, such as medical, psychiatric, and pain conditions? [PR 4.6.i.] | [ ]  YES [ ]  NO |
| matching patient treatment needs with levels of intervention, including crisis services, hospitalization, and SUD treatment programs? [PR 4.6.j.] | [ ]  YES [ ]  NO |
| pharmacotherapy and psychosocial interventions for SUDs across the age spectrum? [PR 4.6.k.] | [ ]  YES [ ]  NO |
| intoxication and withdrawal management? [PR 4.6.l.] | [ ]  YES [ ]  NO |
| the mechanisms of action and effects of use and abuse of alcohol, sedatives, opioids, and other drugs, and the pharmacotherapies and other modalities used to treat these? [PR 4.6.m.] | [ ]  YES [ ]  NO |
| the safe prescribing and monitoring of controlled medications to patients with or without SUDs, including accessing and interpreting prescription drug monitoring systems? [PR 4.6.n.] | [ ]  YES [ ]  NO |
| the effects of substance use, intoxication, and withdrawal on pregnancy and the fetus, and the pharmacologic agents prescribed for the treatment of intoxication, withdrawal, and management, including opioid, alcohol, and sedative hypnotic withdrawal? [PR 4.6.o.] | [ ]  YES [ ]  NO |

**Practice-based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR 4.7] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8] (Limit response to 400 words)

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**Systems-based Practice**

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

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**Curriculum Organization and Fellow Experiences**

Briefly describe how the structured clinical portion of addiction medicine fellowship education will be composed of a variety of learning experiences, including structured clinical rotations, continuity ambulatory clinic experiences, longitudinal didactics sessions, and scholarly activities [PR 4.11.a.] (Limit response to 400 words)

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Use the following tables to illustrate how the curriculum includes at least three months of structured inpatient rotations, including inpatient addiction treatment programs, hospital-based rehabilitation programs, medically-managed residential programs where the fellow is directly involved with patient assessment and treatment planning, and/or general medical facilities or teaching hospitals where the fellow provides consultation services to other physicians in the Emergency Department for patients admitted with a primary medical, surgical, obstetrical, or psychiatric diagnosis. [PR 4.11.b.1.]

*Copy and paste additional “Inpatient Rotation” tables as necessary*

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| Inpatient Rotation Name | Click or tap here to enter text. |
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| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member(s) | Click or tap here to enter text. |
| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members.  | Click or tap here to enter text. |

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| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members.  | Click or tap here to enter text. |

Use the following tables to illustrate how the curriculum includes at least three months of outpatient experience, including intensive outpatient treatment or “day treatment” programs, addiction medicine consult services in an ambulatory care setting, pharmacotherapy, and/or other medical services where the fellow is directly involved with patient assessment, counseling, treatment planning, and coordination with outpatient services. [PR 4.11.b.2.]

*Copy and paste additional “Outpatient Rotation” tables as necessary.*

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| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members.  | Click or tap here to enter text. |

Describe how the curriculum includes at least one half-day per week for at least 12 months (excluding vacation), devoted to providing continuity care to a panel of patients who have an addiction disorder, in which the fellow serves as either a specialty consultative physician with care focused on the addiction disorder or as a physician who provides comprehensive care for the patient panel, including diagnosis and treatment of substance-related problems and other addictions. [PR 4.11.b.3.] (Limit response to 400 words)

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Use the following table to delineate the didactic curriculum that includes at least one-half day per week for at least 12 months, excluding vacation, devoted to longitudinal learning experiences, such as didactic sessions, individual or small group tutoring sessions with program faculty members, and/or mentored self-directed learning. 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. [PR 4.11.c.]

*Insert additional rows as necessary.*

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| **Title** | **Required or Elective** | **Instructor(s)** | **Length of Session** | **Frequency** | **Total Number of Sessions** |
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| Will at least one faculty member be present at each didactic session? [PR 4.11.c.3.] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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A maximum of three months should be spent on fellow electives or scholarly activity. Use the following tables to identify the electives offered for this fellowship. [PR 4.11.d.]

*Copy and paste additional “Elective Rotation” tables as necessary*

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| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member(s) | Click or tap here to enter text. |
| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members | Click or tap here to enter text. |

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| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members | Click or tap here to enter text. |

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| Briefly describe the experience, including setting, patients, activities, assessment, and qualifications of faculty members | Click or tap here to enter text. |

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| Will the program provide instruction and experience in pain management? [PR 4.12.a.] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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| Click or tap here to enter text. |

**Scholarship**

Describe how the program will provide structured, supervised, regular opportunities for fellows to explore and analyze emerging scientific evidence pertinent to the practice of addiction medicine. [PR 4.15] (Limit response to 400 words)

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Describe the didactic and experiential learning opportunities that will be available to fellows in the scholarship of teaching and leadership, as well as opportunities to teach addiction medicine to health care students, trainees, and/or other learners. [PR 4.15.a.] (Limit response to 400 words)

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Describe how fellows will actively participate in scientific inquiry, either through direct participation in research, or scholarly projects that make use of scientific methods. [PR 4.15.b.] (Limit response to 400 words)

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**Fellow Evaluation**

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| Will the program use multiple evaluators (e.g. faculty members, peers, patients, self, and other professional staff members) [PR 5.1.b.1.] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Faculty Evaluation**

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| Will fellows have the opportunity to provide confidential written evaluations of each supervising faculty member at the end of each rotation? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR 5.4.c] | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Teamwork**

Indicate if interprofessional teams will include the following in evaluating and treating patients: [PR 6.18.a]

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| consulting physicians | [ ]  YES [ ]  NO |
| psychologists | [ ]  YES [ ]  NO |
| nurses | [ ]  YES [ ]  NO |
| social workers | [ ]  YES [ ]  NO |
| case managers | [ ]  YES [ ]  NO |
| other professional/paraprofessional staff members | [ ]  YES [ ]  NO |

Explain any “NO” responses (Limit response to 250 words)

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