Addiction Medicine Competencies

These are the addiction-specific competencies listed in the ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. Competencies are listed under the ACGME Core Competencies (note: there are no addiction-specific competencies under the ACGME Core Competency of “Practice-based Learning and Improvement”).

Patient Care and Procedural Skills
Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

- 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;

- providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics;

- providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions;

- screening, brief intervention, and motivational interviewing;

- working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patient’s care; and,

- providing continuity of care to patients.

- Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Medical Knowledge
Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:

- the medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction;

- pharmacology of common psychoactive substances, including alcohol, nicotine, stimulants, sedative-hypnotics, depressants, opioids, inhalants, hallucinogens, and cannabinoids;

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(1) When completing an ACGME accreditation application, always refer to the full Program Requirements: http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404AddictionMedicine1YR2018.pdf?ver=2018-03-30-090748-000
• epidemiology of substance use, SUDs, and the genetic and environmental influences on the development and maintenance of these disorders;

• 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, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, sexual and gender minority populations, and persons involved in the criminal justice system;

• common behavioral addictions;

• prevention of SUDs, including identification of risk and protective factors;

• screening, brief intervention strategies appropriate to substance use risk level, and referral to treatment;

• 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;

• identification and treatment of common co-occurring conditions, such as medical, psychiatric, and pain conditions;

• matching patient treatment needs with levels of intervention, including crisis services, hospitalization, and SUD treatment programs;

• pharmacotherapy and psychosocial interventions for SUDs across the age spectrum;

• intoxication and withdrawal management;

• the mechanisms of action and effects of use of alcohol, sedatives, opioids, and other drugs, and the pharmacotherapies and other modalities used to treat these;

• the safe prescribing and monitoring of controlled medications to patients with or without SUDs, including accessing and interpreting prescription drug monitoring systems; and,

• 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.

Interpersonal and Communication Skills
Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows must:

• receive exposure to and gain understanding of the comprehensive, integrative, and interdisciplinary approach to pain management;
work collaboratively with other providers and allied health professionals, including physicians, nurses, social workers, counselors, and pharmacists to care for patients with SUDs and other substance-related disorders;

work collaboratively as consultants and as members of interdisciplinary teams, including as team leaders when appropriate; and,

demonstrate competence in effectively conducting interviews with socioculturally-diverse patients and families that may include those with limited language proficiency, literacy, hearing, or sight.

**Professionalism**

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Fellows must demonstrate:

- competence in recognizing and appropriately addressing biases in themselves, others, and the health care delivery system;

- maintenance of appropriate professional boundaries;

- sensitivity and responsiveness to diversity in patients, including sex, age, culture, race, religion, disabilities, and sexual orientation;

- compassion, integrity, and respect for others; and,

- the qualities required to sustain lifelong personal and professional growth, including:
  
  - self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors;

  - healthy coping mechanisms to respond to stress;

  - conflict management between personal and professional responsibilities;

  - flexibility and maturity in adjusting to change with the capacity to alter one’s behavior;

  - trustworthiness that makes colleagues feel secure when one is responsible for the care of patients;

  - leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system;

  - self-confidence that puts patients, families, and members of the health care team at ease; and,

  - utilization of appropriate resources in dealing with uncertainty, in recognition of ambiguity as part of clinical health care.
**Systems-based Practice**

Fellows must 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.

Fellows must:

- advocate for quality patient care and assist patients, employers, programs, agencies, and governments in managing system complexities, including an awareness of heightened stigma associated with addiction and other systemic barriers to obtaining addiction services; and,

- explain how medical practices and delivery systems differ from one another, including methods of controlling health care costs, allocating resources and practice, and promoting cost-effective health care.