

ADDICTION MEDICINE ELECTIVE ROTATION

EDUCATIONAL PURPOSE AND GOALS

The purpose of the Addiction Medicine curriculum is to supplement resident learning by highlighting the specific knowledge, attitude, and skills needed to manage patients with alcohol and other substance use disorders, including prescribed medications and other non-proprietary drug use. The goal of the rotation is for residents to be able to diagnose and treat substance use disorders in an inpatient setting. After this rotation, the resident should feel comfortable managing acute withdrawal, making the proper diagnosis of use disorder and/or other co-morbidities, and working with the primary team to develop a treatment plan that medically optimizes chances of recovery and success.

PRINCIPAL TEACHING METHODS

1. Residents will care for patients with a wide range of disorders related to the use and abuse of prescribed medications, non-prescribed substances, and alcohol admitted to the medical ward and the ICU. Residents will also care for patients with substance use disorders seen in ambulatory practices and the resident continuity clinics as schedule permits.
2. Residents will learn to address medical, surgical and psychiatric co-morbidities and complications of addictive disorders.
3. Residents will attend lectures on various aspects of common addictive disorders.

METHODS OF EVALUATION

Resident Performance

Faculty complete competency-based electronic resident evaluation forms in New Innovations. The evaluator gives a formative assessment of core competency performance and shares this evaluation with the resident; it is also available for online review by the resident at their convenience.

Program and Faculty Performance

Upon completion of the rotation, residents complete a rotation evaluation form commenting on the faculty, facilities, and service experience. These confidential evaluations are available for the Program Director to review, and the attending faculty physician receives periodic feedback after sufficient residents have completed the elective to maintain anonymity.

Specific Competency Objectives

1. Patient Care

- a. The resident will be able to conduct a patient-centered history to obtain the overarching, personal dimensions of the patient's addiction problem and its context.
- b. The resident will be able to elicit via relationship-centered interviewing, the essential details of the patient's addiction problem: types and amounts of substances used/abused, duration of use, pattern of use, age at first use and first abuse, prior

- problems, prior withdrawal experiences, legal problems, personal problems, environmental circumstances fostering substance use, prior efforts to stop and their success, wish to stop now, status as pre-contemplative vs. contemplative, what has worked in the past, associated psychiatric problems, and associated medical problems related or unrelated to the substance use.
- c. The resident will be able to diagnose substance-related and addictive disorders using DSM-V criteria.
 - d. The resident will be able to perform a relevant physical examination and identify evidence, for example, of cirrhosis of the liver, withdrawal manifestations, and organic mental symptoms.
 - e. The resident will be able to succinctly summarize and synthesize in the patient's chart the biopsychosocial aspects of the patient's addiction problem.
 - f. The resident will be able to articulate key decision-making issues for each patient, particularly being able to identify what stage of change the patient exhibits.
 - g. The resident will be able to identify a management plan for those who are pre-contemplative (wish to do nothing): follow-up visits for further discussion, measures to decrease usage, and available support.
 - h. The resident will be able to identify a management plan for those who are contemplative (actively considering treatment): involve relevant family members, provide information about resources (AA, friends, religious organizations, professional); and encourage their use, support, and wise counsel.
 - i. The resident will be able to identify a management plan for those who wish to take action: negotiation of referral to addiction specialists, remaining involved with the patient, communicating with the specialist; support, wise counsel, and co-management with regular visits, and treatment of co-morbid medical and psychiatric problems.

2. Medical Knowledge

- a. The resident will develop the knowledge base in addiction medicine to become proficient within their general specialty practice.
- b. The resident should understand the epidemiology and various manifestations of the spectrum of alcohol and substance use disorders in adults.
- c. The resident should become familiar with available multiple treatment modalities, including pharmacotherapy for the management of alcohol and other substance use disorders.

3. Interpersonal and Communication Skills

- a. The resident will be able to integrate relationship-centered communication skills to gain a biopsychosocial understanding of the patient's addiction problem.
- b. The resident will be able to use similar skills in relating effectively to other team members in the consult service and clinic.
- c. The resident will be able to practice humanistic medicine with addiction patients.

4. Professionalism

- a. In sometimes difficult patients with addiction problems, the resident will be able to always exhibit respect, understanding of the patient's vantage point, acknowledge the patient's plight, and find something praiseworthy about the patient.

- b. The resident will be able to become the patient's ally, provide support and counsel in a primary care setting, and provide information and other resources needed by the patient.
- c. The resident will be sensitive to cultural, disability, lifestyle, and gender differences in addiction medicine patients.
- d. The resident will be able to articulate, understand, and practice in a way consistent with ethically sound, patient-centered practices.

5. Practice Based Learning and Improvement

- a. The resident will be able to critically appraise the literature and apply this knowledge to the patient.
- b. The resident will be able to make self-assessments of his/her impact with addiction patients and also learn to identify their own attitudes and emotions that might interfere with high quality care.

6. Systems Based Practice

- a. The resident will be able to recognize and address the systems aspect of the addiction patient's problems in their biological, psychological, and social complexity.
- b. The resident will be able to refer consultations to addiction specialists effectively, including recognizing first the need to negotiate this referral with the patient.
- c. The resident will be able to recognize the cost impact of addiction problems as well as provide cost effective care for these patients.
- d. The resident will be able to involve families and significant others in the patient's care and decision-making.
- e. The resident will be able to help patients identify resources in the community often needed and used by addiction medicine patients.