**New Application: Addiction Medicine**

**Review Committee for Anesthesiology, Emergency Medicine**

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

**Pediatrics, Preventive Medicine, or Psychiatry**

**ACGME**

*Applications will be accepted from programs whose Sponsoring Institution also sponsors an ACGME-accredited program in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry.*

*Applications for accreditation of addiction medicine fellowship programs will be accepted by the Review Committees for Family Medicine, Internal Medicine, and Psychiatry. Applications for accreditation are available on the Program Requirements and FAQs and Applications page of each specialty’s section of the website.*

*If the program is not affiliated with an ACGME-accredited program in family medicine, internal medicine, or psychiatry, the program may apply as a residency-independent fellowship (see the* [*ACGME Manual of Policies and Procedures*](http://www.acgme.org/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf) *(Subject 16.b.(2).(b).) In this circumstance, please e-mail* [*ads@acgme.org*](mailto:ads@acgme.org) *for instructions prior to initiating the application.*

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After competing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Length of Educational program**

1. Will the 12-month educational program in addiction medicine be completed within 24 months of a fellow’s matriculation? [PR Int.C.1.]  YES  NO

**Personnel**

**Program Director**

*Ensure that the information entered for the program director into the Accreditation Data System (ADS) online application includes his or her current certification in the subspecialty of addiction medicine by the American Board of Preventive Medicine Alternative qualifications, as described in the Addiction Medicine FAQ, may be acceptable. [PR II.A.3.b)].*

1. Will the Sponsoring Institution provide the program director with a minimum of 0.2 full-time equivalent (FTE) protected time to carry out the educational, administrative, and leadership responsibilities of the fellowship? [PR II.A.2.a)]  YES  NO

**Faculty**

*Ensure that the faculty members entered through the “Update Faculty Info” step of the ADS online application include at least one faculty member in addition to the program director who is certified in the subspecialty of addiction medicine by the American Board of Preventive Medicine [PR II.B.1.a)].*

*Verify that the faculty members entered through the “Update Faculty Info” step of the ADS online application include at least one faculty member certified in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry [PR II.B.3.d).(1).], and that there is at least one American Board of Medical Specialties (ABMS)- or American Osteopathic Association (AOA)-certified non-psychiatrist physician with specialty expertise from at least one of the following disciplines: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. [PR II.B.3.d).(2).]*

**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.*

1. 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 II.D.1.]

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| Click or tap here to enter text. |

1. 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 II.D.2.]

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1. 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 II.D.3.]

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the categories listed below. Also indicate the method(s) that will be used to assess competence.

| **Competency** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| 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 IV.B.1.b).(1).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics  [PR IV.B.1.b).(1).(a).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions  [PR IV.B.1.b).(1).(a).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Screening, brief intervention, and motivational interviewing  [PR IV.B.1.b).(1).(a).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| 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 IV.B.1.b).(1).(a).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing continuity of care to patients  [PR IV.B.1.b).(1).(a).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate competence in their knowledge of each of the following areas. Also indicate the method(s) that will be used to assess competence.

| **Knowledge Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction  [PR IV.B.1.c).(1) (a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacology of common psychoactive substances, including alcohol, nicotine, stimulants, sedative-hypnotics, depressants, opioids, inhalants, hallucinogens, and cannabinoids  [PR IV.B.1.c).(1).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Epidemiology of substance use, SUDs, and the genetic and environmental influences on the development and maintenance of these disorders  [PR IV.B.1.c).(1) (c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| 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 IV.B.1.c).(1).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Common behavioral addictions  [PR IV.B.1.c).(1).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prevention of SUDs, including identification of risk and protective factors  [PR IV.B.1.c).(1).(f)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Screening, brief intervention strategies appropriate to substance use risk level, and referral to treatment  [PR IV.B.1.c).(1).(g)] | Click or tap here to enter text. | Click or tap here to enter text. |
| 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 IV.B.1.c).(1).(h)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identification and treatment of common co-occurring conditions, such as medical, psychiatric, and pain conditions  [PR IV.B.1.c).(1).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Matching patient treatment needs with levels of intervention, including crisis services, hospitalization, and SUD treatment programs  [PR IV.B.1.c).(1).(j)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacotherapy and psychosocial interventions for SUDs across the age spectrum  [PR IV.B.1.c).(1).(k)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Intoxication and withdrawal management  [PR IV.B.1.c).(1).(l)] | Click or tap here to enter text. | Click or tap here to enter text. |
| 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  [PR IV.B.1.c).(1).(m)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The safe prescribing and monitoring of controlled medications to patients with or without SUDs, including accessing and interpreting prescription drug monitoring systems  [PR IV.B.1.c).(1).(n)] | Click or tap here to enter text. | Click or tap here to enter text. |
| 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 IV.B.1.c).(1).(o)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one example of a learning activity in which fellows will engage to develop the skills needed to locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems. [CPR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows will 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.d)] (Limit response to 400 words)

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**Professionalism**

1. Briefly describe one learning activity in which fellows will demonstrate their commitment to professionalism and an adherence to ethical principles. [CPR IV.B.1] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe one learning activity through which residents will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.[CPR IV.B.1.f))] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

*Ensure that the Block Diagram attachment uploaded with this application illustrates that the curriculum includes at least nine months of clinical experience. [PR IV.C.3.f)]*

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 IV.C.3.f).(1)] *Copy and paste additional “Inpatient Rotation” tables as necessary.*

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| --- | --- |
| Inpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| Inpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| --- | --- |
| Inpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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. |

1. 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 IV.C.3.f).(2)] *Copy and paste additional “Outpatient Rotation” tables as necessary.*

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| Outpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| Outpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| Outpatient Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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. |

1. 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 IV.C.3.f).(3)]

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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 IV.C.3.g)] *Insert additional rows as necessary*

| **Title** | **Required or Elective** | **Instructor(s)** | **Length of Session** | **Frequency** | **Total Number of Sessions** |
| --- | --- | --- | --- | --- | --- |
| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |
| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |
| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |
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| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |
| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |
| Title | Required or Elective | Instructor(s) | Length of Session | Frequency | Total Number of Sessions |

1. Will at least one faculty member be present at each didactic session?   
   [PR IV.C.3.g).(1).(c)]  YES  NO

Explain if “NO.”

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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 IV.C.3.h)] *Copy and paste additional “Elective Rotation” tables as necessary.*

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| Elective Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| Elective Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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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| Elective Rotation Name | Click or tap here to enter text. |
| Site | Click or tap here to enter text. |
| Length of Rotation | Click or tap here to enter text. |
| Name(s) of Supervising Faculty Member | 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. |

**Scholarship**

1. Describe faculty members’ participation in scholarly activities appropriate to the subspecialty, including in local, regional, and national specialty societies; through conduct of research; giving presentations; or publications. Evidence of such participation should be entered through the “Update Faculty Info” step of the ADS online application. [PR IV.D.2.a)]

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

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1. 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 IV.D.3.a)]

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1. 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 IV.D.3.b)]

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1. 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 IV.D.3.c)]

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