

## Core Competencies for Addiction Medicine

**Core Competencies for Addiction Medicine represent the competency-based goals and objectives for each assignment at each educational level of residency training in addiction medicine.**

**Core Competencies, Version 1, was approved by the Directors of the American Board of Addiction Medicine (ABAM) Foundation September 9, 2009.**

**The ABAM Foundation Directors invite comment on the Core Competencies.**

**Please send comments to Mr. Christopher Weirs at: [email@abam.net](mailto:email@abam.net)**

**1. Patient Care** The Addiction Medicine specialist will demonstrate competence in medical care of persons with SUD across a diverse spectrum of drugs, stages of use, and presentations, including care directed at reducing SUD-related harm. He/she shall be able to render patient care that is compassionate, appropriate, and effective for the prevention and treatment of problems related to the addiction disorders.

Specifically, the physician will be able to:

- Screen for and diagnose common problems related to the addiction disorders including:
  - Recognize psychological, social and functional indicators of subclinical addiction disorders
  - Use common standardized screening instruments and interview questions to assess use
  - Routinely screen for addiction when patients present with commonly associated medical problems, including trauma or other injuries
- Conduct an accurate patient history
  - Conduct a clinical interview to collect a substance use history and addiction treatment history in a structured and non-judgmental manner
  - Assess stages of change and use motivational interviewing strategies to promote change in persons with problematic substance use
- Perform an appropriate physical examination and detects physical signs of
  - acute use, intoxication, and withdrawal
  - chronic use and sequelae of use for
    - tobacco
    - alcohol
    - sedative-hypnotics
    - opioids
    - intravenous drug abuse
- Order appropriate diagnostic tests
  - Routine laboratory tests

- Toxicology
  - Diagnostic imaging
  - Interprets laboratory findings for diagnostic purposes
- Formulate a diagnosis and an appropriate management plan
  - Use standard diagnostic criteria to diagnose addiction disorders
  - Formulates an abstinence-oriented treatment plan when appropriate
  - Formulates a maintenance-oriented treatment plan when appropriate
- Explain diagnosis to the patient and explains rationale for treatment
  - Able to provide brief intervention
  - Able to make referrals for treatment
  - Able to direct the medical management of
    - Syndromes of withdrawal
    - Outpatient treatment programs
    - Inpatient treatment programs
    - Residential treatment programs
    - Addiction disorders in acute care settings
    - Ongoing recovery (i.e., “aftercare”)

**2. Knowledge:** The Addiction Medicine specialist will understand addiction as a chronic medical condition, and Substance Use Disorders (SUD) as important and prevalent public health issues. He/she will understand the established and evolving biomedical, clinical, and cognitive sciences and apply this knowledge to the care of patients with SUD.

Specifically the physician will be able to:

- Understand the core knowledge for the addiction disorders including:
  - Epidemiology
  - Prevalence and patterns of alcohol and other drug use
  - Demography of drug use and misuse: social, national, religious, ethnic, cultural contexts
  - Etiology of drug misuse and addiction
  - Neurobiology of reward and addiction
  - Genetics of reward and addiction
  - Psychosocial issues shaping drug use and misuse
  - Drug and drug misuse effects
  - Pharmacodynamics of common drugs of reward
  - Actions and features of acute intoxication
  - Patho-physiology of chronic misuse
  - Neuropsychological effects of chronic misuse
  - Common secondary medical problems associated with drug misuse
  - Fetal and neonatal effects of commonly misused drugs
- Formulate a reasonable differential diagnosis related to:
  - Signs and symptoms of drug use, intoxication, and withdrawal
  - Standard diagnostic criteria for Addiction Disorders
  - Other Substance-Related Disorders
- Manage significant withdrawal from commonly used drugs

- alcohol
  - tobacco
  - sedative-hypnotics
  - opioids
- Treat medical emergencies associated with commonly misused drugs
  - alcohol
  - opioids
  - sedative-hypnotics
  - cocaine, methamphetamine, other stimulants
- Provide appropriate general medical care for persons in recovery
  - Select indicated treatment medications
  - Use Motivational Interviewing to support recovery
  - Follow indicators of recovery
    - Objective physical and psychological findings
    - Biological markers (e.g., laboratory values)
  - Pharmacologic interventions to support recovery
  - Basic psychosocial strategies to support recovery
  - Awareness of specialty treatment approaches and resources
  - Awareness of self-help and peer group approaches and resources
  - Complementary/alternative health approaches
- Provide medical management of persons with addiction disorders in special contexts
  - Pre and post operative care
  - Pain management
  - Peri-natal period (mother and child)
  - Problems related to intravenous drug abuse.

**3. Practice-based learning and improvement:** The Addiction Medicine specialist will stay current with evolving science and clinical practice relevant to the prevention and management of SUD and complications. He/she will be a life-long learner of patient care and will be able to appraise and assimilates new scientific evidence in the care of patients.

Specifically, the Addiction Medicine physician will:

- Be able to access needed resources and information on substances and addiction
- Consult with other treatment resources as appropriate
- Be able to supervise and teach other health care professionals
- Access scientific and clinical information from the medical literature
- Know avenues for specialization/concentration/continuing education in the field
- Continuously improve skills through practice assessment

**4. Interpersonal skills and communication:** The Addiction Medicine specialist will consistently use respectful and effective communication with SUD patients, their families and other health care professionals, in order to optimize medical care.

Specifically, the Addiction Medicine specialist will:

- Communicate with patients based on medical and public health understanding of drug use and addiction, in a manner that is
  - Respectful and non-judgmental
  - Based on accurate and non-stigmatizing nomenclature
  - Structured and firm as appropriate
- Routinely use motivational strategies to support change
- Understand the importance of families/significant others in addressing substance issues and communicate with them effectively as appropriate
- Understand him/herself to be a member of a care team and communicate effectively and respectfully with co-care providers
- Recognize and address potential barriers to effective communication
  - Health literacy limitations
  - Jargon
  - Language and cultural differences

**5. Professionalism:** The Addiction Medicine specialist will engage in care of persons with SUD in a professional, health-oriented, responsible and proactive manner, in order to reduce substance-related harm, promote health and address co-existing medical problems. He/she will manifest a commitment to carrying out professional responsibilities, an adherence to ethical principles, and sensitivity to a diverse patient population.

Specifically The Addiction Medicine specialist will:

- Maintain an appropriate appearance
- Be consistently punctual and reliable
- Demonstrate respect and sensitivity to patients' culture, age gender, and disabilities.
  - Provide care of persons with substance use problems based on a medical and public health paradigm of drug use and addiction
  - Recognize and actively address stigma towards persons with substance misuse and/or addiction
  - Not discriminate, or tolerate discrimination towards, persons with substance misuse and/or addiction
  - Address addiction as a chronic medical illness and harmful drug use as a personal and public health problem in all contexts
  - Provide or arrange for ongoing care of persons with substance use problems, to address:
    - Substance use problems
    - Other medical problems
  - Effectively address substance use issues among colleagues
    - Recognize signs of harmful substance use in colleagues
    - Pro-actively intervene when concerned about a colleague or his/her patients well-being
    - Know available help resources for self and colleagues
  - Practice self awareness and self-care

- Continuously seek balance in professional and personal life
- Proactively manage personal substance risks
- Engage in personal self-care
- Avoid potentially harmful substance use
- Assess personal substance risks
- Be aware of how the physicians' own experiences may affect their relationship with patients with addictions

**6. Systems based practice:** The Addiction Medicine specialist will demonstrate an awareness of and responsiveness to the larger context and system of health care. He/she will recognize the multi-dimensional components of the system required to reduce SUD. He/she will be able to effectively access, navigate and engage the system to optimize care.

Specifically the Addiction Medicine specialist will:

- Work as part of a treatment team
- Engage other members of the health care team in a respectful manner including:
  - Primary care and specialty physicians
  - Mental health professionals (e.g., psychologists, social workers, counselors)
  - Pharmacologists /pharmacists
- Anticipate errors/lapses in care and take steps to prevent them
- Help patients utilize resources to overcome obstacles to care
  - Clinical resources within the healthcare system in which he/she works
  - Self-help groups
  - Community based treatment and recovery resources
  - Schools and Student Assistance Programs (SAPs)
  - Employers and Employee Assistance Programs (EAPs)
  - Governmental entities (Licensing Boards, DEA, etc.)
  - Private organizations (professional societies, peer advocates, etc.)

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