



The ASAM Fundamentals of Addiction Medicine 40-Hour CME Program

Competencies and Curriculum Learning Objectives

Preamble:

Continuing education is an important activity that we as health care professionals engage in to ensure we are able to diagnose and manage our patients with the latest knowledge. In addition, how well we do our jobs has a direct relationship to whether our patients recover or not.

Competencies are the measurable or observable knowledge, skills, abilities, and behaviors (KSABs) by which healthcare professionals demonstrate their ability to provide high-quality care for the diagnosis and treatment of disease, promotion of health and prevention of disease, and the physical and emotional support of patients and families.

[\(http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/\)](http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/)

The ASAM Fundamentals Curriculum Planning Committee has identified nine fundamental competencies in addiction medicine. Each competency is further described by learning objectives to support its integration into your clinical practice. The American Society of Addiction Medicine relates its learning activities to these objectives. Several activities may be required to achieve and demonstrate the fundamental competency.

Learners in The ASAM Fundamentals of Addiction Medicine 40-Hour CME Program will:

1. Interact with patients and professional colleagues so as to display professionalism in all activities, by demonstrating commitment to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

Curriculum Learning Objectives

- 1a. 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 motivating as appropriate.
- 1b. Understand him/herself to be a member of a care team and communicate effectively and respectfully with co-care providers.
- 1c. Demonstrate respect and sensitivity to patients' culture, age, gender, and capacities.
- 1d. Recognize and actively address stigma toward persons with substance use and/or addiction including the office setting.
- 1e. Address addiction as a chronic medical illness and harmful drug use as a personal and public health problem in all contexts.
- 1f. Establish healthy personal boundaries with patients and families.
- 1g. Access needed resources and information on substances and addiction.
- 1h. Cite sources of scientific and clinical information from the medical literature.
- 1i. Obtain core medical knowledge about substance, substance use disorders (including gambling disorders), substance-related health conditions, and common co-occurring disorders.
- 1j. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.

2. Identify their feelings and attitudes that promote or prevent therapeutic responses to their patients with substance use disorders.

Curriculum Learning Objectives

- 2a. Not discriminate against, nor tolerate discrimination towards, persons with substance misuse and/or addiction.
- 2b. Be aware of and challenge the potential for discrimination towards patients with substance use disorders.

3. Understand the addictive disorders as developmental bio-psycho-social disorders

Curriculum Learning Objectives

- 3a. Describe addiction using a biopsychosocial model including the role of early childhood experiences.
- 3b. Describe the clinically applicable components of the neurobiology of addiction.
- 3c. Describe what is known about the major genetic contributors to addiction.
- 3d. Describe the family contributors to addiction including relational aspects, dynamics, and co-dependence.
- 3e. Describe the social contributors to addiction including the social environment, peers, and economics.
- 3f. Describe the cultural contributors to addiction.
- 3g. Describe the spiritual contributors to addiction.
- 3h. Describe the multiple trajectories of addiction.
- 3i. Describe common medical and mental health co-morbidities of SUDs.

4. Take an evidence-based approach to detecting substance use disorders.

Curriculum Learning Objectives

- 4a. Recognize medical, psychological, social, and functional indicators of subclinical addiction disorders.
- 4b. Raise the issue with the patient in the context of the patient's health.
- 4c. Routinely screen for addiction when patients present with commonly associated medical problems, including trauma or other injuries.
- 4d. Use validated standardized screening instruments and interview questions to assess substance use and complications of use.
- 4e. Demonstrate the ability with confidence to score and interpret screening results for hazardous and harmful substance use.

5. Respond to positive substance use screening results with brief counseling strategies, appropriate to the patient's readiness to change.

Curriculum Learning Objectives

- 5a. Recognize and address potential barriers to communication including health literacy limitations, jargon, language and cultural differences.
- 5b. Identify the indications to use three distinct communication styles during interactions with patients- directive, following and guiding.
- 5c. Engage the patient in a conversation to focus on the issues using patient-centered communication.
- 5d. Assess stages of change as a dynamic state amenable to provider intervention.
- 5e. Demonstrate skills in the elements of a brief intervention by providing feedback, talking about change and assessing goals.
- 5f. Assist the patient in setting goals that are specific, measurable, achievable, and realistic within a specific time period.
- 5g. Summarize and reach closure at the end of the interview with the patient
- 5h. Refer to formal and informal treatment programs in the local community according to the resources available to the patient.

6. Use motivational interviewing with patients ambivalent about changing their substance use behaviour

Curriculum Learning Objectives

- 6a. Demonstrate accurate empathy, respect for autonomy, compassion and a genuine willingness to develop a partnership with the patient.
- 6b. Identify and explore the patient's ambivalence to change.
- 6c. Use open ended questions, affirmations, simple and complex reflections and summary statements to evoke change talk.
- 6d. Recognize and respond to preparatory change talk and commitment language.
- 6e. Describe the four processes in motivational interviewing: engaging, focusing, evoking and planning.

7. Conduct a biopsychosocial and developmental ambulatory assessment of an adult with a suspected SUD to match the patient to an appropriate level of care.

Curriculum Learning Objectives

- 7a. Conduct a clinical interview to collect a substance use history and addiction treatment history in a structured and non-judgmental manner.
 - 7b. Perform an appropriate physical examination and detect physical signs of acute use, intoxication, and withdrawal.
 - 7c. Perform an appropriate physical examination and detect physical signs of chronic use and sequelae of drug use.
 - 7d. Order appropriate diagnostic tests including drug screens, and interpret laboratory findings for diagnostic purposes.
 - 7e. Use standard diagnostic criteria to diagnose substance use disorders.
 - 7f. Formulate a reasonable differential diagnosis based on patient history, signs and symptoms of drug use, intoxication, and withdrawal, standard diagnostic criteria for Substance Use Disorders, and medical, surgical, psychiatric and obstetrical complications of substance use.
 - 7g. Explain diagnosis to the patient and explain rationale for treatment.
 - 7h. Understand the importance of families/significant others in addressing substance issues and include them in the treatment plan as appropriate.
 - 7i. Develop a treatment plan in accord with assessed stage of change.
 - 7j. Formulate an abstinence-oriented treatment plan when appropriate.
 - 7k. Formulate a medication assisted treatment plan when appropriate.
 - 7l. Formulate a harm reduction management plan for those unable and or unwilling to stop substance use.
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8. List the indications, contraindications and duration of treatment of evidence based pharmacotherapy for alcohol, tobacco, and opioid use disorders and refer patient to specialty care where appropriate.

Curriculum Learning Objectives

- 8a. Provide care of patients with substance use problems based on a medical and public health paradigm of drug use and addiction.
- 8b. Provide medication-assisted treatment for alcohol, tobacco, and opioid use disorders as appropriate. This includes medications for acute withdrawal management as well as relapse prevention.
- 8c. Consult with other treatment resources as appropriate.
- 8d. Secure appropriate consultations, as indicated.
- 8e. Make referrals for specialty treatment of addiction and other medical and psychiatric conditions.
- 8f. Provide or arrange for ongoing care of patients with substance use problems, to address substance use problems and other medical problems.
- 8g. Provide appropriate general medical care including preventative medical care for patients in recovery.

9. Learners will reflect on the role of behavioral interventions for patients and families including formal intensive ambulatory and inpatient treatment and informal programs such as mutual aid groups in the recovery process for patients in their practice/ communities.

Curriculum Learning Objectives

- 9a. Evaluate the differences between intensive inpatient and outpatient programs and after-care support.
- 9b. Incorporate family therapy into treatment plans as appropriate.
- 9c. Help patients utilize resources to overcome obstacles to care, including 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, employers and Employee Assistance Programs, governmental entities, private organizations.
- 9d. Offer information on and referral to support groups and mutual aid groups.