Basic Standards for
Fellowship Training in
Addiction Medicine

American Osteopathic Association
and
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Neurologists and Psychiatrists

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I. INTRODUCTION

These are the Basic Standards for Fellowship Training in Addiction Medicine as established by the American College of Osteopathic Family Physicians (ACOFP), American College of Osteopathic Internists (ACOI), American College of Osteopathic Neurologists and Psychiatrists (ACONP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in addiction medicine and to prepare the fellow for examination for certification in Addiction Medicine by the Addiction Medicine Conjoint CAQ Exam Committee.

II. MISSION

The mission of the osteopathic addiction medicine training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic addiction medicine physicians.

III. EDUCATIONAL PROGRAM GOALS

The goal of addiction medicine fellowship training is to prepare fellows for competency in the following core areas:

3.1 Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. The integration of osteopathic principles into the daily practice of addiction medicine.
   b. The application of OMM to addiction medicine patient management.

3.2 Medical Knowledge
   a. Maintain current knowledge of clinical medicine that reflects the majority of patient care issues that present to addiction medicine settings.
   b. Maintain current knowledge of behavioral medicine that reflects the majority of patient care issues that present to addiction medicine settings.

3.3 Patient Care
   a. Provide osteopathic addiction medicine patient care service in ambulatory, continuity, and inpatient sites.
   b. Accurately gather essential information from all sources including patients, care givers, other professionals, electronic sources, and paper sources.

3.4 Interpersonal & Communication Skills
   a. Develop doctor-patient relationships in all addiction medicine settings.
   b. Develop listening, written, oral and electronic communication skills in professional interactions with patients, families and other health professionals.

3.5 Professionalism
   a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.
   b. Adhere to ethical principles in the practice of addiction medicine.
   c. Demonstrate awareness attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

3.6 Practice-Based Learning and Improvement
a. Apply the principles of evidence-based medicine to addiction medicine.

b. Participate in practice based objective performance improvement projects in addiction medicine settings.

3.7 Systems-Based Practice

a. Function within local and national health care delivery systems to provide high quality addiction medicine services.

b. Function within a team to provide care to addiction medicine populations.

IV. INSTITUTIONAL REQUIREMENTS

4.1 The institution must have an organized department or section of:

   a. Family Medicine and
   b. Internal Medicine and
   c. Psychiatry.

A. Facilities

4.1 All programs must utilize at least one hospital and one ambulatory care training site for the training of fellows.

4.2 Training in ambulatory addiction medicine shall take place in a physician’s office, a multi-physician clinic and/or addiction medicine centers, where medical care is delivered under supervision of the addiction medicine program director.

V. PROGRAM REQUIREMENTS

5.1 The training program in addiction medicine must be twelve (12) months in duration.

A. Osteopathic Manipulative Medicine

5.1 Fellows must have didactic training in osteopathic principles and practices.

5.2 Fellows must have clinical training and experience in osteopathic manipulative medicine.

B. Medical Knowledge

5.1 A formal didactic structure must exist to include, at minimum:

   a. Journal clubs
   b. Case conferences and
   c. Faculty lectures

5.2 Attendance at didactic sessions must be documented.

5.3 The fellow must have didactic training in screening and brief intervention and referral to treatment (SBIRT).

5.4 The fellow must have didactic training in detoxification for alcohol and other drugs.

5.5 The fellow must have didactic training in pediatric and adolescent substance abuse.

5.6 The fellow must have didactic training in substance abuse and the family systems.

5.7 The fellow must have didactic training in substance use disorders in pregnancy.

5.8 The fellow must have didactic training in prescription drug misuse and abuse.
5.9 The fellow must have didactic training in drugs of abuse.
5.10 The fellow must have didactic training in the principles of behavior management.
5.11 The fellow must have didactic training in the 12 step treatment method.
5.12 The fellow must have didactic training in the identification and management of co-morbid conditions.
5.13 The fellow must have didactic training in physician impairment.
5.14 The fellow must have didactic training in drug testing.
5.15 The fellow must have didactic training in the patient therapeutic contract for substance use.
5.16 The fellow must have didactic training in medication-assisted treatment.

C. Patient Care
5.1 The fellow must have clinical training and experience in prevention.
5.2 The fellow must have clinical training and experience in screening.
5.3 The fellow must have clinical training and experience in detoxification.
5.4 The fellow must have clinical training and experience in rehabilitation.
5.5 The fellow must have clinical training and experience in recovery.
5.6 The fellow must have clinical training and experience in relapse prevention.
5.7 The fellow must have clinical training and experience in interdisciplinary case management.
5.8 The fellow must have inpatient clinical training and experience in consultative medicine.
5.9 The fellow must have inpatient clinical training and experience in unstable detoxification in monitored beds.
5.10 The fellow must have inpatient clinical training and experience with preoperative dependent patients.
5.11 The fellow must have inpatient clinical training and experience with medically compromised patients.
5.12 The fellow must have inpatient clinical training and experience with emergency management.
5.13 The fellow must have inpatient clinical training and experience with pregnant patients.
5.14 The fellow must have inpatient clinical training and experience with newborns exposed to substance abuse.
5.15 The fellow must have inpatient clinical training and experience with adolescent patients.

D. Ambulatory Continuity
5.1 The program must provide for ambulatory continuity addiction medicine training in a setting where fellows can function as the primary caregiver for patients on an ongoing basis.
5.2 The fellow must have continuity ambulatory training and experience in the 12 step model of care.
5.3 The fellow must have continuity ambulatory training and experience in intensive outpatient programs.
5.4 The fellow must have continuity ambulatory training and experience in detoxification and stabilization.

5.5 The fellow must have continuity ambulatory training and experience in recovery services.

5.6 The fellow must have continuity ambulatory training and experience in pain management.

5.7 The fellow must have continuity ambulatory training and experience in coordination of care for psychiatric and medical co-morbid conditions.

5.8 The fellow must have continuity ambulatory training and experience in community based substance abuse prevention services.

VI. PROGRAM DIRECTOR AND FACULTY

A. Program Director

6.1 Each program must have a single program director who is compensated by the institution.

B. Qualifications

6.1 In addition to meeting all Program Director requirements stipulated in the AOA Basic Documents, the Program Director must meet the following qualifications:

a. Must be actively engaged in the care of addiction medicine patients.

b. Must be certified by the AOA through the American Osteopathic Board of Family Physicians (AOBFP), or the American Osteopathic Board of Internal Medicine (AOBIM), or the American Osteopathic Board of Neurology & Psychiatry (AOBNP).

c. Must hold a current CAQ in addiction medicine through the Addiction Medicine Conjoint CAQ Exam Committee.

C. Responsibilities

6.1 The Program Director must have sole responsibility and authority for the educational content and conduct of the fellowship. The Program Director’s authority in directing the fellowship must be defined in the program documents of the institution.

6.2 In addition to meeting all Program Director requirements stipulated in the AOA Basic Documents, the Program Director responsibilities shall include:

a. The design and implementation of the addiction medicine curriculum described in these standards.

b. Selection and evaluation of program faculty.

VII. FELLOW REQUIREMENTS

7.1 Applicants for the Addiction Medicine fellowship program must be:

a. A graduate of an AOA accredited residency program in family medicine, internal medicine, or neurology/psychiatry, or

b. A practicing physician with current board certification by the American Osteopathic Board of Family Physicians (AOBFP), or the American Osteopathic Board of Internal Medicine (AOBIM), or the American Osteopathic Board of Neurology & Psychiatry (AOBNP).

VIII. EVALUATION
A. Evaluation of the Fellows

8.1 The program shall maintain a permanent record of formative and summative evaluations for each fellow.

8.2 Each fellow must keep a portfolio of all their evaluation material. The portfolio shall include at least the following:
   a. Core competency documentation.
   b. Addiction medicine specific competency documentation.
   c. Semi-annual evaluations.
   d. Final summative evaluation.

B. Formative Evaluation

8.1 There must be semi-annual written evaluations of the knowledge and competencies of each fellow. These evaluations shall be signed by the fellow and by the Program Director.

C. Summative

8.1 The Program Director’s final summative evaluation must include a review of the fellow’s competencies at the completion of training and shall verify that the fellow has demonstrated professional ability to practice addiction medicine competently and independently.

8.2 In cases of early termination of a resident’s program, the Program Director shall provide the resident with written documentation regarding which rotations, if any, were completed satisfactorily.
   a. The AOA Postdoctoral Training Division and the conjoint Education and Evaluating Committee shall be notified of the early termination.

D. Evaluation of Faculty

8.1 All addiction medicine teaching faculty must be evaluated annually. This shall include evaluation of teaching ability, clinical knowledge, and communication skills. The evaluation shall include a mechanism for anonymous input by the fellows.

E. Evaluation of Program

8.1 At the completion of each rotation, the fellow shall evaluate the educational quality of the rotation. These evaluations shall be reviewed by the Program Director.

8.2 The Program Director shall prepare an annual written program review. This shall note the program’s compliance or non-compliance with these standards and shall be reviewed by the institution’s graduate medical education committee. This review may be waived during a year in which the institution completes a formal internal review or AOA on-site approval inspection.

F. Evaluation of Patient Care

8.1 There must be a mechanism to formally evaluate the care provided by the fellows and faculty in both inpatient and outpatient settings. There should be evidence that this information is used to improve education and patient care.