

ALCOHOL/CHEMICAL DEPENDENCY ROTATION GOALS AND OBJECTIVES

Rotation Description: The one-month requirement for addiction psychiatry experience will be achieved via experience with assessment and detoxification of patients during a one-month assignment, primarily on the inpatient unit under the supervision of faculty with expertise in addiction psychiatry. The resident will be responsible for the initial assessment including history and physical, and mental status examination, development of the initial and ongoing treatment plan, detoxification schedule and other treatments, daily rounds with the attending, typically in the morning, and the discharge summary.

In addition the resident will be assigned up to 2 consults with a primary consult referral reason of substance abuse or dependence for assessment and presentation to faculty on rounds in the afternoon, and ongoing management of substance abuse/dependence while the patient is hospitalized in other areas of the hospital.

On Wednesday afternoons, no consults will be assigned as the resident will instead observe and work with addiction faculty in the opioid substitution clinic.

The addiction psychiatry resident will also be in the call rotation that month for emergency room consultations with other residents. In addition to this one-month experience, residents will be responsible for ongoing management and maintenance of sobriety of patients with primary substance abuse/dependence or dual diagnosis in their outpatient clinic. Residents must separately log all patients who have a primary or secondary diagnosis of substance abuse or dependence to include nature of treatment, setting, and medications used as well as the attending supervisor, patient initials, gender, and date of birth. This log must be kept up to date and available for review by faculty and/or the training director at any time. The total caseload for this experience would be expected to be approximately 50 patients.

Goals and Objectives: (core competencies noted in parentheses)

Develop clinical competence in diagnostic and therapeutic addiction psychiatry with the following specific objectives:

- a. Develop the ability to perform and record from the biopsychosocial and functional perspectives an accurate and comprehensive psychiatric evaluation of the patient with psychoactive substance related disorders. (PC, IP/C, PBL)
- b. Develop the capacity to arrive at a differential diagnosis of all substance related disorders including abuse, dependence, intoxication, withdrawal, substance-induced mood, anxiety, delirium, and psychotic disorders as well as all other concomitant Axis I and II psychiatric disorders. (MK, PC, PBL)
- c. Develop the capacity to create comprehensive treatment plans from a biopsychosocial and multidisciplinary perspective for patients with psychoactive substance related disorders. (MK, PC, SBP, PBL)

- d. Develop the ability to assess and manage patients with psychoactive substance related disorders in the psych inpatient and patients admitted to medical floors that the resident will see as consults. (PC, PRO, IP/C, MK, SBP)
- e. Become experienced in the use of a variety of psychotherapeutic techniques for treatment of psychoactive substance dependence including motivational interviewing, psychoeducation, relapse prevention, and supportive, cognitive-behavioral, psychodynamic, couples, family, and group therapies. (MK, PC, IP/C, SBP, PRO, PBL)
- f. Gain competence in psychopharmacologic treatment of substance use disorders (including use of opioid substitution therapy, opioid antagonist therapy, nicotine replacement therapy, use of disulfiram and naltrexone for relapse prevention, and agents such as clonidine, carbamazepine, valproate, and benzodiazepines used for medically supervised withdrawal), as well as in psychopharmacologic treatment of co-morbid psychiatric disorders. (MK, PC, PBL)

Become knowledgeable in addiction psychiatry and the scientific database underlying the discipline via the following specific objectives:

- a. Know the pharmacology and neuropharmacology of all the major substances of dependence including alcohol, opioids, cocaine and other stimulants, cannabis, hallucinogens, benzodiazepines, sedative hypnotics, and nicotine. This includes knowledge of signs and symptoms of use and dependence, withdrawal, and overdose as well as brain reward systems that subserve addictive processes. (MK)
- b. Understand and be able to recognize the social, psychological, medical, and psychiatric problems that frequently occur with psychoactive substance use including problems in family systems, problems of the pregnant substance user, and problems related to HIV infection. (MK, SBP, PC, PBL)
- c. Attend at least one AA/NA meeting in the area to become familiar with the 12 step model (MK, SBP, IP/C)

MK=medical knowledge, PC=patient care, PRO=professionalism, PBL=practice based learning, IP/C=interpersonal skill/communication, SBP=systems based practice

Recommended/required reading assignments:

DSM-4-TR section on Substance Related Disorders

Kaplan and Saddock's Synopsis of Psychiatry section on Substance Related Disorders

Reading list posted on addiction psychiatry faculty's site at <http://wvupc.org/queshi.htm>

Revised August 7, 2007