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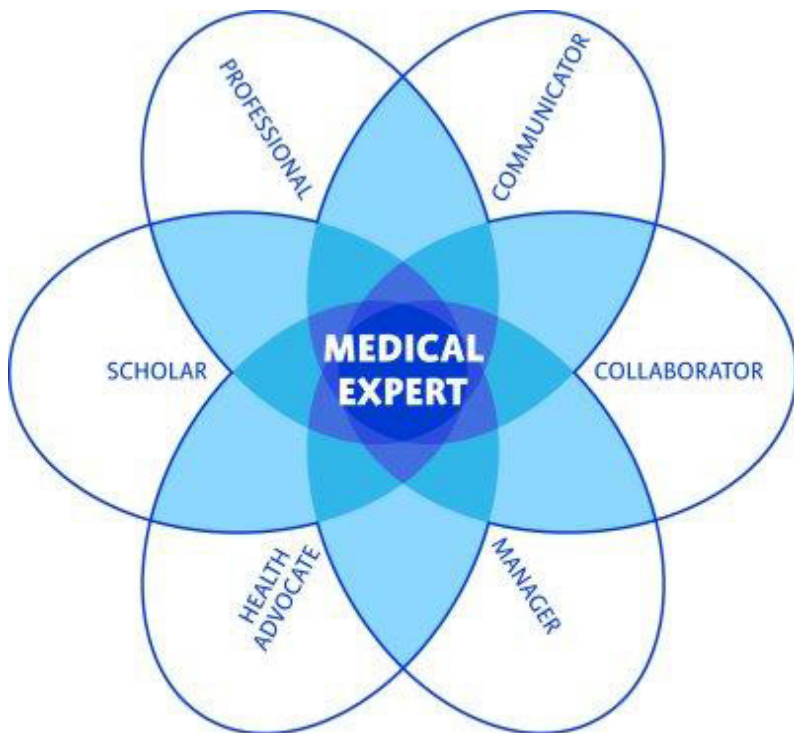
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THE  
**CANMEDS**  
ROLES FRAMEWORK

The CanMEDS Roles Framework. Copyright.  
Frank JR (ed.) 2005. The CanMEDS 2005 Physician Competency Frameworks.  
Better Standards. Better Physicians. Better Care. Ottawa: Royal College of Physicians and  
Surgeons. Canada.

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## ACKNOWLEDGMENTS

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We would like to acknowledge that the CANMEDS framework is a copyright of the Royal College of Physician and Surgeons of Canada, and many of the fellowship descriptions and competencies have been acquired from their resources ([www.royalcollege.ca](http://www.royalcollege.ca)).

The curriculum scientific team has reviewed some of the fellowship and board curricula available in the SCFHS website to develop the blueprint of this proposal.

Also, we would like to refer to the text book PRINCIPLES OF ADDICTION MEDICINE, fourth edition by the American Society of Addiction Medicine (ASAM). The fellowship curriculum team have chosen to formulate the teaching activities and learning objectives according to the chapters of this comprehensive, widely accepted, excellent reference.

Finally, we would like to acknowledge Alaml Hospital, Jeddah Scientific Committee, who proposed the first draft of the addiction fellowship to the Saudi Commission for Health Specialities several years ago. The scientific committee members at that time were as follow: Dr. Fatma Kakey, Dr. Khalid Alaofy, Dr. Mohammed Aljundi, Dr. Osama Bader, Dr. Osmo Arafa, Dr. Ali Alsalama, and Dr. Osama Alibrahim.

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## TABLE OF CONTENTS

Curriculum Specialists Team	1
Acknowledgement	3
Introduction	5
Goals of the Program	7
Admission Requirements	7
Patient Care	7
Overview of the Program	8
Clinical Rotations	9
Specific Learning Objectives: CanMEDS Physician Competency Framework	10
Medical Expert	10
Communicator	14
Collaborator	16
Leader	17
Health Advocate	18
Scholar	21
Professional	23
Overview, Clinical Rotations, Teaching and Learning Activities	25
Learning Activities	25
Assessment	29
Policies and Procedures	32
Certification	34

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## Introduction

Addiction is a chronic-relapsing psychiatric disorder that occurs as a consequence of the direct toxic effect of a psychoactive substance on the brain. These toxins usually result in a functional, long-lasting pathological change that could explain the chronic-relapsing nature of addictive disorders. Manifestations of addictive disorders involve a cluster of physiological, psychological, behavioral, and cognitive manifestations, in which the use of the psychoactive substance takes on much higher priority for a given individual than other behaviors that once had a greater value. Clinical presentation such as suicide attempts, lethal overdose, severe violent behavior, acute intoxication or withdrawal syndromes, and full-blown psychotic, manic, or depressive symptoms, are among the common presentations of patients with addictive disorders to the psychiatric and emergency departments. Nevertheless, other types of subtle, less clinically acute presentations are very common and can occur any time during the course of the addictive illness. The effects of psychoactive substances on the patients' brain, other bodily systems, and organs can virtually induce, precipitate, perpetuate, or aggravate any psychiatric and non-psychiatric health issues.

Complications, consequences, and sequel of addictive disorders tend to occur simultaneously, and usually affect a patient's life early in the course of the illness. These negative outcomes nearly always impact the patient's personal, familial, social, vocational, educational, financial, legal, forensic, and spiritual spheres of life. The complexity of the addictive disorder and its associated problems make it a very challenging pathological phenomenon. Well-planned, organized, and structured efforts between governmental and non-governmentally bodies are an absolute requirement for effective control and management. This level of cooperation demands many different types of intellectual, legislative, humanistic, and financial resources.

Addiction disorders are common worldwide. According to the World Health Organization's epidemiological data on the prevalence of alcohol use disorders, the estimated range worldwide was found to be from 0 to 16% among adults, and for drug use disorders to be 0 to 3%. The Saudi National Mental Health Survey preliminary results on the lifetime prevalence of psychoactive drug disorders was found to be 3.13% for drug abuse, 0.79% for drug dependence, 0.48% for alcohol abuse, and 0.52% for alcohol dependence. If we compare the national prevalence data to the global figures presented in the WHO website, we find ourselves in a relatively good position. This fact could be partially attributed to the social, cultural, and spiritual nature of our society, and to the huge volume of resources allocated by governmental organizations to deal with drug addiction and its related health issues.

The governmental interest in treating patients with addictive disorders is very evident. Three addiction hospitals were launched more than 28 years ago. Subsequently, several other addiction hospitals have been launched. Currently in Saudi Arabia we have eight hospitals specialized in treating patients with addictive disorders. These hospitals were given the Arabic name "Alamal Complex" which translates in English to "Hope Complex". The complexes serve and treat patients through the provision of structured comprehensive biopsychosocial spiritual programs that are completely sponsored and financially supported by the Ministry of Health. All hospitals are equipped to serve adult male patients and some have opened wards for female patients and male adolescent patients. The total capacity of all addiction hospitals exceeds six hundred beds, all dedicated to patients with addictive disorders. Most of the hospitals have the facilities to provide different levels and types of care and intervention, including acute care through emergency departments, short-term, long-term in-patient wards, outpatient clinics, after

care units, and halfway houses in addition to the specialized self-help groups that are available in many cities around the country. It is worth mentioning that most of these hospitals are providing an integrative holistic treatment program run by multidisciplinary teams. All treatment team members are qualified and certified in psychiatric and relevant mental health specialties, but few of these hospitals have psychiatric consultants sub-specialized in addiction psychiatry. In day-to-day real life practice, these hospitals treat patients addicted to different types of psychoactive substances including but not limited to amphetamines and cannabis which are the most commonly abused substances in the Kingdom, followed by alcohol and heroin. Other types of illicit substance abuse include cocaine, methamphetamine, inhalers, khat, and prescription medication like opioids, benzodiazepines, and barbiturates, but these occur at a lower frequency.

We believe that it is very prudent to start a post-doctoral clinical training program in the subspecialty of addiction psychiatry. Our resources, capabilities, and potentials, as well as the 2030 national strategic visions, are all supporting and enhancing the initiation of a well-structured fellowship training program. The program will be a national curriculum under the umbrella of the Saudi Commission for Health Specialties.

We believe that graduates of this program will participate in the improvement and provision of addiction treatment services, play a major role in the development of national strategic plans, promote the national prevention programs, and enhance community awareness about addictive disorders.



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## Goals of the Program

1. To improve the provision of addiction treatment and preventive services for patients with addictive disorders
2. To attract and retain young doctors to work in the field of addiction psychiatry by providing a promising career path
3. To enhance the health system's response to the burden of diseases associated with addictive disorders
4. To provide role legitimacy and responsibility for doctors; promoting rather than diminishing physicians' involvement with intervention in drug and alcohol problems
5. To promote scientific studies to advance knowledge in the field of addiction psychiatry
6. To promote and encourage high levels of skill and expertise, along with high ethical standards in the practice of addiction psychiatry
7. To act as an authoritative body for consultation in matters of education and public and community awareness of addiction and prevention

## Admission Requirements

To be admitted to the program, an applicant should comply with the executive policy of SCFHS on admission and registration (available online). A candidate must have:

1. Successfully completed an accredited training program in general psychiatry
2. Successfully passed the final general psychiatry written exam
3. Obtained a minimum classification status of "senior registrar" in psychiatry
4. Passed an interview conducted by the subspecialty scientific committee
5. Obtained three letters of recommendation from consultants with whom the candidate has recently worked
6. Provided written permission from a sponsor, allowing the candidate to work on a full-time basis for the duration of the training program

## Objectives of the Program

### Patient Care

The addiction psychiatry specialist will demonstrate competence in medical care of patients with addictive disorders across a diverse spectrum of drug use/abuse, stages of use, and clinical presentations, including care directed at treating and/or minimizing the addictive disorder and its complications.

He/she will be able to render patient care that is compassionate, appropriate, and effective for the prevention and treatment of problems related to addiction disorders.

Specifically, the addiction psychiatrist will be able to:

1. Screen for and diagnose common problems related to addiction disorders
2. Recognize psychological, social, and functional indicators of subclinical addiction disorders
3. Use common standardized screening instruments and interview questions to assess use
4. Conduct routine screening for addiction when patients present with commonly associated medical problems, including trauma or other injuries
5. Conduct comprehensive clinical data collection

6. Conduct a clinical interview to collect specific substance use and addiction treatment history in a structured and non-judgmental manner
7. Assess stages of change and use motivational interviewing strategies to promote change in persons with addictive disorders
8. Perform an appropriate physical examination to detect signs of illicit drug use, including physical signs of acute use, intoxication, withdrawal, chronic use, and sequelae of use for illicit drugs:
  - Tobacco
  - Alcohol
  - Sedative-hypnotics
  - Stimulants
  - Opioids
  - Volatile substances
  - Cannabis
  - Designer drugs
  - Prescription drugs
  - Other addictive substances
9. Order appropriate diagnostic tests such as
  - Routine laboratory test
  - Toxicology screening
  - Diagnostic imaging
10. Use standard diagnostic criteria to diagnose addiction disorders
11. Formulate an appropriate abstinence-oriented and/or harm-reduction management plan
12. Explain the diagnosis and rationale for treatment to the patient
13. Provide brief intervention and make referrals for treatment
14. Lead the management plan for:
  - Intoxication syndromes
  - Withdrawal syndromes
  - Outpatient detoxification treatment programs
  - Inpatient treatment programs
  - Residential treatment programs
  - Addiction disorders in acute care settings
  - Ongoing recovery (i.e., aftercare, relapse prevention, halfway houses and self-help groups)

## Overview of the Program

The program is a two-year full-time clinical training program for board certified psychiatrists in the field of addiction psychiatry. The program includes a set of mandatory clinical rotations and a list of elective rotations. All fellowship trainees are required to complete and fulfill training requirements of all mandatory rotations for a total of 20 months and two of the four elective clinical rotations for a total of two months. Both the mandatory and elective rotations should be completed within the two-year training period.

## Clinical Rotations

### A. Mandatory rotations:

- 3 months in voluntary inpatient detoxification unit
- 3 months in involuntary inpatient detoxification unit
- 3 months in behavioral modification/rehabilitation unit
- 3 months in outpatient department
- 3 months in addiction emergency department
- 3 months in relapse prevention (extended care) unit
- 2 months in female addiction treatment program (inpatient, OPD, emergency)

### B. Elective rotations (any two of the following):

- One month in general psychiatry emergency department
- One month in adolescent inpatient addiction treatment unit
- One month in dual diagnosis inpatient unit
- One month in outpatient smoking cessation program

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## Specific Learning Objectives: CanMEDS Physician Competency Framework

The Canadian Medical Education Directives for Specialists (CanMEDS) framework, which is applied in postgraduate training programs in many countries, offers a model of physician competencies that emphasizes not only medical expertise but also multiple additional non-medical expert roles that aim to competently serve society's needs. Therefore, the Saudi Commission for Health Specialties (SCFHS) is adopting the CanMEDS framework to establish a core curriculum for all training programs including that of the Saudi Board Certification in Addiction Psychiatry. Therefore, at the completion of training the fellow will have acquired the following competencies and will function effectively in each of the CanMEDS role described below.

### Medical Expert

#### Definition

As Medical Experts, addiction psychiatry physicians integrate all the CanMEDS roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. Medical Expert has the central physician role in the CanMEDS Framework and defines the physician's clinical scope of practice.

#### Description

As Medical Experts who provide high-quality, safe, patient-centered care, physicians draw upon an evolving body of knowledge, their clinical skills, and their professional values. They collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions within their scope of practice and with an understanding of the limits of their expertise. Their decision-making is informed by best practices and research evidence and considers the patient's circumstances and preferences as well as the availability of resources. Their clinical practice is up-to-date, ethical, and resource efficient, and is conducted in collaboration with patients and their families, other health care professionals, and the community. The Medical Expert Role is central to the function of physicians and draws on the competencies included in the Intrinsic Roles (Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional).

#### Key Competencies

Addiction psychiatry physicians are able to:

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
2. Establish and maintain clinical knowledge, skills, and attitudes appropriate to addiction psychiatry
3. Perform complete and appropriate patient assessments
4. Use preventive and therapeutic interventions effectively
5. Demonstrate proficient and appropriate use of psychological skills, both diagnostic and therapeutic
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

### Enabling Competencies

Addiction psychiatry physicians are able to:

- Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response, to a request from another health care professional
- Demonstrate use of all CanMEDS competencies relevant to addiction psychiatry
- Identify and appropriately respond to relevant ethical issues arising in patient care and medical decision-making
- Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- Demonstrate compassionate and patient-centered care
- Recognize and respond to the ethical dimensions in medical decision-making
- Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments as needed
- Establish and maintain clinical knowledge, skills, and attitudes appropriate for addiction psychiatry
- Apply knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to addiction psychiatry, including the knowledge needed to effectively and ethically provide medical care for adults and adolescents with substance use disorders
- Knowledgeable of the following addiction psychiatry topics:
  - epidemiology
  - prevalence of alcohol and other drugs pattern of use
  - demography of drug use: social, national, religious, ethnic, cultural contexts
  - etiology of drug use disorder
  - neurobiology of reward and addiction
  - genetics of reward and drug addiction
  - psychological disorders shaping drug use
  - effects of different drugs
  - pharmacodynamics of common drugs of reward
  - action and features of acute drug intoxication
  - pathophysiology of chronic drug addiction
  - neuropsychological effects of chronic drug use
  - common medical problems associated with drug use
  - behavioral addictions
  - fetal and neonatal complications that arise from the mother's drug use
- Knowledgeable in common standardized screening instruments and interviews, laboratory tests and diagnostic imaging to reach appropriate diagnoses which include:
  - scales for intoxication and withdrawal symptoms
  - routine laboratory tests
  - toxicology screening
  - brain imaging techniques (MRI, CT)
- Expert in the clinical skills needed to perform an appropriate physical assessment to detect signs of intoxication or withdrawal for different drugs of abuse
- Expert knowledge of uncommon over-the-counter medication misuse, including but not limited to:
  - gabapentin
  - pregabalin
  - pseudoephedrine
  - pain killers

- Expert knowledge of applying standard diagnostic criteria to diagnose substance use disorders, including the last editions of the following diagnostic and classification systems:
  - DSM
  - ICD
- Expert knowledge of treating medical emergencies associated with commonly used drugs, including but not limited to:
  - alcohol
  - opioids
  - sedative-hypnotics
  - cocaine, amphetamines, other stimulants
- Expert knowledge of long-term rehabilitation programs for patients with addictive problems for the purposes of:
  - providing full information to the patient to promote treatment continuity
  - recognizing the best rehabilitation program biased on individual circumstances and preferences
  - providing different choices for relapsed patients who have not benefitted from previous rehabilitation programs
  - promoting and maintaining a healthy lifestyle in the long-term
- Provide appropriate general medical and psychiatric care for persons in recovery
- Select appropriate medical treatment when indicated
- Use motivational interviewing to support the recovery process
- Follow indicators of recovery
- Identify objective physical and psychological findings
- Recognize biological markers
- Implement pharmacological intervention to support recovery
- Implement basic psychological interventions to support recovery
- Maintain awareness of specialty treatment approaches and available resources
- Maintain awareness of self-help, peer group approaches, and resources
- Implement complementary/alternative health approaches
- Recognize and assess patients in need of pharmacological intervention
- Implement opioids maintenance treatment
- Treat high-craving patients
- Treat patients with co-morbid psychiatric disorders
- Describe the CanMEDS framework of competencies relevant to addiction psychiatry
- Apply lifelong learning skills of the Scholar Role to implement a personal program to stay current with and enhance areas of professional competence
- Contribute to the enhancement of quality care and patient safety in addiction psychiatry, integrating the available best evidence and best practices
- Perform a complete and appropriate patient assessment
- Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preferences
- Elicit a history that is relevant, concise, and accurate to context and preferences, for the purposes of prevention, health promotion, diagnosis, and/or management
- Perform an efficient physical examination, demonstrating sensitivity to the patient's needs and modifying the procedure as necessary based on the patient's age, gender, sexual orientation, and ethnicity
- Select medically appropriate investigative methods in a resource-effective and ethical manner

- Demonstrate effective clinical problem-solving and judgment to address patient problems, interpret available data, and integrate information to generate differential diagnoses and management plans
- Plan and coordinate an appropriate diagnostic work-up for any new patient with potential underlying substance use
- Diagnose and manage substance use disorder, including but not limited to:
  - alcohol
  - amphetamine, cocaine, and other stimulants
  - cannabis
  - opioids
  - sedative-hypnotics
  - tobacco
  - hydrocarbons, nitrous oxide and other inhalants
  - mescaline, LSD, and other hallucinogens
  - ketamine, phencyclidine and other dissociative drugs
  - anabolic steroids
  - club drugs and designer drugs
- Manage substance use patients receiving or undergoing medical care, including but not limited to:
  - pre- and post-operative surgical care
  - pain management
  - mothers and children in prenatal period
  - problems related to intravenous drug abuse
  - geriatric patients with substance use issues
  - mentally and/or physically handicapped patients
  - forensic patients
- Use preventive and therapeutic interventions effectively
- Consult with non-addiction psychiatric or medical services as appropriate for optimal patient care
- Implement management plan in collaboration with the patient and the patient's family
- Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to addiction psychiatry, collaborating with other specialty services as appropriate
- Select inpatient and outpatient treatment programs and other forms of systemic therapies and describe the advantages and disadvantages of different treatment programs
- Integrate multidisciplinary therapies, including bio-psycho-social-spiritual programs for individualized patient care plans
- Describe indications for therapy with both detox and recovery settings
- Manage medical emergencies and complications that may arise as a result of substance intoxication or withdrawal
- Ensure appropriate informed consent is obtained for therapies
- Ensure patients receive appropriate hospitality
- Demonstrate effective, appropriate, and timely performance of therapeutic interventions relevant to addiction psychiatry, including but not limited to:
  - motivational interview
  - cognitive- behavioral treatment
- Document and disseminate information related to interventions performed and their outcomes
- Ensure adequate follow-up is arranged for intervention performed

- Seek appropriate consultation with other health professionals, recognizing the limits of your own expertise
- Demonstrate insight into your own limits of expertise
- Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal patient care
- Arrange appropriate follow-up care services for the patient and the patient's family

## Communicator

### Definition

As Communicators, physicians create relationships with patients and their families that facilitate the gathering and sharing of essential information for effective healthcare.

### Description

Physicians enable patient-centered therapeutic communication by exploring the patient's symptoms, which may be suggestive of an addiction disorder, and by actively listening to the patient's experience of his or her problem. Physicians explore the patient's perspective, including his or her fears, ideas about the substance use, feelings about the impact of the substance use, and expectations of health care and health care professionals. The physician integrates this knowledge with an understanding of the patient's context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centered approach is shared decision-making, finding common ground with the patient in developing a plan, addressing his or her medical problems and health goals in a manner that reflects the patient's needs, values, and preferences. This plan should be informed by evidence and guidelines.

As substance use disorders affect not only patients but also their families, physicians must be able to communicate effectively with everyone involved in the patient's care.

### Key Competencies

Addiction psychiatry physicians are able to:

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families
2. Accurately elicit and synthesize relevant information from the perspectives of patients and families, colleagues, and other professionals
3. Convey relevant information and provide accurate explanations to patients, families, colleagues, and other professionals
4. Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care
5. Convey effective oral and written information about a medical encounter

### Enabling Competencies

- Addiction psychiatry physicians are able to develop rapport, trust, and ethical therapeutic relationships with patients and families
- Recognize that being a good communicator is a core clinical skill, for Addiction Psychiatrist, and that effective physician-patient communication, can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy



- Establish a professional relationship with patients of all ages, as well as with their parents, legal guardians, or other caregivers, to obtain a meaningful history
- Conduct a relevant physical examination and provide the best care available for the disorder for which the consultation was requested
- Respect patient confidentiality, privacy, and autonomy
- Listen effectively
- Be aware of and responsive to nonverbal cues
- Facilitate a structured clinical encounter effectively
- Accurately elicit and synthesize relevant information and perspectives of patients, families, colleagues, and other professionals
- Gather information about a disorder, and about a patient's beliefs, concerns, expectations and illness experience
- Seek out and synthesize relevant information from others such as the patient's family, caregivers and other professionals
- Deliver information to the patient and family, colleagues, and other professionals in a humane manner, and in such way that it is understandable and encourages discussion and participation in decision-making
- Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- Discuss complementary health care practices, their importance to families, and their potential benefits, risks, and limitations
- Establish an atmosphere of open communication appropriate to the consultation, and convey interest, sensitivity, empathy, and support
- Identify and present well-documented assessments and recommendations in written and/or verbal form, with respect to patient care, education, and expert opinion
- Discuss appropriate current information with patients and their families, including benefits and risks related to choices faced in addiction psychiatry, including but not limited to participation in clinical trials
- Effectively identify and explore problems to be addressed from a patient encounter , including the patient's context, responses, concerns, and preferences
- Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care
- Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making
- Encourage discussion, questions, and interaction in the encounter
- Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- Address challenging communication issues effectively, such as obtaining informed consent, and demonstrate an understanding of coping mechanisms and supports available to alleviate distress
- Maintain clear, accurate, and appropriate records of clinical encounters and plans
- Convey effective oral and written information about a medical encounter
- Present verbal reports of clinical encounters and plans
- Acquire communication skills required for interaction with the media and other community groups on topics relevant to addiction psychiatry

## Collaborator

### Definition

As Collaborators, physicians work effectively with other health care professionals to provide safe, high- quality, patient-centered care.

### Description

Collaboration is essential for safe, high-quality, patient-centered care, and involves patients and their families, physicians and other colleagues in the health care professions, community partners, and health system stakeholders.

Collaboration requires relationships based in trust, respect, and shared decision-making among a variety of individuals with complementary skills, in multiple settings across the continuum of care. It involves sharing knowledge, perspectives, responsibilities, and a willingness to learn together. This requires understanding the roles of others, pursuing common goals and outcomes, and managing differences.

Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

### Key Competencies

Physicians are able to:

1. Participate effectively and appropriately in an inter-professional health care team
2. Work with other health professionals effectively to prevent, negotiate, and resolve inter-professional conflict

### Enabling Competencies

Physicians are able to:

1. Participate effectively and appropriately in an inter-professional health care team:
  - Describe the specialist's roles and responsibilities to other professionals
  - Describe the roles and responsibilities of other professionals within the health care team
  - Recognize and respect the diversity of roles, responsibilities, and competences of other professionals in relation to their own
  - Understand and respect the role and expertise of all members of an interdisciplinary team and the value of such expertise in the care of all patients
  - Work with others to assess, plan, provide, and integrate care for individual patients (or groups of patients)
  - Provide consultation with respect to diagnosis and delivery of optimal patient care, education, and medico-legal issues relevant to the care of patients
  - Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program review, or administrative responsibilities
  - Consult and collaborate with physicians, and other health care professionals, including internists and family physicians, and participate in interdisciplinary team activities within and between hospitals, other health care facilities, and collaborative groups
  - Develop, or contribute to the development of, a care plan in collaboration with the members of the interdisciplinary team
  - Describe the principles of team dynamics

- Respect team ethics, including confidentiality, resource allocation, and professionalism
  - Demonstrate leadership in a health care team as appropriate
2. Work with other health professionals effectively to prevent, negotiate, and resolve inter-professional conflict:
- Demonstrate a respectful attitude, towards other colleagues and members of an inter-professional team
  - Work with other professionals to prevent conflicts
  - Employ collaborative negotiation to resolve conflicts
  - Respect differences and address misunderstandings and limitations in other professionals
  - Recognize one's own differences, misunderstanding, and limitations that may contribute to inter-professional tension
  - Reflect on inter-professional team function

## Leader

### Definition

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

### Description

The CanMEDS Leader Role describes the engagement of all physicians in shared decision-making for the operation and ongoing evolution of the health care system. As a societal expectation, physicians demonstrate collaborative leadership and management within the health care system. At a system level, physicians contribute to the development and delivery of continuously improving health care and engage with others in working toward this goal. Physicians integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities. They function as individual care providers, as members of teams, and as participants and leaders in the health care system locally, regionally, nationally, and globally.

### Key Competencies

Physicians are able to:

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems
2. Manage their practice and career effectively
3. Allocate finite health care resources appropriately
4. Serve in administration and leadership roles as appropriate

### Enabling Competencies

Physicians are able to:

- Participate in activities that contribute to the effectiveness of their health care organizations, and systems
- Work collaboratively with others in their organizations and share responsibility, for health care delivery in interdisciplinary and inter-professional settings
- Participate in systemic quality process evaluation and improvement, including but not limited to patient safety initiatives

- Demonstrate an understanding of standardization, quality control, quality assurance, and safety as each relates to addiction psychiatry practices
- Demonstrate knowledge of the definition and role of audits, quality improvement, risk management, adverse effects/incident reporting, and complaint management in a hospital and ambulatory setting
- Demonstrate an understanding of cost/benefit ratios of diagnostic and therapeutic interventions, cost containment and efficacy, effectiveness, and efficiency as they relate to quality assurance
- Describe the structure and function of the health care system as it relates to addiction psychiatry, including the roles of physicians
- Demonstrate knowledge of various forms of health care provision applicable to addiction psychiatry; in particular, the relative advantages, disadvantages, and impacts on the patient and family during hospital care, outreach/community care, home care, and rehabilitation care
- Demonstrate understanding of population-based approaches to health care services and their implication for the substance use patient population
- Demonstrate an understanding of the social, societal, and governmental aspects of health care provision, as applied to the substance use patient population
- Demonstrate an understanding of human resource planning as it applies to addiction psychiatry
- Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding
- Manage their practice and career effectively:
  - set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life
  - implement processes to ensure personal practice improvement
  - employ information technology appropriately for patient care
- Allocate finite health care resources appropriately:
  - recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
  - demonstrate an understanding of cost and cost-effectiveness of various forms of substance use care, as they apply to addiction psychiatry
  - demonstrate an understanding of finite resources, including but not limited to residential programs and opioid replacement therapy
  - apply evidence and management processes for cost-appropriate care
  - serve in administration and leadership roles as appropriate
  - chair or participate effectively in committees and meetings
  - lead or implement change in health care
  - plan relevant elements of health care delivery (e.g., work schedules)

## Health Advocate

### Definition

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve, to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

### Description

Physicians are accountable to society and recognize their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve. Physicians possess medical knowledge and abilities that provide unique perspectives on health. Physicians also have privileged access to patients' accounts of their experience with illness and the health care system.

Health Equity Improving health is not limited to mitigating illness or trauma, but also involves disorder prevention, health promotion, and health protection. Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

Physicians leverage their position to support patients in navigating the health care system and to advocate for them to access appropriate resources in a timely manner. Physicians seek to improve the quality of both their clinical practice and associated organizations by addressing the health needs of the patients, communities, or populations they serve. Physicians promote healthy communities and populations by influencing the system or supporting others who influence the system, both within and outside of their work environments. Advocacy requires action. Physicians contribute their knowledge of the determinants of health to positively influence the health of the patients, communities, or populations they serve. Physicians gather information and perceptions about issues, working with patients and their families to develop an understanding of needs and potential mechanisms to address these needs. Physicians support patients, communities, or populations to call for change and they speak on behalf of others when needed. Physicians increase awareness about important health issues at the patient, community, or population level. They support or lead the mobilization of resources (e.g., financial, material, or human resources) on small or large scales.

Physician advocacy occurs within complex systems and thus requires the development of partnerships with patients, their families and support networks, or community agencies and organizations to influence health determinants. Advocacy often requires engaging other health care professionals, community agencies, administrators, and policy-makers.

### Key Competencies

Physicians are able to:

1. Respond to individual patient health needs and issues as part of patient care
2. Respond to the health needs of the communities that they serve
3. Identify the determinants of health for the populations that they serve
4. Promote the health of individual patients, communities, and populations

### Enabling Competencies

- Physicians are able to respond to individual patient health needs and issues as part of patient care
- Identify the health needs of an individual patient
- Demonstrate in-depth knowledge of the health care needs and quality of life issues of adolescents, adults, and geriatric adults with substance use disorders
- Identify important determinants of health and health outcomes for adolescents, adults, and geriatric adults with substance use disorders

- Recognize that the health care needs of adolescents are different from adults and geriatric adults and that needs change throughout the developmental continuum
- Recognize the importance of community services, including but not limited to school, recreation, and appropriate transportation, in the health of adolescents, adults, or geriatric adults with substance use disorder
- Ensure timely and appropriate care for adolescents and young adults with substance use disorder as they transition from adolescent to adult health care services
- Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care
- Appreciate the possibility of competing interests between individual advocacy issues and the community at large
- Respond to the health needs of the communities that they serve to:
  - describe the practice communities that they serve
  - identify opportunities for advocacy, health promotion, and disease prevention in the communities that they serve and respond appropriately
  - demonstrate knowledge of the principles of clinical epidemiology that will permit the analysis of data for advocacy purposes, including competence to recognize, assess, and respond to the psychosocial, economic, societal, and biologic factors influencing the health of the substance use disorder population
  - assess the ability of the substance use disorder population to access needed services in the health and social support systems
  - appreciate the possibility of competing interests between the communities served and other populations
- Identify the determinants of health for the populations that they serve to:
  - identify the determinants of health of the populations including barriers to access care and resources
  - identify vulnerable or marginalized populations within those served and respond appropriately
  - promote the health of individual patients, communities, and populations
  - describe an approach to implementing a change in a determinant of health of the populations they serve
  - describe how public policy impacts the health of the populations served
  - identify the determinants of the burden of morbidity and the importance of advocacy for developing policies that might mitigate that burden
  - identify points of influence in the health care system and its structure.
  - describe how health care governance influences patient care, research, and educational activities at a local, regional, provincial, and national level
  - describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism
  - recognize and respond to those issues, settings, circumstances, or situations in which advocacy on behalf of patients, professions, or society are appropriate
  - appreciate the possibility of conflict inherent in their role as health advocate for a patient or community with that of manager or gatekeeper
  - describe the role of the medical profession in advocating collectively for health and patient safety

## Scholar

### Definition

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

### Description

Physicians acquire scholarly abilities to enhance practice and advance health care. Physicians pursue excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing their work with that of others, and actively seeking feedback in the interest of quality and patient safety. Using multiple ways of learning, they strive to meet the needs of individual patients and their families for the health care system.

Physicians strive to master their domains of expertise, to share their knowledge. As lifelong learners, they implement a planned approach to learning in order to improve in each CanMEDS Role. They recognize the need to continually learn and to model the practice of lifelong learning for others. As teachers, they facilitate individually and through teams, the education of students and physicians in training, colleagues, co-workers, the public, and others.

Physicians are able to identify pertinent evidence, evaluate it using specific criteria, and apply it in their practice and scholarly activities. Through their engagement in evidence-informed and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence, while taking patient values and preferences into account.

Finally, physicians' scholarly abilities allow them to contribute to the application, dissemination, translation, and creation of knowledge and practices applicable to health and health care.

### Key Competencies

Physicians are able to:

1. Maintain and enhance professional activities through ongoing learning
2. Critically evaluate medical information and its sources and apply this appropriately to practice decisions
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others as appropriate
4. Contribute to the development, dissemination, and translation of new knowledge and practices

### Enabling Competencies

- Maintain and enhance professional activities through ongoing learning
- Describe the principles for maintaining competence
- Describe the principles and strategies for implementing a personal knowledge management system
- Recognize and reflect on learning issues in practice
- Conduct a personal practice audit
- Pose an appropriate learning question, recognize and identify gaps in knowledge and expertise around the question, and formulate a plan to address the gap(s)

- Access and apply information relevant to the clinical practice of addiction psychiatry, using the principles of evidence-based medicine
- Integrate new learning into practice
- Evaluate the impact of any change in practice
- Document the learning process
- Attend and document participation in relevant meetings and educational activities
- Critically evaluate medical information and its sources and apply this appropriately to practice decisions:
  - describe the principles of critical appraisal
  - critically appraise retrieved evidence to address a clinical question
  - develop and implement a system to identify and critically review key current literature related to substance use disorder
  - demonstrate foundational knowledge of epidemiology and biostatistics, including the design, conduct, and evaluation of clinical trials
  - execute a systematic search for evidence and critically evaluate medical literature to optimize problem-solving and decision-making in substance use disorders
  - apply principles of evidence-based medicine to evaluate quality of research publications
  - integrate critical appraisal conclusions into clinical care
- Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others as appropriate:
  - describe principles of learning relevant to medical education
  - identify collaboratively the learning needs and desired learning outcomes of others
  - develop effective educational strategies for trainees, including medical students, health care professionals, patients, family members, and the general public
  - accurately assess the needs of target groups with regard to information on substance use disorders
  - provide education for health care professionals and guidance to patients using current and evolving scientific and technological approaches on issues related to substance use disorders
  - evaluate the effectiveness of educational strategies employed to achieve learning objectives
  - select effective teaching strategies and content to facilitate others' learning
  - demonstrate an effective lecture or presentation
  - assess and reflect on a teaching encounter
  - provide constructive feedback to both teachers and students
  - describe the principles of ethics with respect to teaching
- Contribute to the development, dissemination, and translation of new knowledge and practices:
  - describe the principles of research and scholarly inquiry
  - describe the principles of research ethics
  - pose a scholarly question
  - Conduct systematic search for evidence
  - select and apply appropriate methods to address the question
  - demonstrate understanding of the concepts of clinical research design
  - provide explanations to patients and families regarding clinical research trials
  - demonstrate critical appraisal skills
  - undertake and demonstrate progress of a scholarly project



## Professional

### Definition

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

### Description

Physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, science, and practice of medicine. A physician's professional identity is central to this role. The Professional role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. It is also recognized that to provide optimal patient care, physicians must take responsibility for their own health and the well-being of their colleagues. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves.

### Key Competencies

Physicians are able to:

Demonstrate a commitment to their patients, profession, and society through ethical practice

Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

Demonstrate a commitment to physician health and sustainable practice

### Enabling Competencies

Physicians are able to:

1. Demonstrate a commitment to their patients, profession, and society through ethical practice:
  - Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
  - Demonstrate specific strategies to enhance professional and personal awareness and interrelationships
  - Demonstrate adherence to accepted practices of the profession and the local institution
  - Demonstrate a commitment to delivering the highest quality care and maintaining competence with integrity, honesty, and compassion
  - Display attitudes commonly accepted as essential to professionalism and consistent with a consulting addiction psychiatry role
  - Recognize personal strengths and weaknesses including those related to professional competence
  - Recognize and appropriately respond to ethical issues, encountered in practice
  - Practice medicine in an ethically responsible manner that respects the medical, legal, and professional obligations of belonging to a self-regulating body
  - Recognize, analyze, and develop approaches to resolving ethical issues related to substance use disorder
  - Demonstrate knowledge of the legal and ethical issues related to substance use disorder

- Recognize, analyze and attempt to resolve ethical issues in clinical practice, including but not limited to truth-telling, advanced directives, confidentiality, conflict of interest, resource allocation, and research ethics
  - Demonstrate an appreciation of ethical dilemmas, including but not limited to withdrawal of treatment, opioid replacement therapy, and innovative therapies
  - Demonstrate an understanding of relevant legislation that relates to the health care system to guide one's clinical practice
  - Manage conflicts of interest
  - Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.
  - Maintain appropriate boundaries with patients
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation:
- Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice
  - Fulfill the regulatory and legal obligations required of current practice
  - Demonstrate knowledge of liability issues related to substance use disorders for adolescents, adults and geriatric adults:
    - recognize principles of liability
    - demonstrate adherence to practice guidelines
    - demonstrate accountability to professional regulatory bodies
    - recognize, analyze, and address unprofessional behaviors in clinical practice taking local and provincial regulations into account
    - participate in peer review
3. Demonstrate a commitment to physician health and sustainable practice:
- Balance personal and professional priorities to ensure personal health and a sustainable practice
  - Strive to heighten personal and professional awareness and insight
  - Recognize other professionals in need and respond appropriately

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## Overview, Clinical Rotations, Teaching and Learning Activities

### Learning Activities

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning, from formal teaching programs to experiential learning.

1. Formal Teaching and Learning Activities:
  - Core specialty topics (70%)
  - Universal topics (10%)
  - Fellow's selected topics (20%)
2. Practice-Based Learning (PBL), such as:
  - Morning report case presentations
  - Morbidity and mortality review
  - Journal club
  - Case presentation
  - Grand round/guest speakers on core specialty topics
  - Joint specialty meeting
3. Work-Based Learning (WBL), such as:
  - Daily-round-based learning
  - On-call-based learning
  - Clinic-based learning
  - Workshops and courses
4. Self-directed Learning
  - Formal Learning and Teaching Activities:
    - Core Specialty Topics (70%)

Formal teaching would be utilized during the fellowship program. Recommended time allocation is 2-4 hours per week. Topics might include interactive lectures, case discussion, quizzes, or videos. This ensures that Fellows become well versed in the important addiction psychiatry topics/clinical problems. The following topics should be covered during the training period:

1. Basic science and core concepts:  
Objectives:
  - Recognize neurobiology of drug addiction
  - Discuss epidemiology of addiction
  - Explain anatomy of addiction
  - Explain neurobiology of treatment
  - Understand behavioral addiction
2. Pharmacology:  
Objectives:
  - Explain pharmacokinetic and pharmacodynamic general principles
  - Discuss pharmacology of:
    - Alcohol
    - Non-alcohol sedative-hypnotics
    - Opioids
    - Cocaine
    - Caffeine

- Nicotine
  - Cannabinoids
  - Hallucinogens, designer and dissociative drugs
  - Inhalants and anabolic androgenic steroids
3. Clinical assessment and early intervention:  
Objectives:
- Plan screening and early intervention
  - Discuss laboratory diagnosis
  - Discuss assessment
  - Plan environmental approaches to prevention
4. Overview of addiction treatment  
Objectives:
- Discuss alcoholism and drug addiction treatment
  - Discuss effects of treatment settings
  - Recognize links between addiction programs and other psychiatric and medical treatment systems
  - Plan harm reduction approach to addiction treatment and prevention programs
  - Discuss quality improvement for addiction treatment program
  - Discuss international perspective on addiction management
5. Special issues in addiction psychiatry  
Objectives:
- Recognize non-medical use of prescription medications
  - Discuss special issues of addiction in subgroups: women, adolescents, and older adults
  - Recognize behavioral addiction: gambling and sexual addiction
6. Management of intoxication and withdrawal syndromes  
Objectives:
- Recognize general principles of management of intoxication and withdrawal
  - Plan management of intoxication and withdrawal for the following substances:
    - alcohol and other sedatives hypnotics
    - opioids
    - cocaine and other stimulants
    - hallucinogen, cannabinoids, nicotine, phencyclidine and designer drugs
7. Pharmacological interventions  
Objectives:
- Discuss medication use in treatment and rehabilitation programs for the following substance addictions:
    - alcohol and other sedatives and hypnotics
    - opioids and maintenance programs
    - cocaine, other stimulants, and nicotine
8. Behavioral interventions  
Objectives:
- Recognize and plan behavioral interventions
  - Enhance motivation to change
  - Group therapy
  - Individual psychotherapy
  - Reinforcement and contingency therapy
  - Behavioral intervention in smoking cessation

- Network therapy
  - Therapeutic communities
  - Aversion therapy
  - Family involvement in addiction
  - Twelve-step self-help groups
  - Integrating pharmacological and behavioral treatments
  - Clinical models and intervention strategies for relapse prevention
9. Mutual help: 12-step and other recovery programs  
Objectives:
- Plan twelve-step programs in recovery
  - Recognize recent research into twelve-step programs
  - Recognize and plan spirituality in the recovery process
10. Medical disorders and complications of addiction  
Objectives:
- Discuss general medical and surgical complication of alcohol and drugs on the following systems:
    - cardiovascular
    - liver disorders
    - renal and metabolic
    - gastrointestinal
    - respiratory
    - neurological
    - HIV, TB, and other infectious diseases
    - alcohol and other drug use during pregnancy; mother and child
    - endocrine, reproductive, and sexual disorders
    - sleep, traumatic brain injury, and surgical problems related to alcohol and drug use
11. Co-occurring addiction and psychiatric disorders  
Objectives:
- Discuss and recognize the following substance induced mental disorders:
    - affective disorders
    - anxiety disorders
    - psychotic disorders
    - attention deficit/hyperactivity disorders
    - borderline, antisocial, and other personality disorders
    - post-traumatic stress and eating disorders
12. Pain and addiction  
Objectives:
- Recognize the neurophysiology of pain and interfaces with addiction
  - Discuss psychological issues in pain management
  - Recognize opioid and non-opioid pain therapy
  - Pain and addiction in children and adolescents
  - Recognize and discuss the epidemiology of addiction, psychosocial risk factors, protective factors, and prevention
  - Plan screening, assessing, brief intervention, treatment, and relapse prevention
  - Recognize co-occurring psychiatric disorders

13. Ethical, legal, and liability issues in addiction practice

Objectives:

- Discuss consent and confidentiality in addiction practice
- Discuss clinical and legal considerations in prescribing drugs with abuse potential
- Recognize clinical and legal consideration in drug abuse testing
- Discuss drug courts and treatment of incarcerated patients

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## Assessment

Assessment plays a vital role in the success of postgraduate training. Assessment will guide trainees and trainers to achieve the targeted learning objectives. In addition, reliable and valid assessment will provide excellent means for training improvement as it will inform the following aspects: curriculum development, teaching methods, and quality of learning environment. Assessment can serve the following purposes:

- **Assessment for learning:** Trainers will use information from trainees' performance to inform their learning for improvement.
- **Assessment as learning:** Assessment criteria will drive trainees' learning.
- **Assessment of learning:** Assessment outcomes will represent quality metrics that can improve the learning experience.

The purpose of the assessment system is to:

- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas of strength and areas for development
- Drive learning and enhance the training process by clarifying what is required of trainees and motivating them to ensure they receive suitable training and clinical experience
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training program
- Ensure trainees are acquiring competencies within the domains of good medical practice
- Assess trainees' actual performance in the workplace
- Ensure that trainees possess the essential underlying knowledge, skills, and attitude required for their speciality
- Identify trainees who should be advised to consider a career change

For the sake of organization, assessment will be further classified into two main categories:

- Formative
- Summative

### Formative Assessment

Trainees, as adult learners, should strive for feedback throughout their journey of competency from "novice" to "mastery" levels. *Formative assessment* (also referred to as continuous assessment) is the component of assessment that is distributed throughout the academic year aiming primarily to provide trainees with effective feedback. Input from the overall formative assessment tools will be utilized at the end of the year to make the decision of promoting each individual trainee from the current-to-subsequent training level. Formative assessment will be defined based on the scientific (council/committee) recommendations (usually updated and announced for each individual program at the start of the academic year). According to the executive policy on continuous assessment (available online: [www.scfhs.org](http://www.scfhs.org)), formative assessment will have the following features:

Trainees should play an active role seeking feedback during their training. Trainers are expected to provide timely formative assessment.

The following formative assessment tools should be used to assess Fellows during the training process:

1. Knowledge
  - a. Progress test: Written exam (local)
  - b. Progress test: In-training exam (ITE)
  - c. Structured academic activities
2. Skills
  - a. Log book
3. Attitude
  - a. In-training evaluation reports (ITERs)

## Summative Assessment

Summative assessment is the component of assessment that aims primarily to make informed decisions on trainees' competency. In comparison to formative assessment, summative assessment does not aim to provide constructive feedback.

A summative evaluation report is prepared for each fellow at the end of each academic year and may also involve clinical or oral examinations, an objective structured practical examination, or an objective structured clinical examination.

To be eligible to sit for the final exams, a trainee should be granted *Certification of Training-Completion*.

### *End-of-first-year examination*

The end-of-year examination will be limited to F1 Fellows. Examination will include written cognitive assessment (MCQ and/or MEQ) and clinical assessment (OSCE and/or Structured Oral Examination).

The number of examination items, eligibility, and passing score are established in accordance with the Commission's training and examination rules and regulations. Examination details and a blueprint are published on the Commission website, [www.scfhs.org.sa](http://www.scfhs.org.sa)

In addition to the local supervising committee's approval of the completion of the clinical requirements (via the fellow's logbook), the program directors prepare a FITER for each Fellow at the end of the final\_year of fellowship (F2). This could also involve clinical or oral examinations or completion of other academic assignments

## Certification of Training-Completion

To be eligible to sit for the final specialty examinations, each trainee is required to obtain a *Certification of Training-Completion*. Based on the training bylaws and executive policy (please refer to [www.scfhs.org](http://www.scfhs.org)) trainees will be granted the *Certification of Training-Completion* once the following criteria are fulfilled:

- a. Successful completion of all training rotations
- b. Completion of training requirements
- c. Clearance from SCFHS training affairs that ensure compliance with tuition payments and completion of universal topics



The *Certification of Training-Completion* will be issued and approved by the local supervisory committee or its equivalent according to SCFHS policies.

## Final Specialty Examinations

The final specialty examination is the summative assessment component that grants trainees the specialty certification. It has two elements:

- a. Final written exam: to be eligible for this exam, trainees are required to have obtained the *Certification of Training-Completion*
- b. Final clinical/practical exam: trainees will be required to pass the final written exam to be eligible to sit for the final clinical/practical exam

The final examination consists of two parts:

### 1. Written Examination

This examination assesses the trainee's theoretical knowledge base (including recent advances) and problem-solving capabilities in the addiction psychiatry specialty. It is delivered in MCQ format and is held once per year. The number of examination items, eligibility, and passing score for Fellows in the 1<sup>st</sup> and 2<sup>nd</sup> year are established in accordance with the Commission's training and examination rules and regulations. Examination details and a blueprint are published on the Commission's website, [www.scfhs.org.sa](http://www.scfhs.org.sa)

### 2. Oral Clinical Examination

An objective structured clinical exam (OSCE) and structured oral exam (SOE) are used to assess a broad range of high-level clinical skills, including data gathering, patient management, communication, and counseling. The examination is held at least once per year as an objective structured clinical examination (OSCE) in the form of patient management problems (PMPs). Eligibility and the passing score for Fellows in the 1<sup>st</sup> and 2<sup>nd</sup> year are established in accordance with the Commission's training and examination rules and regulations. Examination details and a blueprint are published on the Commission website, [www.scfhs.org.sa](http://www.scfhs.org.sa)

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## **Policies and Procedures**

### **Fellows' On-Call Responsibilities**

Regardless of the time, the Fellow (on-call or inpatient) who begins an admission is responsible for completing that admission unless another Fellow explicitly agrees to take over.

### **Changes to the Call Schedule**

After the call schedule has been distributed for the coming month, individual Fellows may arrange to make changes to the schedule with another Fellow subject to mutual agreement. The Fellow originally scheduled to be on-call notifies the Fellows training coordinator of these changes to ensure that the hospital call list will be updated accordingly. If the appropriate parties are not notified of changes to the call schedule for whatever reason, it will be assumed that the Fellow originally listed on the schedule will be on-call and he or she will be held responsible for those call duties.

### **Holiday and Weekend Calls**

Holiday and weekend calls are distributed between Fellows at their respective call levels.

### **Work Hour Monitoring**

The program conforms to hospital policy and the working hours monitoring program for all rotations. Violations are monitored and addressed to ensure compliance when difficulties are noted.

### **Back-Up Faculty Member**

The back-up faculty member must be available to respond to calls from the on-call Fellow when needed in either the inpatient unit or emergency room.

### **Supervision and Graded Responsibilities**

The program adheres to Saudi Commission for Health Specialties' Fellow supervision and graded responsibilities policy, which is shown on the Saudi Commission for Health Specialties website. Fellows are supervised by a teaching supervisor and they assume progressively increasing responsibility according to their level of education, ability, experience, and clinical responsibilities.

### **General Statement**

During the rotations, each Fellow will be supervised directly on a daily basis. The supervisor observes the Fellow's progress in developing and performing an assessment and management plan, and counseling and educating patients and their families, and provides feedback as required.

## **Inpatient Services**

During the inpatient rotation, all Fellows are supervised daily. The supervisor observes the Fellow's progress in developing and carrying out management plans in cooperation with a multidisciplinary team. Supervision is provided via direct supervision of teaching for patients newly admitted to the service and individual patient care and family meetings held by the faculty. In the inpatient unit daily rounds and the weekly multidisciplinary grand rounds, the attending supervisor provides the trainee with direct verbal feedback, a more structured written evaluation, and feedback at the end of the rotation.

## **Outpatient Services**

Every patient is admitted, evaluated, and treated in the outpatient section of the psychiatry department and closely supervised by an attending physician. Fellow's interviewing skills, administration of the MMSE, discussions, and management plans are also supervised directly. The minimum expectation is for direct supervision of the MMSE and management plan. Evaluation, treatment planning, and patient progress are reviewed by attending physicians and discussed with the Fellow on a regular basis. Fellows receive regular feedback regarding areas of improvement during and subsequent to completion of the rotation.

## **Documentation of Supervision**

All cases should be documented in the logbook.

## **Fellows Responsibilities**

Fellows should arrange their schedules to permit full and regular participation in scheduled seminars, regular supervision, and other departmental educational activities. Patient appointments, clinical duties, rounds, and research activities should be scheduled in such a manner that they do not conflict with supervision and seminars. Schedule conflicts should be brought to the attention of the Fellow's immediate supervisor. If satisfaction cannot be achieved, then such conflicts should be reported to the program director.

## **Graded Responsibilities**

1. Fellows responsibilities increase gradually based upon their years of successful progression through each year of training, with due concern for the benefit and safety of each patient.
2. Fellows cannot become competent, make judgments of increasing complexity, or perform procedures of increasing difficulty without involvement in the decision-making process throughout training. Whenever possible, the responsibility for making the "first decision" is relegated to Fellows, with all patient care decisions subject to review and modification by faculty clinicians who make the final decision in all cases.
3. While the faculty has the ultimate authority over patient care, both faculty members and Fellows have individual responsibility for their actions in patient care, scholarly activities, and teaching others. During training a great deal of varied supervision is offered via teaching-focused rounds or structured seminars, many of which require case discussion.

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## **Certification**

A certificate acknowledging training completion will only be issued to the Fellow upon successful fulfillment of all program requirements. Candidates passing all components of the final specialty examination are awarded the “Saudi Fellowship of Addiction Psychiatry” certificate.