ADDICTION PSYCHIATRY PGY I GUIDE

Prepared by Dr. Bruce Ballon MD FRCP(C)

ADDICTION PSYCHIATRY ROTATION PGY I

Welcome to the wonderful world of Addiction Psychiatry!

The PGY I Addiction Psychiatry rotation goals are to provide a comprehensive and focused training in developing core competencies of understanding the basics of addiction medicine and psychiatry, how to manage acute states of intoxication and withdrawal, approaches to treatment (e.g. pharmacology and motivational enhancement techniques), and experiencing different settings for treatment intensity (e.g. withdrawal management units, day treatment programs, out-patient clinics etc). Exposure to the above with processing from supervisors will focus on developing professional attitudes and behaviours for dealing with addiction issues.

Clinical experiences will include training time in addiction medicine clinics, and medical withdrawal unit experiences with the opportunities to do addiction psychiatry consultations at the Donwood site of CAMH. Access to general and specialized addiction therapy clinics with a more "hands-on" approach will also be available at a variety of sites. Opportunities to train in community settings will also be offered.

We strive to make the rotation learner-based as much as possible. As you go through the rotation, with discussion with the coordinators, it will be possible to shape the latter half of the rotation to include some addiction electives in areas that interest you in the field. The rotation is currently going through some transitions, and in fact, we would like to keep it as an adaptive curriculum as much as possible. The core objectives for your addiction psychiatry training for residency are listed below, however, we encourage you to also come up with your own personal learning objectives that can be incorporated into the rotation.

We are also piloting reflective journaling (explained later in the guide) to help you become more aware of how you learn, your attitudes, and become mindful of your clinical skills.

In addition to the **ADDICTION PSYCHIATRY PGY I GUIDE** (you are reading it right now!), you will also receive:

- **A "Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide"**
- **A Reflective Journal (see later in Guide for details)**

I hope you have a wonderful educational training while here. If it seems you are not, please let us know about it sooner rather than later! Please contact Ines Moreira at (416) 535-8501 ext 4754 or ines_moreira@camh.net for any concerns about the schedule.

All the best,

Dr. Bruce Ballon MD FRCP(C)
Addiction Education Coordinator
Assistant Professor of Psychiatry
University of Toronto
Consultant Psychiatrist for Youth Addiction, Problem Gambling and Concurrent Disorder Services
Centre for Addiction and Mental Health
bruce_ballon@camh.net
(416) 535-8501 x4466

TABLE OF CONTENTS

WELCOME!	2
OVERALL OBJECTIVES FOR ADDICTION PSYCHIATRY TRAINING PGY I-V	4
PGY I TRAINING OBJECTIVES	10
LEARNER'S PERSONAL LEARNING GOALS	11
EXPECTATIONS	12
12-STEP SELF-HELP GROUP EXPERIENCE	13
MOTIVATIONAL ENHANCEMENT TECHNIQUES	13
REFLECTION JOURNAL GUIDELINES	14
REFLECTION PAPER	15
RESIDENT ADDICTION PSYCHIATRY CURRICULUM COMMITTEE	16
INTRODUCTORY READING	17

CanMEDS Proficiencies / Roles & Key Competencies for Addiction Psychiatry

For addiction psychiatry core competencies, the psychiatry specialist (by the end of PGY V) must be able to:

I. Medical Expert:

1. Ability to conduct a comprehensive clinical evaluation of the patient with substance use disorders with and without concurrent disorders

Which includes the skills to gather specific personal and family history information, both from the patient and from relevant collateral informants; to elicit the symptoms and recognize the signs of substance – dependent conditions; to recognize the clinical manifestations of acute intoxication and withdrawal states; to utilize and interpret the appropriate ancillary tests and laboratory examinations; to identify substance-specific neuro-psychiatric complications; to produce a differential diagnosis between substance-induced and independent psychiatric disorders; to establish the presence of concurrent disorders and functional relationship between conditions, as well as the context in which they arise; to assess suicidal risk, loss of behavioural control and potential for violence; to look for and recognize the presence of physical complications specific to separate substances and drug-using practices; to assess the patient's degree of disability and functional impairment; and the capacity to make appropriate use of all such information in deciding clinical management and treatment approach.

2. Ability to provide direct care to patients with substance use disorders with and without concurrent disorders

Including the ability to predict the occurrence of sever clinical complications and to decide proper setting for treatment i.e. from outpatient to day therapy to residential to inpatient care; the skills to treat acute intoxication and withdrawal states, both in hospital and on an ambulatory basis; the handling of overdose situations in emergency settings; an adequate familiarity with detoxification protocols in order to conduct elective drug discontinuation treatments; the knowledge of drug interactions, drug cross-tolerance, potentiation risks and abuse liability; the awareness of specific contraindications in the pharmacotherapy of psychiatric disorders in patients who are also substance abusers; the familiarity with addiction pharmacotherapies and with drug maintenance regimes; the skill to engage in the patient and conduct motivation enhancement interventions; the capability to assume a continuing care role and offer individual or group psychotherapies of proven value for addictive disorders (e.g: supportive-expressive, individual or cognitive behavioural, modified-dynamic, skills training and behavioural desensitization), and a familiarity with intervention strategies involving the family and social network.

3. Ability to provide concurrent psychiatric care / consults to patients who are receiving addiction treatment elsewhere

Including an adequate familiarity with local community resources and addiction centers, their admission criteria, type of services and treatment curricula, the referral procedures and key contact persons; an adequate knowledge of the self help programs, their philosophy and established practices; the ability to communicate with and work alongside other therapists (often non-psychiatric or even non-professional); an awareness of possible misconceptions about psychiatric disorders and pharmacotherapy in such addiction therapy programs; and the skill to provide appropriate psychiatric advise and influence the clinical management without undermining the addiction treatment effort.

4. Ability to attend to legal / ethical issues

Including the decisions concerning legal competence, the operation of motor vehicles, the ability to care for dependent persons and occupational disability (see also Advocacy Role below).

<u>The knowledge and skills will be obtained via:</u>

1. Exposure to a wide variety of generalist and specialist rotations in PGY I and blended experiences in PGY II-V.

2. The development of skills in addiction and concurrent disorder assessment and treatment.

3. The development of skills necessary for the development of an integrated differential diagnosis and a treatment plan for the patient, with the understanding of the difficulties and time-length to obtain accurate diagnoses in concurrent disorder patients

4. The use of evidence-based literature for helping guide assessment and treatment

5. The learning of a variety of core procedures (e.g. withdrawal management) pertaining to the practice of addictions and concurrent disorders

6. Adequate exposure to inpatients in hospital-based rotations and outpatients in hospital-based and community-based ambulatory rotations.

7. The integration of basic and clinical sciences and how they apply to addiction issues of patients

8. The understanding of epidemiological principles and how they apply to addiction issues of patients.

The knowledge and skills will be taught in the following ways:

1. Assignment to appropriate clinical services with in-patient and/or ambulatory components.

2. Attendance at academic hospital-based rounds and other educational activities

4. Learning about evidence-based medicine as it applies to addiction psychiatry

5. The teaching of assessment and treatment knowledge and skills through formal supervision, and the monitoring of competency possibly through a log-mechanism. Each teaching site would have an Addictions Coordinator to help insure that the resident is able to have addiction psychiatry training opportunities.

Evaluation:

1. Via the supervisor of the resident, and the monitoring of competency through a log-mechanism.

2. In-training Evaluations and the meeting of expectations.

3. Successfully passing any Addiction Psychiatry exam questions / OSCE type evaluations that are already built into the resident evaluation of their overall progress through the Psychiatry PGY I-V.

II. Communicator

1. Establish effective relationships with patients and their families.

It is very frequent that addiction and concurrent disorders impact on not just the person suffering from these conditions but the family as well. Often addiction issues occur in multiple members of a family as well. Families often have difficulties in understanding the treatment of addiction.

2. Interact with community caregivers and other health resources to obtain and synthesize relevant information about the patient.

Due to the complexity of concurrent disorder presentations, it is essential to be able to coordinate and communicate amongst treatment providers involved with a patient.

3. Develop a discharge plan for hospitalized patients and learn to involve the family physician, home care and other caregivers in the development of long-term community health planning.

Relapses often occur due to lack of appropriate follow-up to continue a spectrum of care / matching of intensity of treatment to the patient's needs.

4. Learn to communicate effectively and efficiently with colleagues both verbally and through written records (i.e. the medical record, discharge summaries, consultation notes).

<u>These skills will be taught and evaluated in the following ways:</u>

1. The daily observation of trainee performance by clinical supervisors and ongoing feedback.

2. A review of the written record by the attending physician and ongoing feedback.

3. Observation of resident-staff, health-care provider, patient and family interactions during rotations.

III. Collaborator:

1. Know when to consult other caregivers appropriately (Addiction and Concurrent Disorder).

Essential to treatment as concurrent disorder patients often need many aspects of their life to be dealt with simultaneously.

2. Work with the interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care.

Patients will often need a case management or other mechanism to help keep track of the treatment received. This still requires input from the multiple caregivers involved with the patient.

<u>These skills will be taught and evaluated in the following manner:</u>

1. Observation of daily practice patterns of attending staff

2. Attendance at interdisciplinary rounds.

3. Feedback through in-training evaluations.

IV. Manager:

1. Learn to effectively balance patient care and health care resources.

2. Understand the interplay between governments and the health care sector in allocating finite health care resources as well as understand navigating patients between systems (addiction, mental health, justice etc).

Often systems have many barriers and exclusion criteria that inhibit the treatment of patients. Understanding the systems would allow for better patient care (this also overlaps with the Advocacy roles below).

3. Work to develop effective and efficient patient management strategies.

This includes avoiding duplication of services and/or try to obtain appropriate care for a patient (e.g. concurrent disorder patients often have duplication of some services while have none for essential components of their treatment); Obtaining appropriate patient information from other health care sources in a timely fashion; and the understanding and appropriate use of information technology.

4. Learn to effectively delegate responsibility to medical students and junior residents.

<u>These skills will be taught and evaluated in the following manner:</u>

1. Assigning residents to appropriate roles as they graduate through the core ranks and providing

2. Observation of trainees by rotation supervisors/attending physicians with feedback on an ongoing basis.

V. Health Advocate

1. Ability to adopt a preventive approach in clinical practice

Including an awareness of potential iatrogenic harm; of safe prescription practices; and of the appropriate management of chronic pain, chronic insomnia, chronic anxiety and chronic somatization conditions in dependency-vulnerable individuals; a familiarity with harm-reduction practices and the skills to promote them; an adequate knowledge of child neglect, child abuse and domestic violence issues, as well as the legal obligations of health care providers in such cases; the ability to assess fitness to operate vehicles or to perform high risk occupations, and an adequate knowledge of the health-care provider’s legal responsibilities in this area.

2. Identify important determinants of patients' (and public) health.

Including the risks of substance use; sequelae of substance use behaviours; genetic / family planning issues etc.

3. Intercede on behalf of their patients

This is key as the patient weaves his/her way through complex health care institutions and services. This is especially important for individuals with concurrent disorders who are often excluded from treatments due to exclusion criteria of services that only deal with aspects of a person’s situation.

4. Recognize and respond to those issues where advocacy is important.

This includes helping others understand the nature of addiction as a chronic illness with its biopsychosociocultural implications. This also includes advocating for people requiring social services / disability and are being rejected for having a concurrent addiction issue.

<u>These skills will be taught through the following:</u>

1. Lectures / discussions at PGY I and II core lecture series and other rounds within the Department of Psychiatry.

2. Allowing opportunities for residents to participate in (or design) advocacy projects for addiction and concurrent disorder patient

3 Working with other health care providers or being a member of the interdisciplinary team to understand and gain skills on advocacy for patients.

These skills will be evaluated through the following:

1. Participation in or development of advocacy projects

2. Observation and feedback from supervisor(s).

VI. Scholar:

1. Develop effective learning and teaching strategies in Addiction Psychiatry

This includes learning skills in evidence-based medicine, bioethics, ethics, acquisition of knowledge; the development of self-assessment skills / reflective practice for ongoing self-development of knowledge, skills and attitudes; the learning and performing of effective teaching strategies to teach more junior house staff and other interprofessional learner groups.

2. The opportunity for participation in research projects under the supervision of appropriate supervisors.

These skills will be taught in the following manner:

1. Through the development of self-learning techniques and reflective skills.

2. Provision of appropriate teaching courses.

3. The teaching of determinants of health in rotations.

4. Opportunities to be involved in research or teaching.

These skills will be evaluated through:

1. Regular feedback from supervisors.

2. Providing opportunities for research and teaching

3. Being introduced to reflective practice / documentation of clinical, research, teaching and other scholarly work.

VII. Professional:

1. Development of appropriate professional attitudes toward individuals with addiction and concurrent disorders

Including an awareness of critical personal views, prejudices and unhelpful responses; the ability to overcome such negative attitudes and accept substance abusers as bona fide patients, deserving of a full professional commitment; the ability to tolerate the chronic and recurring nature of substance-abuse behaviour; the ability to persevere in the therapeutic effort despite poor patient compliance or limited

treatment success; the ability to perceive and identify dependence-driven behaviour, and to interpret accurately the patient's difficulties to follow a treatment plan; the readiness to support disability entitlements on the grounds of addictive disorders; as well as the competence to recognize manipulation and to abstain from fostering maladaptive regression or unwarranted idleness; accepting the chronic, reoccurring nature of addictive illness; that these conditions can affect individuals from every sector of society, including social and professional peers; self-awareness of potential role as an enabler (e.g. prescribing medication that might continue or create new addiction issues).

2. Understand professional obligations to patients and colleagues.

Including being punctual / timely; communication of essential information; upholding the Hippocratic Oath; maintaining confidentiality and understanding when it must be broken to protect the patient and other individuals safety.

3. Exhibit appropriate personal and interpersonal professional behaviours.

Including taking care of one's own mental and physical health; communicating to others in a courteous and non-hostile manner; to insure patient care is maintained if away; maintain honesty and integrity; exercise compassion, empathy and understanding.

<u>These skills will be taught and evaluated in the following manner:</u>

1. Appropriate teaching on these areas through supervisors and more formal teaching formats in PGY I-V (e.g. core seminar series)

2. Observation and feedback by supervisors and other health care workers, as well as from patients.

PGY I TRAINING OBJECTIVES

The above objectives are expected to be met by the end of residency training from years I-V. In the PGY I year, the focus will be on creating a foundation for this training by focusing on addiction assessment and treatment in a variety of modalities and settings with a large focus on addiction medicine. The later residency years will have addiction psychiatry training objectives blended into other core rotations to allow the treating of concurrent disorders in many psychiatric populations. Core objectives that will be focused on for the 4-week rotation are:

I. Medical Expert

- Competency in managing acute intoxication and withdrawal conditions
- Knowledge of the different levels of care and treatment modalities for substance use conditions with and without concurrent disorders
- Basic assessment of the addiction patient with and without concurrent disorders
- Basic understanding of the techniques of Motivational Enhancement

II. Communicator

- Development of communication skills as per the overall objectives for Addiction Psychiatry listed above

III. Collaborator

- Know when to consult other caregivers appropriately (Addiction and Concurrent Disorder).

IV. Manager

- Develop the understanding of how to effectively balance patient care and health care resources.
- Develop a knowledge base for understanding the interplay between governments and the health care sector in allocating finite health care resources as well as understand navigating patients between systems (addiction, mental health, justice etc).
- When the opportunity arises, to help develop effective and efficient patient management strategies.

V. Health Advocate

- Ability to adopt a preventive approach in clinical practice
- Identify important determinants of patients' (and public) health.

VI. Scholar

- Development of reflection and self-assessment skills via reflection journal and reflection paper (see below)
- Opportunity to join the Resident Addiction Curriculum Education committee (see below)

VII. Professional

- Development of appropriate professional attitudes toward individuals with addiction as per the overall objectives listed above

LEARNER’S PERSONAL EDUCATION GOALS.

At the beginning of the rotation, the residents’ personal Learning Objectives for the rotation will be solicited and attempted to be woven into the training time. We would like to pilot the concept of an “adaptive curriculum” and so at the midpoint of the rotation, a time will be scheduled to discuss how to adapt the rotation to the specific learner for the final week in the rotation (at least to what is possible!). In the first few days of the rotation, reflect upon issues that arise and use them to help guide your own personal learning goals. You can discuss with the addiction psychiatry coordinator who will help shape your experience within the rotation. Also, descriptions of the possible mini-electives in the last two weeks of the rotation will eventually be added to this guide. Please discuss your ideas with the Addiction Psychiatry Coordinator.

GOAL 1:

____
____
____

GOAL 2:

____
____
____

GOAL 3:

____
____
____

EXPECTATIONS

Beyond the usual expectation to attend all the clinical and educational modalities within the rotation as outlined within your schedules, the following is also expected:

- **CORE SEMINARS.** Attend the mandatory PGY I lecture series on Wednesday mornings at CAMH

- **ADDICTION ROUNDS ATTENDANCE**. Residents will also be expected to attend the Addiction Grand Rounds on Friday mornings from 9-10 am at the College Street site of CAMH or via teleconference at the Donwood Site

- **12-STEP SELF-HELP GROUP EXPERIENCE.** Attendance to at least **1 open session** of Alcoholics Anonymous, Cocaine Anonymous, Gamblers Anonymous, or Narcotics Anonymous. (see later in guide for more details)

- **REFLECTION PAPER.** At the end of the rotation, to submit a Reflection Paper on the experiences and learning within the rotation. The purpose is for reflection on and synthesis of what you are taking away from the training. In no less than 750 words describe 2-4 things that you have learned from this course that:

  1) Will help treat patients with addictions and current disorders

  And

  2) Helped you grow in your own development as a psychiatry resident.

  Reflection times and discussion will be built into the rotation and guidelines for the journal are attached inside the journal. The process of reflective journaling ties into the concept of helping shape this rotation into an "adaptive" curriculum. Dr. Bruce Ballon will provide discussion on reflective journaling. (see later in guide for more details)

- **OPTIONAL MINI ELECTIVES.** For setting up mini-electives in addiction psychiatry in the last two weeks of the rotation, please contact Dr. Ballon (x4466) or speak to him during the scheduled meeting times, to arrange if possible.

- **SCHEDULING OR OTHER DIFFICULTIES**. If needing to change your schedule due to holidays, illness etc., inform Ines Moreira (416 535-8501 x4754) and the supervisor(s) you are scheduled to be with him.

- **CONTACT INFORMATION.** Residents must insure that Ines Moreira has all your contact information (e-mail, pager number, home number, etc.) in case you need to be contacted.

- **PROFESSIONAL COURTESY AND COMMUNICATIONS.** Residents who cannot make a session or are running late should notify the appropriate supervisor as soon as possible. As there are many supervisors involved donating their time for teaching, being timely is important as is communicating if there is a problem in being on time.

12-STEP SELF-HELP GROUP EXPERIENCE

Attendance to at least **1 open session** of Alcoholics Anonymous, Cocaine Anonymous or Narcotics Anonymous is expected. As many patients attend these types of groups for support and treatment, it is essential to be familiar with it. You will find most addiction psychiatry treatment work within the Harm Reduction model (i.e. working to help reduce harm from maladaptive behaviours rather than force someone to try to stop it completely!).

This is to be arranged individually and at the preference of each resident. No more than 2 residents at a time are suggested.

There is one Open Narcotics Anonymous Meeting that runs weekly at the Russell Street Site of CAMH at 7:30 PM. Please discuss with Dr. Ballon if you require help in setting this up.

To find other groups in Toronto, you can log onto the following sites and ask for open groups in your area:

Narcotics Anonymous: http://www.torontona.org/

Alcoholics Anonymous: http://www.aatoronto.org/

Cocaine Anonymous: http://www.soberrecovery.com/links/cocaineanonymous.html

Gambling Anonymous: http://www.gamblersanonymous.org/mtgdirCAN.html

It is recommended that after attending, you use your reflection journal to record your impressions and personal experiences of the session. This can be discussed further during the reflection meeting time with Dr. Ballon.

MOTIVATIONAL ENHANCEMENT TECHNIQUES

A key therapeutic technique that underlies many treatment approaches in the addiction programs is Motivational Enhancement or Motivational Interviewing techniques. This technique ties into the Stages of Change model by Prochaska and DiClemente's Stages of Change Model. It is an essential part to treatments such as Guided Self Change, Structured Relapse Prevention Programs, Brief Intervention Groups, etc.

Here is a nice little weblink for those who need to refresh their memories:
http://www.cellinteractive.com/ucla/physcian_ed/stages_change.html

If you wondered why a nutrition site was chosen for this, it is to illustrate any behaviour can be described and thus be influenced by these techniques. Ask Dr. Ballon about his dental flossing example! (This way he'll also know you actually read this section!!!)

It is important to be familiar with this technique as it can be used on many behaviours – not just substance use i.e. medication compliance, being on time etc.

Reflection Journal Guidelines

Critical reflection helps learners understand what and why they learn in a certain way and to assess the impact and perceptions of these practices (1). It is a method of experiential learning that problematizes one's professional performance as a potential learning situation so that practitioners can continue to learn, grow and develop in and through his or her practice (2). Critical reflection facilitates the development of awareness and examination of our unconsciously held values and beliefs about our practice that drive our learning and interactive clinical behaviors (3). It is hoped that this journal will assist you in exploring learning issues and professional attitudes and behaviours for dealing with addiction issues.

It is suggested that learners record a journal entry every few days (although some residents have done it daily). This activity should take approximately 15 minutes although some learners may choose to spend more time or document more frequently (e.g. some find it useful after each day to reflect on what and how they learned that day). For each entry in your journal, describe an experience as a learner/ practitioner in the addiction psychiatry rotation. The study of these significant events is often highly revealing and a great deal can be gained from reflecting on them. You are likely to find it even more helpful if you share insights, perceptions, recurring themes, concerns or difficulties identified from your reflections with faculty or peers (4). **However, this journal is for your use only and will not be asked to be handed in at the end of the rotation.** Times will be scheduled where discussion of issues of **your choice** arising from your reflections can be discussed. This process of analysis and discussion can also help you to identify your learning needs as a resident. Make sure that when you describe the activity you include your behavior and the behavior of others as well as your thoughts and feelings. If you are constantly coming up with the same suggestions you need to review earlier sections of the journal and establish why you are not making any changes to your practice. You should also consider discussing these recurring themes with others. You may wish to use the following format as a guide for your reflections but ***feel free to adapt as suits your needs.***

Example

Reflection on a critical incident (positive or negative) in my practice as a clinician (dealing with a patient, dealing with system, stigma issues)

1. Describe your expectations (aims/goals) and the experience (planned or not, who was there, your and others behavior, thoughts, feelings)
2. What were the positive aspects? What were the difficulties encountered?
3. What is your reflection and interpretation of the experience? How did it go and why did it go that way (issues)?
4. What will you do differently next time and why?
5. What gaps (learning need) in your knowledge and skill have you identified and how do you plan to go about filling them?

References:

1. Brookfield SD. Becoming a Critically Reflective Teacher. San Francisco: Jossey-Bass,1995.

2. Jarvis P. Reflective Practice and Nursing. Nurse Education Today 1992;12:174-181.

3. Tate S, Sills M. The Development of Critical Reflection in the Health Professions. http://www.health.ltsn.ac.uk/publications/occasionalpaper

4. Greveson G. Guidelines for reflective diary and examples of diary entries. Master in Clinical Education program. School of Medical Education Development. University of Newcastle upon Tyne.

Adapted from reflective journal instructions written by Susan Lieff MD FRCP(C), Director, Teaching Scholars Program. Faculty of Medicine, University of Toronto. September 2004 by Bruce Ballon MD FRCP(C) for Addiction Psychiatry PGYI core rotation November 2004.

REFLECTION PAPER

In the last week of the rotation, a Reflection Paper on the experiences and learning within the rotation must be submitted to Dr. Ballon. The purpose is for reflection on and synthesis of what you are taking away from the training (what is sticking to you and why). It is a scholarly way to begin to develop self-awareness and self-assessment and to focus in on one's attitudes, skills and knowledge. For those interested in academia, there is a leaning for including reflection documents as part of teaching dossiers to help others understand your development as an academic.

In no less than 750 words (chosen to create about two pages worth of material to help you reflect in some detail – feel free to do more!) describe 2-4 things that you have learned from this course that 1) will help treat patients with addictions and current disorders and 2) helped you grow in your own development as a psychiatry resident. Reflection times and discussion will be built into the rotation for reviewing the overall experience of the rotation with Dr. Bruce Ballon.

A paper on the "The Mindful Practitioner" is also included as part of the reading materials at the end of the Guide. It is provided for further elaboration into the importance of self-assessment, self-awareness and reflection in learning and developing into a psychiatrist

RESIDENT ADDICTION CURRICULUM EDUCATION COMMITTEE (RACE-C)

This committee was formed for residents who are interested in addiction, education, and enjoy having an active hand in helping shape their own education. The RAPC committee is committed to the following:

1) **Support an Adaptive Curriculum / collaborative learning contracts for learners and teachers (based on Constructivism Adult Learning Theory)**

2) **Obtain feedback in a timely manner from residents on their needs for addiction psychiatry training (i.e. ongoing needs analysis from the residents) with the resident representatives also communication with PRAT**

3) **Promote more active learning for residents in Addiction Psychiatry**

4) **Creation of educational roles for residents in Addiction Psychiatry**

Beyond feedback on PGY I rotations, it is hoped as residents go on through other core rotations that they can identify needs and opportunities to help blend addiction psychiatry training into those other rotations. Discussion of how to capture this experience to be helpful and not a burden to the residents will be important. This committee will also be sharing its progress with PRAT.

After you finish your PGY I rotation in Addiction Psychiatry, if interested in finding out more on how you can participate, please contact Dr. Ballon.

INTRODUCTORY READING MATERIALS

The following materials will be handed to you at the beginning of your rotation to help introduce you to the different aspects of addiction psychiatry.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing Dancing not Wrestling. (Rosengren & Wagner)
“Stages of Change” (Stephen Sutton)

HARM REDUCTION

CAMH Position on Harm Reduction

12 STEP/SELF HELP GROUPS

Excerpt from “Circles of Recovery” (Keith Humphreys)

REFLECTIVE PRACTICE

Mindful Practice (Ronald Epstein)