

Addiction Nursing Competencies: Foundations

A Comprehensive Toolkit for the Addictions Nurse

Corresponding Manuscript:

Wason, Kristin MSN, NP-C, CARN; Potter, Annie MSN, MPH, NP-C, CARN-AP; Alves, Justin RN, ACRN, CARN; Loukas, Vanessa L. MSN, FNP-C, CARN-AP; Lastimoso, Charmaine MSN, MPH, NP-C; Sodder, Shereen BA; Caputo, Andrea DNP, FNP-C, CARN-AP; LaBelle, Colleen T. MSN, RN-BC, CARN, Addiction Nursing Competencies, *JONA: The Journal of Nursing Administration*: September 2021 - Volume 51 - Issue 9 - p 424-429 doi: 10.1097/NNA.0000000000001041

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Introduction

The nursing scope of practice includes extensive training in chronic disease management and patient education, making nurses ideally suited to deliver care to persons with substance use disorders across the spectrum of disease severity and remission. The entirety of the nursing workforce is needed to address the continuum of substance use, prevent the progression of disease, and address the harms associated with substance use (1).

Healthcare consumers expect and deserve proficiency from the nurses who care for them. Competency frameworks provide clear expectations of clinicians and organizations and are utilized to train nurses and assess their ability to provide patient care (2). The Addiction Nursing Competencies are intended to inform and guide nursing practice in the provision of comprehensive, evidence-based care to persons with substance use disorders. These competencies aim to support a holistic approach to patient care, focusing on an individual's strengths, motivation, and personal definition of recovery. Paired with tools such as medications for addiction treatment and harm reduction strategies, this toolkit strives to enable nurses to safely and effectively deliver care to persons across the spectrum of the substance addiction from active use to sustained recovery.

How to Use the Addiction Nursing Competencies Toolkit

The Addiction Nursing Competencies consist of three documents: *Foundation*, *Assessment*, and the *Skills Checklist*. This stratified approach captures the expansive principles of nursing theory that form critical knowledge and skills. The combined use of these tools aims to promote a standard of care in addiction nursing practice by providing groundwork for both administrative and front-line nurses to assess knowledge, provide education, and build concrete skills in addiction nursing care.

Document 1: Foundations

This higher-level document outlines the theoretical framework of quality addiction nursing care, including essential nursing knowledge, attitudes, and behaviors. Foundation sets the stage for the non-judgmental, empathetic and comprehensive approach to patient care and harm reduction philosophy.

Foundation is based on and adapted from the *Massachusetts Nurse of the Future: Nursing Core Competencies* (March 2016) by the Massachusetts Department of Higher Education Nursing Initiative (3). The Nurse of the Future: Nursing Core Competencies was chosen as a guiding document as it synthesized competencies from other states, current practice standards, education accreditation criteria, national initiatives, and projected patient demographic and health care profiles.

Document 2: Assessment

Assessment is a bridge document that may be used at the both the management and individual nurse level, to structure the assessment of nursing knowledge and skills when caring for persons with substance addiction. This document includes learning objectives paired with nationally recognized supportive education to promote evidence-based knowledge.

Document 3: Skills Checklist

This final document outlines concrete steps of the nursing process for specific skills to determine the proficiency of an individual nurse. This tool can be used for nurses' self-assessment and training, as well as by administrators to determine nurse proficiency in each skill.

Definitions of Commonly Used Acronyms

OBAT: Office-Based Addiction Treatment

SUD: Substance use disorder

ODU: Opioid Use Disorder

MOUD: Medications for Opioid Use Disorder

COWS: Clinical Opiate Withdrawal Scale

SMART: Self-Management and Recovery Training

ATS: Acute Treatment Services also referred to as Withdrawal Management Services

OTP: Opioid Treatment Program also referred to as a Methadone Maintenance Treatment Program

SCOPE: Safer/Competent Opioid Prescribing Education

Foundations

Safety

Safety		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
K1 Identifies factors contributing to patient and staff safety.	A1 Recognizes the limitations inherent in the current healthcare system based on human error.	S1 Effectively utilizes standard protocols to support safe care of patients.
K2 Describes factors involved in creating a culture of safety.	A2 Recognizes the importance of transparency and the importance of avoiding “blame” among team members in situations related to safety and adverse events.	S2 <ul style="list-style-type: none"> ● Helps gather and review safety data. ● Uses safety reporting for “near miss” and adverse event reporting. ● Communicates concerns regarding adverse events and errors to the health care team. ● Promotes safety through the use of “warm-handoffs” to other levels of care. ● Assists with the review of errors and designs strategies to improve patient safety.
K3 Describes processes used in understanding the cause of adverse events and how to utilize current patient safety resources and regulations in practice.	A3 Values the system’s ability to evaluate processes to prevent errors and promote patient safety and effective healthcare delivery.	S3 <ul style="list-style-type: none"> ● Participates in processes to evaluate system safety methods and concerns. ● Uses established safety protocols from evidence-based addiction guidelines and institutional policy and procedures to assure safe nursing practice.
K4 Describes how psychosocial issues related to substance use disorder could negatively impact a patient’s safety in the community.	A4 Appreciates the multifactorial safety concerns that diverse patient populations may face and the nurse’s role in mitigating harm.	S4 <ul style="list-style-type: none"> ● Assesses psychosocial factors that may impact patient safety including: risk for community violence, intimate partner violence, sexual assault, and risks for self-injury and suicidality. ● Refers patients to appropriate resources to assist in long term safety planning and violence mitigation. ● Offers harm reduction education related to the psychosocial stressors that could impact the patient’s overall safety.

<p>K5 Relates the relative risk for overdose in correlation with the patient's current state of recovery and tolerance.</p>	<p>A5 Recognizes that a patient's risk for overdose does not go away at the start of treatment and that overdose prevention is a necessary part of treatment.</p>	<p>S5</p> <ul style="list-style-type: none"> ● Educates patients on their risk for overdose and overdose prevention strategies. ● Assists patients in obtaining nasal naloxone and ensuring regular prescriptions for the patient as necessary. ● Actively outreaches to patients who have missed appointments for medications, particularly those with decreased tolerance, recently tapered, post-release to reconnect them with care.
<p>K6 Describes how substances may impact a person's normal perceptions and increase their risk for violent outbursts toward staff or others.</p>	<p>A6 Recognizes some behaviors as symptoms of the patient's disease or directly related to the consumption of substances.</p>	<p>S6</p> <ul style="list-style-type: none"> ● Provides a safe and de-stimulating environment for patients to engage in care. ● Seeks appropriate supervision and assistance with patients unable to control their behaviors. ● Appropriately refers patients for behavioral health assessment and treatment. ● Set limits in a respectful but direct manner ● Identify when it is unsafe to see a patient alone or in a closed door environment

Quality Improvement

Quality Improvement		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
K1 Identifies that nursing contributes to the care team and that nursing processes affect patient outcomes.	A1 Recognizes the importance of team collaboration and values input from other to improve the quality of care.	S1 Participates in quality improvement initiatives to help improve the quality of care.
K2 Describes the OBAT nursing process for improving care.	A2 Recognizes that quality improvement is an essential part of the nursing process.	S2 <ul style="list-style-type: none"> Seeks information about quality initiatives in the OBAT setting. Actively seeks information about ways to improve nursing practice in the care of patients with SUD.
K3 Describes the importance of varying perspectives to provide quality nursing care to diverse populations of patients.	A3 Appreciates that diversity in caregivers and clinicians facilitates engagement of diverse patient populations.	S3 Participates in quality improvement processes to identify gaps between current practices, evolving health care needs, and diverse patient populations.
K4 Describes strategies for improving processes and outcomes of patient care.	A4 <ul style="list-style-type: none"> Recognizes the value that team quality improvement initiatives can have in the improvement of patient care. Appreciates the varying perspectives from different disciplines regarding processes related to patient safety and best practices. 	S4 <ul style="list-style-type: none"> Participates in quality improvement practices and effectively integrates practice changes into clinical practice. Implements new patient care strategies based on evidence to reduce patient harm and improve outcomes. Works within the hospital system to advocate for changes to align processes to improve patient care and outcomes (e.g. pharmacy, emergency department, surgery, etc.).

<p>K5</p> <ul style="list-style-type: none"> • Depicts the dynamic nature of substance use disorder and the need to incorporate new information regarding synthetic and non-synthetic substances with addiction potential. • Depicts the dynamic landscape of the continuum of substance use disorder care in relation to changing federal and state regulations regarding the care of patients with substance use disorder. 	<p>A5</p> <p>Appreciates the impact different addictive substances have on the patients and the nursing practice.</p>	<p>S5</p> <ul style="list-style-type: none"> • Incorporates assessments for non-traditional substances use • Inquires naturally to the nature and fluidity of patient’s addiction and incorporates patients concerns into the care plan. • Reevaluates care plans when patients continue to struggle with varying substances and makes substantial changes as necessary. • Attends continuing education programs related to current needs of the population. • Incorporates referrals to new components of the substance use disorder treatment landscape as clinically appropriate. • Incorporates the patient’s needs, wants, and readiness for change before actualizing a referral
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Evidence-Based Practices

Evidence-Based Practice		
Knowledge	Attitudes/Behaviors	Skills
<p>K1</p> <ul style="list-style-type: none"> Explains the need for care of patients with substance use disorders to be based in scientific research and inquiry. Differentiates clinical opinion from research and evidence-based recommendations . 	<p>A1</p> <p>Values robust scientific research to drive clinical decision making.</p>	<p>S1</p> <ul style="list-style-type: none"> Educates patients on the most recent research related to care of patients with substance use disorders and potentially harmful substance use. Uses best practice and evidence at the patient level, clinical level, population level, and across the system of care.
<p>K2</p> <ul style="list-style-type: none"> Describes the importance of opioid agonist and partial-agonist medications in preventing relapse and opioid related overdose. Describes the utility of opioid antagonist medications in the treatment of opioid use disorder. 	<p>A2</p> <ul style="list-style-type: none"> Emphasizes the value of medication treatment in the long term chronic management of opioid use disorder. Values the importance of all three medications used to treat opioid use disorder. 	<p>S2</p> <ul style="list-style-type: none"> Educates patients on the available medications to treat opioid use disorder. Appropriately uses a COWS scale to assess opioid withdrawal and determine optimal timing of induction dose of partial agonist medication. Coordinates prescriptions for partial-agonist medications. Interprets and monitors toxicology data to determine patient treatment needs. Educates patients on how to ensure the safety of their home medications in relation to their current living environment. Uses warm handoffs to coordinate care between different treatment levels of care to prevent lapses in life-saving medication treatment. Assesses patients for continuing signs of opioid withdrawal and cravings for opioids that may indicate the need for an increased dose of medication. Administers injectable medication after a trial of oral/transmucosal medication per institutional protocol.
<p>K3</p> <p>Describes the role of inpatient acute treatment services in the initiation of addiction care in the appropriate patient population.</p>	<p>A3</p> <p>Appreciates the importance of inpatient treatment for supervised withdrawal management and stabilization of appropriate patients with substance use disorder.</p>	<p>S3</p> <ul style="list-style-type: none"> Assesses patients for acute or life threatening signs of withdrawal from substances and refers patients to the appropriate level of care for management. Refers patients to the appropriate level of care or to programs to assist patients

Evidence-Based Practice		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
		<p>in placement in the appropriate level of addiction care.</p> <ul style="list-style-type: none"> Coordinates with inpatient acute treatment services and other inpatient addiction service programs to seamlessly transition patients into outpatient care.
<p>K4 Describes where to locate reliable sources of evidence and clinical practice guidelines.</p>	<p>A4 Appreciates the importance of obtaining high quality evidence to drive clinical decision making.</p>	<p>S4</p> <ul style="list-style-type: none"> Uses search engines known to provide clinically robust data sources. Discerns quality evidence that should inform clinical practice from poorly structured or out-of-date clinical guidelines.
<p>K5 Describes the role of behavioral health treatment in combination with medications for addiction treatment.</p>	<p>A5 Appreciates the adjuvant qualities of behavioral health treatments to the medication treatment options.</p>	<p>S5</p> <ul style="list-style-type: none"> Recommends, but does require, counseling and behavioral health support for all patients in the office based addiction treatment setting. Assesses the impact of 12-step and self-help groups on patient's recovery and promotes organizations that are helpful to the patient's recovery plan. Collaborates closely with behavioral health providers to improve patient care with the appropriate patient authorization for information exchange. Assesses connection to harm reduction programs such as syringe service programs and community support centers.

Patient-Centered Care

Patient-Centered Care		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<p>K1</p> <ul style="list-style-type: none"> • Demonstrates understanding of the diversity of the patient population being served. • Describes how cultural, ethnic, gender identity, sexual orientation, spiritual beliefs, age, and socioeconomic differences affect the patient’s values, perceptions and priorities. • Identifies the effects that public policy can have on patients from diverse backgrounds. 	<p>A1</p> <ul style="list-style-type: none"> • Supports patient-centered care for patients and families with values different from their own. • Recognizes the impact of personal values and beliefs on the care of diverse patient populations. • Values differences in individuals and is willing to learn and engage with diverse patient populations about their unique needs. 	<p>S1</p> <ul style="list-style-type: none"> • Assesses patients for unique cultural needs that may impact their plan of care or ability to interact with the care team. • Provides culturally sensitive care for patients across the recovery continuum. • Implements nursing care plans designed to meet the unique cultural needs of the patient population.
<p>K2</p> <ul style="list-style-type: none"> • Describes the importance of involving the patient in the development of an individualized plan of care for their recovery with consideration for periods of both wellness and illness. • Depicts medication for addiction treatment selection as a joint process between care team and patient. 	<p>A2</p> <ul style="list-style-type: none"> • Recognizes that unique circumstances and backgrounds contribute to the development of substance use disorder and should be considered in creating a comprehensive treatment plan for a patient. • Identifies that patients’ extensive knowledge of their own life and choices makes them the most important individual to involve in decision-making process regarding addiction treatment. • Supports patients in various stages of recovery and active use through non-judgmental and compassionate care. 	<p>S2</p> <ul style="list-style-type: none"> • Assesses the unique constraints related to a patient’s ability to remain adherent to the developed treatment plan including concerns related to transportation to the clinic or to alternative forms of treatment. • Educates patients regarding medication options for treatment of their substance use disorder and provide patients with the agency to make choices for themselves. • Respects patients’ decisions regarding their personal choice to initiate or defer medications for addiction treatment. • Educates patients regarding harm reduction principles of safer drug use. • Instructs patients regarding safer injection techniques and provides harm reduction resources for those who continue to use despite engagement in treatment. • Integrates relapse prevention strategies into the patient’s regular clinical care and into the care plan.

<p>K3 Describes the importance of trauma-informed care in patients with substance use disorders.</p>	<p>A3</p> <ul style="list-style-type: none"> ● Recognizes the role that trauma plays in the development of substance use disorders. ● Recognizes the role that substance use disorders have in continuing to expose patients to traumatic experiences. ● Values the importance of the patient-nurse relationship regardless of the patient’s willingness to disclose about trauma. 	<p>S3</p> <ul style="list-style-type: none"> ● Conducts assessments with the basic understanding that the majority of patients with substance use disorder have been exposed to some form of trauma. ● Obtains all specimens, including urine specimens, in a trauma-informed way to respect the dignity and privacy of all patients. ● Offers all patients resources for further behavioral health intervention for traumatic experiences. ● Assesses for sequelae of traumatic experiences including damaging effects of violence, sexual assault, or verbal/emotional abuse.
<p>K4 Expresses the importance of particular phenomena including pain, diminished quality of life, function and palliative care and how they may affect a particular treatment plan for a patient.</p>	<p>A4</p> <ul style="list-style-type: none"> ● Appreciates the role the nurse plays in alleviating pain and suffering to improve quality of life. ● Recognizes the impact of that personal values and beliefs of the patients and nurse may affect the management of pain, suffering, and end of life. 	<p>S4</p> <ul style="list-style-type: none"> ● Assesses the patient’s physical and emotional pain and suffering. ● Collaborates with the patient regarding expectations for relief from pain and suffering throughout their course of treatment. ● Initiates treatments and adjuvant strategies to manage and limit patient pain and discomfort and improve functioning and quality of life.
<p>K5 Describes how the competing psychosocial priorities of patients in recovery may impact their ability to adhere to individualized care plans.</p>	<p>A5 Acknowledges that the patient’s substance use disorder inherently affects the patient’s behaviors and should not personalize negative feelings or impressions from the patient.</p>	<p>S5</p> <ul style="list-style-type: none"> ● Warmly welcomes patients that return to the office for reengagement in care. ● Modifies treatment plans to have flexibility to meet the varying needs of patients in active use and recovery. ● Refers patients to additional services that may be open when the patient is available to engage in recovery.

Professionalism

Professionalism		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
K1 <ul style="list-style-type: none"> Understands the concept of accountability for personal nursing practice. Justifies all clinical decision making with facts and knowledge. 	A1 <ul style="list-style-type: none"> Accepts responsibility for behavior and clinical decisions. Commits to providing high quality, safe, and effective care. 	S1 <ul style="list-style-type: none"> Demonstrates accountability for nursing practice. Uses critical thinking and clinical reasoning to work within the standards of nursing practice. Appropriately defers decision making outside of the nursing scope of practice to appropriate level provider.
K2 <ul style="list-style-type: none"> Describes professional standards of practice and is able to explain the OBAT clinical guidelines and their application in practice. Defines the scope and standards of practice of addiction nurses. 	A2 <ul style="list-style-type: none"> Values and upholds professional standards of practice. Recognizes the responsibility to function to the full scope of addiction nursing practice. 	S2 <ul style="list-style-type: none"> Designs and implements nursing care plans within the legal, ethical, and regulatory framework of addiction nursing practice. Promotes and maintains a positive image of nursing. Recognizes and uses the appropriate safety reporting mechanisms to identify breaches of a nurse's professional code of conduct.
K3 Understands the role and responsibilities of being a patient advocate.	A3 <ul style="list-style-type: none"> Recognizes the importance of the patient's lived experience. Values the role as patient advocate to improve patient care throughout the continuum of care. 	S3 <ul style="list-style-type: none"> Advocates for the patient to receive parity in healthcare including inpatient care, specialty care, mental health and substance use treatment. Advocates for the patient to receive adequate pain management. Advocates respectfully as part of a care team, valuing input from each individual care team member.
K4 Describes the importance of autonomy in nursing practice.	A4 Values responsibilities of being an independent nurse care manager that works as part of a team of nurses.	S4 Practices to the full scope of nursing practices and appropriately asks for help from colleagues/peers when necessary.

<p>K5 Describes the ethical and moral principles that should drive patient care and inter-professional collaboration.</p>	<p>A5</p> <ul style="list-style-type: none"> ● Values the use of ethical and moral principles in the care of patients. ● Appreciates the importance of acting with honesty and integrity with patients, families, and other team members across the continuum of care. ● Values the application of harm reduction principles to the chronic disease model of addiction. 	<p>S5</p> <ul style="list-style-type: none"> ● Identifies and responds to ethical concerns and dilemmas that affect patient care. ● Educates patients that harm reduction principles are congruous with continued care. ● Maintains patients in addiction care to reduce harm from chronic substance use despite continued use or missed appointments.
<p>K6</p> <ul style="list-style-type: none"> ● Describes the importance of self-care in cultivating resilience in caring for a vulnerable patient population. ● Contributes to building a healthy, respectful, and safe work environment. ● Describes the importance of appropriate appearance for respectful care of patients. 	<p>A6</p> <ul style="list-style-type: none"> ● Values the importance of maintaining a positive outlook and hopeful demeanor in the care of patients. ● Values the importance of professional and personal boundaries. ● Values the importance of a work environment that is safe for a diverse care team and patient population. 	<p>S6</p> <ul style="list-style-type: none"> ● Identifies situations in which the therapeutic alliance with the patient is in jeopardy and appropriately collaborates with peers to care for the patient. ● Actively works with staff to acknowledge and address behaviors that are unwarranted or promote an unsafe work environment. ● Develops goals for health, self-renewal, and resilience. ● Maintains a well-kempt and appropriate appearance for job duties.

Leadership

Leadership		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
K1 Identifies leadership skills necessary for addiction nursing practice.	A1 Recognizes that the role of the nurse care manager is inherently a leader in patient care.	S1 Integrates leadership skills into thinking and communication to meet the needs of patient care.
K2 <ul style="list-style-type: none"> ● Describes how individual behavior can impact the care provided by the team. ● Identifies the roles and responsibilities of the nurse as a leader on the care team. 	A2 <ul style="list-style-type: none"> ● Values the nurse as the “glue person” in the nurse care manager model of OBAT. ● Appreciates the inclusion of a diverse team’s perspectives as valuable to the care of an individual patient. 	S2 <ul style="list-style-type: none"> ● Models effective communication and collaboration between all team members. ● Models tolerance and compromise for different clinical opinions by varying disciplines. ● Collaborates with all members of the care team to lead the coordination of patient care.
K3 <ul style="list-style-type: none"> ● Describes the effect that one’s personal feeling and values have on a clinical situation. ● Identifies ways to discriminate between personal values and emotions to guide thinking and clinical actions. 	A3 <ul style="list-style-type: none"> ● Recognizes that personal beliefs and experiences influence a nurse’s leadership style. ● Recognize the limits of one’s abilities and the importance of collaborations with other disciplines to meet the needs of the patients. ● Values fairness and an open, non-judgmental clinical environment. 	S3 <ul style="list-style-type: none"> ● Seeks appropriate mentors and guidance when necessary. ● Acts as an effective role model for other staff and observers. ● Identifies and mitigates biases that may affect clinical care through collaboration with other members of the team and through self-reflection.
K4 Describes the principles of accountability and delegation to both clinical and non-clinical staff.	A4 Recognizes the value and the responsibility of delegation to both clinical and non-clinical staff.	S4 <ul style="list-style-type: none"> ● Delegates clinical and non-clinical tasks to the appropriately licensed or unlicensed personnel. ● Evaluates completion of delegated tasks and remediates concerns with task completion with the appropriate staff. ● Addresses concerns with delegated tasks in a respectful and educative way.

<p>K5 Explains the importance of the change process as well as the nursing role in supporting patients through the transitional phases of change.</p>	<p>A5</p> <ul style="list-style-type: none"> ● Recognizes self-identified resistance to change and strives to remain open to new ideas and innovation. ● Values new ideas that are aimed at improving patient care. 	<p>S5</p> <ul style="list-style-type: none"> ● Identifies and implements changes to clinical practice to improve patient care. ● Fosters new ideas that aim to improve patient care and encourages other clinical and non-clinical staff to participate in the change process.
<p>K6 Describes the nurse's role in problem solving for systems level issues.</p>	<p>A6 Values the nursing perspective and critical thinking process to problem solve for systems level issues.</p>	<p>S6</p> <ul style="list-style-type: none"> ● Uses systematic approaches to problem solving and critical thinking. ● Considers the complexity of the healthcare system in problem solving particular clinical issues.

Systems-Based Practices

Systems-Based Practices		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<p>K1 Recognizes the larger context of the healthcare system.</p>	<p>A1</p> <ul style="list-style-type: none"> Appreciates the role of the nurse in the overall effectiveness of the OBAT team. Appreciates how the elements of the OBAT clinic can impact an individual nurse's practice. 	<p>S1 Plans organizes, and delivers patient care in the context of the OBAT clinic.</p>
<p>K2</p> <ul style="list-style-type: none"> Interprets the effect that hospital system changes can have on the OBAT care unit. Describes the effect that hospital and healthcare system changes can have on the patients in the OBAT clinic. 	<p>A2</p> <ul style="list-style-type: none"> Appreciates the wide ranging effects that systems changes can have on patients and the OBAT clinic team. Acknowledges the tension that exists between the goal-driven model of patient care and the resource-driven care delivery model of the hospital system. Values the need to identify OBAT clinic based inefficiencies based on hospital level policies. 	<p>S2</p> <ul style="list-style-type: none"> Solves problems at the point of care with patients. Identifies and anticipates patient concerns and issues related to policy changes by the hospital system. Practices cost-effective care and minimizes resource utilization without compromising patient care. Identifies inefficiencies in providing patient care and addresses them through appropriate management and care delivery channels.
<p>K3 Summarizes the importance of the nurse as a patient advocate to help the patient navigate the healthcare system.</p>	<p>A3</p> <ul style="list-style-type: none"> Values the scope and importance of being a patient advocate. Recognizes the power of educating involved support persons, family, and friends to decrease stigma related to addiction care and improving health outcomes. Values respectful and effective communication across disciplines and healthcare settings. 	<p>S3</p> <ul style="list-style-type: none"> Serves as a patient advocate throughout in health care setting. Educates patients and support persons about evidence-based treatment and the need for continued medication adherence. Advocates for patient access to life saving addiction medication in practice settings across the recovery continuum of care. Advocates for safe, responsible opioid prescribing particularly for patients on MOUD. Assists patients in accessing medications at the pharmacy. Assists patients in navigating health insurance systems to have

Systems-Based Practices		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
		access to care providers and to MOUD.

Informatics and Technology

Informatics and Technology		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<p>K1 Describes the basic components of using a computer.</p>	<p>A1 Values basic computer competence and its role in nursing practice.</p>	<p>S1</p> <ul style="list-style-type: none"> • Demonstrates proficiency in the use of basic computer software and functions (e.g. Microsoft Word, Excel, PowerPoint, and necessary specialty platforms such as SMART). • Utilizes basic computer programs to meet competency and institutional requirements (e.g. Workday, HealthStream, Zoom, etc.).
<p>K2 Applies electronic communication strategies among providers on the addiction treatment team and within the institutional system.</p>	<p>A2 Appreciates the use and efficiency of electronic communication in the delivery of quality patient care.</p>	<p>S2</p> <ul style="list-style-type: none"> • Utilizes electronic communication within the electronic health record to communicate with providers regarding aberrant results, patient care plans, and other concerns as needed. • Utilizes patient flags to alert providers to concerning results and prescriptions. • Responds in a timely manner to email related to the care of a patient.
<p>K3 Explains the importance of information and technology skills to the profession of nursing.</p>	<p>A3 Appreciates the value of technology for quality patient care and patient safety outcomes.</p>	<p>S3</p> <ul style="list-style-type: none"> • Uses embedded tools and scales in the electronic health record to help guide patient care and safety. • Demonstrates proficient use of technology and the electronic health record in providing quality safe care to OBAT clinic patients.
<p>K4</p> <ul style="list-style-type: none"> • Defines skills needed to use and navigate the electronic medical record system. • Explains the importance of prompt and regular documentation in the 	<p>A4</p> <ul style="list-style-type: none"> • Appreciates the value of technology in improving patient care. • Values the accuracy of documentation within the electronic health record. 	<p>S4</p> <ul style="list-style-type: none"> • Demonstrates skills in using the patient care technology and in documenting the electronic health record. • Demonstrates proficiency in accessing and managing

Informatics and Technology		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<p>electronic medical record system.</p> <ul style="list-style-type: none"> • Describe the importance of accurate and timely use of the electronic medical record • Recalls the patient’s right to privacy and right to their own protected health information within the electronic health record. 	<ul style="list-style-type: none"> • Appreciates the importance of patient engagement through the electronic health record. • Values the importance of patient privacy regarding health information available in the electronic health record. 	<p>information within the electronic health record.</p> <ul style="list-style-type: none"> • Documents interventions and changes in patient outcomes in a timely manner in the electronic health record. • Monitors and interprets lab results within the electronic health record. • Notifies patients regarding privacy concerns using the electronic health record and gives patient’s autonomy over their own protected health information. • Demonstrates knowledge of how and when 42 CFR Part 2 privacy regulations impact communication. • Completes and closes documentation in the electronic health record in a timely fashion.

Communication

Communication		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<p>K1</p> <ul style="list-style-type: none"> • Describes strategies for effective communication. • Knows grammar, spelling, and applicable healthcare terminology. • Identifies the differences between effective and ineffective visual, auditory, and non-verbal communication. • Recognizes that differences in development, spirituality, and culture can affect both verbal and non-verbal communication. 	<p>A1</p> <ul style="list-style-type: none"> • Accepts responsibility for communicating effectively with patients and colleagues. • Values the impact that diversity and culture may have on effective verbal and non-verbal communication. • Appreciates the value of different methods of communication. • Appreciates that one’s own personality and patterns of communication may affect communication with patients and staff. 	<p>S1</p> <ul style="list-style-type: none"> • Uses clear, concise, non-stigmatizing and medically appropriate language when communicating with patients, providers, and in the electronic medical record. • Assesses patient’s readiness for change and willingness to communicate. • Assesses and mitigates barriers to effective communication. • Appropriately adapts communication methods for patients with significant impairments or disabilities affecting one form of communication. • Changes communication style based on the preferences of the patient with considerations for the diversity and culture of the particular patient.
<p>K2</p> <ul style="list-style-type: none"> • Describes the nurse’s role in utilizing active listening as a therapeutic tool. • Recalls the importance of an effective therapeutic relationship to increase effective communication between patients and nurses. 	<p>A2</p> <ul style="list-style-type: none"> • Appreciates the importance of physical and emotional presence in effective therapeutic communication. • Values a respectful dialogue with patients of varying backgrounds and stages of disease process. 	<p>S2</p> <ul style="list-style-type: none"> • Establishes a rapport with patients of varying backgrounds. • Actively listens to patients and responds with questions that demonstrate engagement. • Assesses verbal and non-verbal cues and adjusts communication style appropriately. • Validates the patient’s feelings and experiences to enhance the therapeutic relationship between the patient and their care team.

<p>K3 Identifies communication techniques to de-escalate patient and prevent violent behavior.</p>	<p>A3 Recognizes the importance of de-escalation communication techniques in keeping both patients and staff safe.</p>	<p>S3</p> <ul style="list-style-type: none"> ● Uses verbal and non-verbal skills to reduce and manage violent behavior. ● Assesses sources of frustration or anger for the patient and offers solutions to mitigate the issues. ● Continues to reassess the patient for signs that behavior may be escalating and addresses the behavior in a timely manner.
<p>K4</p> <ul style="list-style-type: none"> ● Describes the value of input from various health care team members. ● Identifies the various communication styles and preferences of individual providers and professions. ● Explains the process for group negotiation and health care team decision making. ● Describes effective strategies to resolve conflict between health care team members. ● Recognizes the importance of quick communication with members of the team regarding critical results. 	<p>A4</p> <ul style="list-style-type: none"> ● Appreciates the important role that each member of the healthcare team has in providing care to patients. ● Appreciates the limitations of some forms of communication in discussions with specific providers or provider role groups. ● Values negotiation as an effective strategy to create patient care plans and help patients reach their goals. ● Appreciates that nurses may act as the glue person in communicating between the patient and the care team. 	<p>S4</p> <ul style="list-style-type: none"> ● Uses standard communication modalities to discuss patient care with all members of the team. ● Represents their views and opinions regarding patient care in a straightforward way. ● Contributes to the resolution of conflict through negotiation rather than confrontation. ● Appropriately expresses concerns regarding a patient care plan when not in agreement with other members of the team. ● Discloses information regarding a particular patient case only with those providers who need to know.
<p>K5</p> <ul style="list-style-type: none"> ● Recognizes that communication for teaching/learning is different between patients, nurses, and other care team members. ● Describes the effect of health literacy on effective patient teaching. ● Discusses the effect that a patient's stage of change may have on their ability to learn or communicate about their disease process. 	<p>A5</p> <ul style="list-style-type: none"> ● Recognizes the importance of identifying learning styles to effectively communicate new information. ● Appreciates that varying levels of literacy should be considered when providing written education with patients. ● Values the patients' ability to demonstrate understanding in a way that is acceptable and safe for the patient and health care team. 	<p>S5</p> <ul style="list-style-type: none"> ● Assess factors that limit the ability to learn including health literacy. ● Make accommodations in communication style for patient preferences and for patient health literacy. ● Assess effectiveness of education in varying ways including demonstration, verbalized talk backs, or simple acknowledgment of understanding. ● Use visual or hearing aids to assist in education when appropriate.

Teamwork and Collaboration

Teamwork and Collaboration		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
K1 Recognizes how personal strengths, values, and limitations can affect team function.	A1 <ul style="list-style-type: none"> Places importance on the self-inventory process to determine factors affecting teamwork. Recognizes personal responsibility for contributing to effective teamwork. 	S1 <ul style="list-style-type: none"> Initiates self-reflection when creating a care plan that includes considerations of self-acknowledged biases and beliefs. Acts with integrity and respect for diverse team members with differing views.
K2 <ul style="list-style-type: none"> Defines nursing scope of practice. Describes the mission of the team and the healthcare organization. Describes the roles and responsibilities of varying members of the OBAT team including the nurse. 	A2 <ul style="list-style-type: none"> Values the perspectives and expertise of all OBAT team members. Values the role of the OBAT nurse functioning to the fullest extent of their nursing license. 	S2 <ul style="list-style-type: none"> Functions within the nursing scope of practice and is a helpful member of the OBAT care team. Assesses the needs of the patient appropriately and addresses the issues within the nurses' scope of practice Proactively connects the patient with others who may better serve specific needs. Actively becomes a team member or team leader based on the situation. Requests assistance for help with patient care for issues outside of the nursing scope of practice.
K3 <ul style="list-style-type: none"> Describes the impact of effective team work on the quality and safety of patient care. Identifies the importance of concise and timely communication with all team members. 	A3 Respects the patient-centered approach to care as the primary end point of health care team functioning.	S3 <ul style="list-style-type: none"> Adapts communication style and preferences to meet the needs of other team members. Develops care plans that emphasize the importance of a patient-centered approach to care.
K4 <ul style="list-style-type: none"> Describes the impact of team members from various backgrounds helping to achieve the same patient goals. 	A4 <ul style="list-style-type: none"> Values teamwork and the collaboration across disciplines to care for patients. Appreciates the risks and benefits of hand offs to other providers on the care team. 	S4 <ul style="list-style-type: none"> Contributes to effective team functioning. Provides 'warm hand-offs' to various levels of care including Acute treatment services (ATS), opioid treatment program (OTP), and harm reduction services.

Teamwork and Collaboration		
<i>Knowledge</i>	<i>Attitudes/Behaviors</i>	<i>Skills</i>
<ul style="list-style-type: none"> • Defines strategies to manage role sharing among team members. • Describes civility and respect as key components of effective team functioning. • Explains the role that lateral violence plays in undermining team functioning. • Recalls the importance of debriefing and quality improvement measures related to team productivity and support. 	<ul style="list-style-type: none"> • Values the importance of patient-centered care and goals around the patients' desires. • Discourages behaviors and practices that promote lateral or vertical violence among members of the care team. • Appreciates the practice improvement process related to team performance enhancement. 	<ul style="list-style-type: none"> • Reports concerns regarding lateral violence of team members to appropriate supervising authority. • Participates and advocates in team training and improvement projects that result in more efficacious team work.

Supplemental Materials

Peer Support Organization Contacts:

- Alcoholics Anonymous <https://www.aa.org/>
- Al-Anon <https://al-anon.org/>
- Narcotics Anonymous <https://www.na.org/>
- Refuge Recovery <https://refugerecovery.org/>
- SMART Recovery <https://www.smartrecovery.org/>

Safer Smoking

- North Carolina Harm Reduction Coalition. Safer Crack Use <http://www.nchrc.org/harm-reduction/crack-use/>
- Catie - Safer Crack Smoking <https://www.catie.ca/client-publication/safer-crack-smoking>
- Catie - Hepatitis C: An In-Depth Guide. Safer Crack Smoking <https://www.catie.ca/client-publication/safer-crack-smoking#equipment>
- Smoke Works – Harm Reduction Tools for Safer Smoking. <https://smokeworksboston.wordpress.com/>

Using Alone Resources

- Never Use Alone <https://neverusealone.com/>
- Canary App – Prevent overdose. Available through Apple Store free of charge.

Safer Vaping

- John Hopkins Medicine – 5 Vaping Facts You Need to Know <https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping>
- Center for Disease Control – Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html?s_cid=OSH_emg_GL0001
- Healthline – How to Quit Vaping <https://www.healthline.com/health/how-to-quit-vaping>

Sniffing

- National Harm Reduction Coalition – Safe(r) Drug Use 101 <https://harmreduction.org/issues/safer-drug-use/facts/>
- Catie – Hepatitis C: An In-Depth Guide. Safer Snorting <http://librarypdf.catie.ca/ATI-70000s/70220.pdf>
- EMHC – Safer Snorting <https://ourhealthyeg.ca/safer-snorting>

Alcohol Consumption

- Here to Help – Alcohol and Other Drugs. Harm Reduction Strategies. <https://www.heretohelp.bc.ca/workbook/you-and-substance-use-harm-reduction-strategies>
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