ADDICTION PSYCHIATRY RESIDENCY PROGRAM

2015-2016

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

College of Medicine

Department of Psychiatry

ADDICTION PSYCHIATRY RESIDENCY PROGRAM

MANUAL

2015-2016

Shane Sparks, M.D.

Associate Professor

Program Director,

Addiction Psychiatry Residency Education

Please report corrections and changes to
Ashley Lavender

Fax: (501) 526-8198
Telephone: (501) 526-8159
E-mail: lavenderashleya@uams.edu
UAMS Department of Psychiatry
4301 W. Markham # 589
Little Rock, AR 72205

Table of Contents

University of Arkansas for Medical Sciences (UAMS)
Addiction Psychiatry Residency Program

Sponsoring Institution

The Addiction Psychiatry Residency Program is sponsored by the UAMS College of Medicine. The University of Arkansas for Medical Sciences' College of Medicine is one of six academic units of UAMS, the state's principal biomedical research center. The college's faculty members are on staff not only at the UAMS Medical Center but at Arkansas Children's Hospital, Arkansas State Hospital, the McClellan Veterans Administration Hospital, the Central Arkansas Radiation Therapy Institute and the Area Health Education Centers around the state. The UAMS Department of Psychiatry Provides 30% of the funding for the residency. 2200 students are in training at any one time and 550 residents complete their training per year.

It is the goal of the UAMS College of Medicine to help tomorrow's health-care professionals acquire not only the ultimate in medical skills but also professional and ethical standards that will aid them in their careers.

Participating Institutions

Central Arkansas Veterans Healthcare System (CAVHS) is a two division tertiary facility with 576 inpatient beds. 181 beds at the Little Rock division are acute medicine and surgery, and 397 beds at North Little Rock division are acute psychiatry, PTSD, chronic mentally ill, substance abuse and other specialties such as rehab medicine, geriatrics, domiciliary and nursing home care units. Primary care services are provided at both locations to 48,000 veterans per year. The Division of Mental Health operates 60 inpatient beds, 18 acute psychiatry, 20 dual diagnosis, and 22 beds for serious and persistent mentally ill as well as 144 Domiciliary Residential Rehabilitation beds. 55% of inpatients will have co morbid substance abuse disorders.

The North Little Rock Division is the primary training site and it is located seven miles from the University of Arkansas for Medical Sciences (UAMS), the sponsoring institution. The Little Rock division is adjacent to UAMS.

This facility provides an outpatient detoxification program, an intensive outpatient program, a less structured outpatient program, inpatient dual diagnosis program and the Outpatient Mental Health Clinic Dual diagnosis Clinic. The HIV and HCV rotations are at the Little Rock Division.

The **UAMS Medical Center** is a tertiary facility with 367 inpatient beds and serving more than 28,000 outpatient visits per year. The UAMS Medical Center

is a tertiary facility that will provide access experience providing care to specialized populations not available at the primary teaching site. The resident will gain expertise working with pregnant women, methadone maintenance, adolescents, chronic pain and patients with HIV. Staffing include psychiatrist, psychologist and many other mental health professional. Staff average over 10 years of clinical experience.

Program Goals & Objectives

Program Goals and Objectives

This program will offer advanced training that will familiarize fellow with all aspects of addiction psychiatry. Program will identify and assist the fellow in developing the knowledge, skills, clinical judgment, and attitudes required to prepare them for addiction psychiatry practice, teaching, research and system consultation.

The program seeks to train fellows who are competent in the areas of patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and system based practice. The program seeks to prepare residents to be independent learners with strong commitment to evidence based medicine. 20% of the fellow's time will be protected for scholarly activity to advance this goal. The program provides opportunities to develop expertise in the full continuum of care for substance abusers. The program consists of rotations with a large focus on detoxification, substance rehab and the dually diagnosed patient. It will also provide opportunities to gain expertise in the management of populations requiring special consideration including geriatric patients, patients with chronic pain, pregnant and parenting women, methadone patients, buprenorphine patients and patients with co-morbid medical issues such as HIV and hepatitis C.

Successful completion of the fellowship will be evidenced by meeting the objective set forth in the specific rotations. These competencies will be measured by faculty observations, record reviews, rotation evaluation checklist, 360 evaluations and any other methods the staff may use for evaluation.

Essential Knowledge and Skills

1. Knowledge of the signs and symptoms of use of and abuse of all the major categories of substance of abuse and knowledge of the types of treatment required for each. Exposure will include substance related disorders related to alcohol, opioids, cocaine and other stimulants, cannabis and hallucinogens, benzodiazepines and sedatives hypnotics.

2. Knowledge of the signs of withdrawal from these major categories of substance, knowledge with the range of options for the treatment of the withdrawal syndromes and the complications commonly associated with such withdrawal.

3. Knowledge of the signs and symptoms of overdose; the medical and psychiatric sequelae of overdose and experience in providing proper treatment of overdose.

4. Management of detoxification: Inpatient management of substance related disorders. Experience in working collaboratively with specialists in the emergency department and intensive care units in the diagnosis and management of overdose symptoms.

5. Experience in opioid replacement therapy.

6. Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders which often accompany the chronic use and abuse of the major categories of substances.

7. Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of substance-related disorders.

8. Experience in the use of techniques required for motivational or confrontational interventions with a chronic substance abuser. As well as dealing with the defense mechanisms that cause the patient to resist entry into treatment.

9. Experience in the use of various psychotherapeutic modalities involved in the ongoing management of chronic substance abusing patients, including individual psychotherapies, couples therapy, family and group therapies, motivational enhancement and relapse prevention.

10. Experience in working collaboratively with other mental health providers and allied health professionals, including counselors, pharmacists, nurse practitioners, and others who participate in the care of patients with substance-related disorders.

11. Knowledge and understanding of the special problems of the pregnant woman with substance-related disorders and of the infants born to these women.

12. Knowledge of family systems and dynamics relevant to the etiology, diagnosis and treatment of substance-related disorders.

13. Knowledge of genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance-related disorders.

14. Familiarity with the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of substance-related disorders.

15. Critical analysis of research reports, as presented in journal clubs and seminars.

16. Experience in teaching and supervising clinical trainees in the care of patients with substance-related disorders.

17. Understanding of the current economic aspects of providing psychiatric and other healthcare services to the addicted patient

18. Knowledge of quality assurances measures and cost effectiveness of various treatment modalities for substance –related disorders.

Faculty

Program Director

Shane Sparks MD, serves as the Director of Addiction Residency Education and an Associate Clinical Professor in the Department of Psychiatry. As the Program Director, Dr. Sparks is responsible for the oversight and organization of all educational activities within the Addiction Psychiatry program as well as the selection of residents and the monitoring of their progress. Dr. Sparks provides supervision for residents in the dual diagnosis program. .

Dr. Sparks received his M.D. degree from UAMS in 2006. He is certified by the American Board of Psychiatry and Neurology (ABPN) with subspecialty certification in Addictions.

Key Teaching Faculty

UAMS Addiction Psychiatry
Faculty Roster

Fellowship Training Director Clinical Associate Professor Psychiatry UAMS Department of Psychiatry Medical Director of Substance Use Disorders Central Arkansas Veterans Healthcare System	Shane Sparks, MD North Little Rock VA 257-3126
Assistant Training Director Assistant Professor Psychiatry Director Substance abuse Treatment Clinic UAMS Department of Psychiatry Psychiatric Research Institute	Michael Mancino, MD Center for Addiction Research - UAMS 526-8442
Assistant Clinical Professor Psychiatry Director Buprenorphine Program 257-3100 Central Arkansas Veterans Healthcare System	Lisa Snow, MD North Little Rock, VA
Director: Consultation Liaison Assistant Professor Psychiatry Central Arkansas Veterans Healthcare System	John Spollen, MD Little Rock VA 257-6585
Staff Psychologist Central Arkansas Veterans Healthcare System Clinical Assistant Professor	Grace Aikman, PhD North Little Rock VA 257-3150

Staff Psychologist Central Arkansas Veterans Healthcare System Clinical Assistant Professor	Genevieve Pruneau, PhD North Little Rock VA 257-3283
Associate Professor Infectious Disease Chief Clinical Infectious Disease, CAVHS	Thomas Monson, MD Little Rock, VA 257-5866
Professor and Vice Chair of Research Center for Addiction Research	Alison Oliveto, PhD UAMS 526-7802
Staff Psychiatrist Central Arkansas Veterans Healthcare System	Ravi Nahata, MD North Little Rock VA 257-3184
Associate Professor, UAMS College of Medicine Residency Program Director C & A Psychiatry Medical Director, UAMS PRI Child Diagnostic Unit Medical Director, Psych TLC	Molly Gathright, MD UAMS 526-8507

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
FACULTY ROSTER

CHAIR

Marie Wilson Howells Professor — Pedro Delgado, M.D.

UNIVERSITY HOSPITAL DIVISION

Professor & Chair Emeritus:	Frederick G. Guggenheim, M.D.
Professor Emeritus:	Roscoe A. Dykman, Ph.D.
Professor:	James Clardy, M.D.
	Jeffrey Clothier, M.D.
	Lawrence Miller, M.D.
	G. Richard Smith, M.D.
	John Spollen, M.D.
	Zachary Stowe, M.D.
Associate Professor:	Jennifer Fausett, Ph.D.
	Ben Guise, M.D.
	Khiela Holmes, Ph.D
	Greg Krulin, M.D.
	Erick Messias, M.D.
Assistant Professor:	Ricardo Caceda, M.D.
	Lou Ann Eads, Ph.D.
	Betty L. Everett, Ph.D
	Caris Fitzgerald, M.D
	Lewis Krain, M. D.
	Irving Kuo, M.D.
Instructor:	Shona Ray, M.D.

PRI NORTHWEST ARKANSAS

Associate Professor:	Michael Hollomon, M.D.
	Jon Rubenow, D.O.
	Gerald Stein, M.D.
Instructor:	Dot Mecum, M.D.
	Shefa Rahman, M.D.

DIVISION OF HEALTHCARE SERVICES RESEARCH

Professor:	Brenda Booth, Ph.D.
	JoAnn Kirchner, Ph.D.
	Teresa Kramer, Ph.D.
	Richard R. Owen, M.D.
	Jeffrey Pyne, M.D.
	Greer Sullivan, M.D.
Associate Professor:	Geoffrey Curran, Ph.D.
	Ellen Fischer, Ph.D.
	Teresa Hudson, Pharm.D.
Instructor:	Terri Davis, Ph.D.
	Jeff Smith, ABD
	Angie Waliski, Ph.D.

DIVISION OF PEDIATRIC PSYCHIATRY

Professor Emeritus:	Patricia Youngdahl, Ph.D.
Director :	Peter Jensen, M.D.
Professor:	Patrick Casey, M.D.
Associate Professor:	Molly Gathright, M. D.
Assistant Professor:	Mark Andersen, M.D.
	Jessica Carbajal, M.D.
	Steven Domon, M.D.

	Jennifer Gess, Ph.D.
	Angie Shy, M.D.
	Veronica Williams, M.D.
Instructor:	Bruce Cohen, M.S.

VA MENTAL HEALTH DIVISION

ACOS for Mental Health, VAMC and Assistant Professor:	Irving Kuo, M.D.
Professor:	John Fortney, Ph.D.
	Lawrence Labbate, M.D.
	Dinesh Mittal, M.D.
	Richard Owen, M.D.
	Greer Sullivan, Ph.D.
	John Spollen, M.D.
Associate Professor:	Tim A. Kimbrell, M.D.
	Eugene Kuc, M.D.
Assistant Professor:	Grace Aikman, Ph.D.
	Patricia Gibson M.D.
	Erica Hiett, M.D.
	Mark Hinterthuer, Ph.D.
	Irving Kuo, M.D.
	William Meek, M.D.
	Michelle Ransom, M.D.
	Glen White, Ph.D.
	Greg Wooten, M.D
	Mark Worley, M.D., Ph.D.
Instructor:	Kelley Burrow, M.D.
	Tracy Haselow, M.D.
	Jeremy Hinton, M.D.
	Jacquelyn Martin, M.D.
	Janette McGaugh, M.D.
	Shanna Palmer, M.D.

	Shane Sparks, M.D.
	Lisa Snow, M.D.
	Joshua Woolley, M.D.

ARKANSAS STATE HOSPITAL

Assistant Professor and Medical Director:	Steve Domon, M.D.
Professor:	Puru Thapa, M.D.
Assistant Professor:	Joe Alford, Ph.D.
	Kara D. Belue, M.D.
	Stephen Brasseux, M.D.
	Natalie Brush-Strode, M.D.
	April Coe-Hout, Ph.D.
	Megan Edwards, Psy.D.
	Lisa Evans, Ph.D.
	Robert Forrest, M.D.
	Albert Kittrell, M.D.
	Raymond Molden, M.D.
	Carl Reddig, Ed.D.
	James Shea, M.D.
	Rush Simpson, M.D.
	Stacy Simpson , M.D.
	Brandon Wall , M.D.
	Veronica Williams, M.D.
Adjunct Professor:	Josh King, J.D.
	J. Thomas Sullivan, J.D.

CENTER FOR ADDICTION RESEARCH

Professor:	Michael Mancino, M.D.
	Alison Oliveto, Ph.D.
Assistant Professor:	Maxine Stitzer, Ph.D.

BRAIN IMAGING RESEARCH CENTER

Professor:	Clint Kilts, Ph.D.
Assistant Professor:	Andy James, Ph.D.
	Joshua Cisler, Ph.D.

VOLUNTARY ADULT FACULTY DIVISION

Associate Clinical Professor:	Philip Mizell, M.D.
Clinical Instructor:	Ali M. Hashmi, M.D.

Residents

The UAMS Addiction Psychiatry Residency Program is currently approved for one full-time resident position for 12 months. Applicants to the program must have satisfactorily completed an ACGME-accredited general psychiatry residency to be considered for admission**.**

Fellow Eligibility, Selection and Appointment

In accordance with the UAMS COM GME Committee Policy on Recruitment and Appointment the following describes the eligibility requirements, the selection criteria and the procedure for appointment to the Addiction Psychiatry program.

The Addiction Psychiatry fellowship program uses both objective and subjective criteria to select applicants. The Program Director and Departmental Chairperson are responsible for selection and appointment of fellows to the program. The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran's status. The Program or Coordinator will verify to the Director of Housestaff Records that the incoming fellows meet eligibility criteria each June. The criteria and processes for fellow selection follow:

APPLICATION PROCESS

1. Applicants should contact Shane Sparks, MD, program director, at 501-257-3126 or Shane.Sparks@va.gov or the program coordinator Ashley Lavender at 501-526-8159 or LavenderAshleyA@uams.edu to receive information about the application. The cover letter for the application packet contains a statement indicating the length of the program.

2. The program will review applications from all psychiatrists meeting the eligibility qualifications listed below directly. Program does not participate in the National Matching program.
3. Applications materials will be reviewed by a program coordinator to determine if applicant meets minimal admission standards. The Residency Education Committee will then review the submitted application and determine if the applicant will be invited for an interview.

ELIGIBILITY

All applicants must meet the following eligibility requirements:

1. Ability to carry out the duties as required of the Addiction Psychiatry program.
2. Proficient in the English language to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics, speaking English on conversational and medical topics as determined by the program director and/or selection committee.

3. Meet **one** of the following qualifications
    a. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
    b. Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA).
    c. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
    d. A graduate who holds a full and unrestricted license to practice medicine in a US licensing jurisdiction
    e. Graduate of a medical school **outside** the United States or Canada with the following qualifications:
        1. A currently valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG), or
        2. A full and unrestricted license to practice medicine in a US licensing jurisdiction
4. Graduate for an ACGME accredited Psychiatry Residency Program.
5. Not more than 10 years elapsed since completion of psychiatry residency training or 5 years since the practice of medicine.
6. The ability to reside continuously in the U.S. for the length of training.
7. Eligible to receive a medical license in the State of Arkansas in compliance with Arkansas State Medical Board Regulations.

SELECTION

1. The following information must be received before the application will be considered and before an applicant is invited for an interview:
    - A current CV,
    - letter of recommendation from your training director verifying satisfactory completion of all educational and ethical requirements for graduation;
    - two letters of recommendation,
    - an original copy of the medical school transcript,
    - ECFMG if a foreign medical graduate and
    - a personal statement regarding applicants interest in the program

2. Once an applicant has been found to meet minimal selection criteria, the program coordinator contacts him/her by e-mail to schedule an interview.
3. An applicant invited for an interview should review and be familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the resident and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided. To review the Benefits, Terms and Conditions of appointment please go to the following website: http://medicine.uams.edu/current-residents/resident-handbook/benefits-2/. An updated version of this information will be given to the candidate upon the conclusion of the interview day.
4. The interview consists of three one-on-one interviews with faculty members and tours of UAMS. If the program currently has a fellow, that fellow will also meet with the applicant during lunch.
5. List ways the applicant is evaluated: Current fellows, faculty and coordinators who interact with the applicant complete a written evaluation form to assess communication skills, clinical performance (if applicable), and personal qualities, and commitment to addiction psychiatry training.

6. Criteria for selection include
   A. Review and confirmation of eligibility requirements
   B. Performance on standardized medical tests
   C. Overall academic performance in medical school
   D. Recent clinical training or experience
   E. Demonstrated ability to choose goals and complete the tasks necessary to achieve those goals
   F. Honesty, integrity and reliability
   G. Lack of history of drug and alcohol abuse
   H. Maturity and emotional stability
   I. Motivation to pursue a career in the specialty of Addiction psychiatry
   J. Prior research and publication experience
   K. Verbal and written communication skills
   L. Letters of recommendation from faculty
   M. Medical school transcript
   N. The ability to reside continuously in the US for the length of the training
   O. A commitment to complete the entire program.

7. Following the interview, the Residency Education Committee, composed program director, addiction faculty, and current fellow reviews the applicant's file and written interview evaluations and ranks the applicant based on the criteria above.
8. The decision will be made following completion of evaluation and discussion by the Program Selection Committee.

CRIMINAL BACKGROUND CHECKS

Candidates will be notified during the interview that the appointment is contingent upon successful completion of a criminal background check via the approved institutional document. Candidates must complete and return a self disclosure form listing all

convictions, guilty pleas, pleas of no contest to any felony, misdemeanor or any offense other than minor issues that might prevent appointment to the Program director by the date of the interview. Candidates will be encouraged to discuss any issues that might prevent appointment with the Program Director prior to acceptance of an interview or appointment.

a. Candidates will be asked to complete a consent for criminal background check from upon notification of selection;
b. Background checks will be obtained and results reviewed by the designated member of the GME office;
c. The DIO and Director of Housestaff Records will be notified of completion of the background check without unfavorable information;
d. The DIO and Program Director will be notified if potentially unfavorable information is revealed. After consultation with the DIO the Program Director will notify the candidate
e. Candidate will have the opportunity to submit additional information addressing the potentially unfavorable information, within 14 days;
f. After consultation with DIO and review of the additional information, the Program Director will determine if the appointment will be honored or withdrawn.
g. A candidate whose offer of appointment has been withdrawn because of criminal background check information may request reconsideration, in writing and with any relevant supporting documentation, by the Executive Associate Dean for Academic Affairs. The request must be submitted to the Executive Associate Dean for Academic Affairs within five business days of notification of the decision of the Program Director
    1.) The Executive Associate Dean for Academic Affairs will review the matter and will notify the candidate that the decision of the Program Director is upheld or reversed within fifteen business days of receiving the request for reconsideration
    2.) Solely at his discretion, the Executive Associate Dean for Academic Affairs may convene a panel of faculty members and at least one current resident to assist him in reaching a decision.
    3.) There is no requirement for a hearing
    4.) The decision of the Executive Associate Dean for Academic Affairs is final.

APPOINTMENT/REGISTRATION

Upon verification by the Program Director that the applicant has met eligibility requirements, completed the application process and been selected according to established criteria, the applicant will begin the process of appointment and registration with the College of Medicine. An applicant is considered fully appointed and registered **only after all** of the following documents have been completed and returned to the Director of Housestaff Records. Once the Director of Housestaff Records has received all the documents, the applicant is registered in the payroll system to receive a stipend and may begin the fellowship program.

1. Documentation of a negative drug test
2. Verification of successful graduation if previously anticipated (e.g., final transcript, letter from Registrar, copy of diploma, currently valid ECFMG certificate, if applicable)
3. All of the following with valid signature:
    a. Fellow Agreement of Appointment (contract)
    b. Medical Records Agreement
    c. Attestation acknowledging receipt of GME Committee policies and procedures

d. Confidential Practitioner Health Questionnaire
e. Employee Drug Free Awareness Statement
f. Housestaff Medical Screening Form
g. Post Doctoral Medical Education Biographical Form
h. Copy of valid visa (if applicable)
i. Long Term Disability Form
j. Acknowledgement of Benefits Policies
k. State and Federal Tax Forms
l. Successful completion of criminal background check

4. Incoming fellows are expected to attend orientation/registration in mid-June.
5. Health insurance benefits for the fellow and their family will begin on the first officially recognized day of the program.
6. The Resident Agreement for Appointment is for duration of not longer than one year.

Other Program Personnel

Office of Education Staff

Janis Cockmon	526-8148
Ashley Lavender	526-8159
LaTanya Poole	526-8161

UAMS Housestaff Office

Dwana McKay, Director	686-5356

UAMS Program for Young Adults (Walker Family Clinic)

Main Number	526-8200

UAMS Substance Abuse Treatment Center

Main Number	526-8400

Central Arkansas Veterans Healthcare System

Main Number	257-1000

Educational Program
Block Schedule of Rotations

<table>
<tr><td colspan="3">6 Months</td><td colspan="3">6 Months</td></tr>
<tr><td>3 Months</td><td></td><td>3 months</td><td>2 Months</td><td>2 Months</td><td>2 Months</td></tr>
<tr><td rowspan="2">Dual Diagnosis Inpatient Program
CAVHS-NLR
(3.5 days/wk x 3 months)</td><td rowspan="2">Neuro-sciences
UAMS BIRC
(5 days/wk x 1 week)</td><td rowspan="2">Outpatient Addiction Psychiatry Program
CAVHS-NLR
(3.5 days/wk x 3 months)</td><td rowspan="2">Consultation Liaison Service
CAVHS-LR
(3.5 days/wk x 2 months)</td><td>Special Population – infectious diseases
CAVHS-LR
Hepatitis C - Clinic
(.5 days/wk x 2 months)</td><td>Special Population – infectious diseases
CAVHS-LR
HIV Clinics
(.5 days/wk x 2 months)</td></tr>
<tr><td colspan="2">Special Populations:

Opiate Substitution
UAMS SATC
(.5 days/wk x 4 months)

Pain Management
CAVHS LR - Neurology
(.5 days/wk x 4 months)

Pregnant and Parenting Women
UAMS - Women’s Mental Health
(.5 days/wk x 4 months)</td></tr>
<tr><td colspan="4">Adolescents & YA
UAMS – PRI WFC
(.5 days/wk x 9 months)</td><td colspan="2">Adolescents & YA
UAMS – PRI WFC
(1 days/wk x 3 months)</td></tr>
<tr><td colspan="4">Individual Therapy
CAVHS-NLR
(.5 days/wk x 8 months)</td><td colspan="2">Individual/Group Therapy
CAVHS-NLR
(1 days/wk x 4 months)</td></tr>
<tr><td colspan="6">Research
UAMS - Arkansas Center for Addictive Behaviors
(.5 days/wk x 12 months)</td></tr>
</table>

Work Hours

Work and duty hours are approximately 50 hours per week Monday through Friday with no call and no weekends.

Duty Hours

In compliance with the UAMS COM GME Committee policies on duty hours, work environment and moonlighting and considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

Duty Hours

1. Duty hours are limited to 80 hours per week, averaged over a four-week period including in-house call activities. If residents are called into the hospital from home, hours spent in-house count toward the 80-hour limit.
2. Residents must have one day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Residents should have 10 hours and must have 8 hours off between all daily duty periods and after scheduled in-house call.
4. Duty periods of PGY 2 and above must not exceed 24 hrs of continuous duty. A resident may stay an additional 4 hrs to effect transitions in care. No new clinical duties can be assigned during these 4 hrs.

On Call Activities:
There are no on-call activities. The resident is not assigned call or is not required to participate in voluntary call.

This program does not expect any exceptions to the duty hour policies and procedures as listed above.

Work Environment

Food Services: Residents on duty have access to adequate and appropriate food services.

Call Rooms: Call rooms are provided for residents who take in-house call. However, no call is required of Addiction fellow.

Support Services: Adequate ancillary support for patient care is provided for residents at all times.

Laboratory/pathology/radiology services: these services and the associated information systems are available and adequate to support timely and quality patient care.

Medical Records: Medical records system that document the course of each patient's illness and care are available at all time and are adequate to support quality patient care, the education of residents, quality assurance and provide a resource for scholarly activity. Both

participating sites offer an electronic medical records system for immediate access to medical records.

Security/safety: Appropriate security and personal safety measures are provided to residents at all locations.

Professionalism, Personal Responsibility, and Patient Safety
The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients
- Provision of patient- and family-centered care
- Assurance of their fitness for duty
- Management of their time before, during, and after clinical assignments
- Recognition of impairment, including illness and fatigue, in themselves and their peers
- Attention to lifelong learning
- The monitoring of their patient care performance improvement indicators
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

Transitions of Care

- Programs must design clinical assignments to minimize the number of transitions in patient care
- Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.

Clinical Responsibilities
The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. (further specified by RRCs)

Teamwork
Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty. (further specified by RRCs).

Protocol for Handovers & Transfers of Patient Care

Fellow will have an opportunity to handover/transfer patient care at the end of the work day and at the end of a clinical service. Primary responsibility for the patient care and safety always remains with the supervising attending and will be specific to each service. Fellow orientation will include education concerning the need for handoffs and the procedure at the beginning of each clinical service.

Clinical Service	Description of service	Handoff required	Handoff procedure
Addiction psychiatry	3 month Outpatient detoxification and intensive outpatient rehabilitation program	No	NA
Dual Diagnosis	3 month inpatient Rehabilitation unit and outpatient clinic	Yes, end of day and end of rotation	a. End of day handoff: Fellow will discuss any potentially complicated cases with the psychiatrist on call for end of day b. Transfer to higher level of care due to patient deterioration: Fellow will notify supervising attending of potential transfer and then contact receiving attending and give report including reason for the transfer. c. Off service notes with notification to the attending will be completed on all patients at the end of the service.
Consultation Liaison and special populations	Fellow is consultant to psychiatric medical, surgical and OB/GYN units.	No, fellow has no primary responsibility. On call psychiatrist available for acute consultation needs after duty hours	NA

Call schedules and responsibility for each patient's care

Call schedules are sent to all trainees and faculty prior to the beginning of the month relating the name and area of the attending responsible for after-hours patient care. These schedules are also posted on AMION as well being located at the hospital operators for both institutions.

Protocols - common circumstances requiring faculty involvement

Attending will be available for immediate consultation at all times. Attending will provide fellow with his preferred contact method at the time of orientation. Attending will notify fellow of backup attending in the event of expected absences from the service. Common circumstances requiring faculty involvement include but are not limited to, unexpected events such as patient suicidal behavior, missing patients, medical deterioration, need to transfer patients to higher level of care, patient abuse or severe drug interactions. High risk patients such as complicated medical or behavioral issues should also have attending involvement.

Protocol - When Residents Remain on Duty Beyond Scheduled Hours

Addiction Fellow is primarily a consultant to day programs and does not remain on duty after scheduled hours. The one inpatient unit, (dual diagnosis unit clinical service 2), where the fellow has primary clinical responsibility is a step down or intermediate level care unit. It takes direct admissions only from units that have previously stabilized the patients. Emergency psychiatric consultations required after hours on the medical surgical units or in the emergency room are performed by the psychiatrist on call and the fellow does not take after hours call.

Overview of Rotations

A. Central Arkansas Veterans Healthcare System, NLR Unit: Outpatient Addiction Psychiatry - Supervisor: Lisa Snow, MD , Shane Sparks, MD and Ravi Nahata, MD

Residents conduct addiction evaluations, co-lead recovery groups, and initiate and monitor anti- craving medications under the supervision of addiction psychiatry faculty. Assessments will include physical, psychiatric and addition assessments. Residents will provide supervision to general psychiatry residents rotating on the services at the time and have the opportunity to provide supportive or individual psychotherapy. Residents each have one hour per week of individual case based supervision and teaching with one of the two faculty members mentioned. There is additional less formal teaching that occurs on a continuing basis. This includes supervision in addiction psychiatric evaluation, psychopharmacologic treatments, and the use of psychological, neurodiagnostic and other testing. Residents will develop detoxification protocol for 3 patients per week, supervise the screening process that determines the level of treatment for those patients and gain experience in systems managements. Residents will be actively involved in the leadership meetings of this section.

B. Central Arkansas Veterans Healthcare System, NLR Unit: Dual Diagnosis Treatment Program - Supervisors: Shane Sparks, MD

Residents conduct addictions evaluations for patients with dual diagnosis. Residents will provide consultation for patients with complicated detoxification issues admitted to the acute inpatient psychiatry unit under the supervision of Dr. Shane Sparks. They will be the primary treatment physician for patients who are accepted into the Dual Diagnosis treatment program, specializing in evaluating and treating patients with severe mental illness and comorbid substance use disorders. Residents each have one hour per week of individual case based supervision and teaching with the faculty assigned who are always available for less formal supervision on an ongoing basis. This includes supervision in addiction and psychiatric evaluation, psychopharmacologic treatments, and the use of psychological testing.

C. Central Arkansas Veterans Healthcare System, Mental Health Clinic, NLR Unit: - Individual & Group Therapies - Supervisors: Shane Sparks, MD, Genevieve Pruneau , PhD, and Grace Aikman, PhD

Residents spend up to 5 hours per week providing outpatient services to patients with substance use disorders. These services will include psychopharmacology and individual psychotherapy and group therapies. Drs. Aikman and Pruneau will be the psychotherapy supervisors for at least 7 cases of ongoing individual therapy. Dr. Sparks will be the psychopharmacology supervisor for the patients. Residents conduct psychiatric and addictions evaluations on patients referred to them by other clinicians working in the clinic. Residents will conduct group therapy with various types of groups. They will receive one hour per week of individual case based supervision with faculty assigned who are available at all times for less formal supervision. This includes supervision in addiction and psychiatric evaluation, psychopharmacologic treatments, group therapies, and psychotherapy supervision.

D. UAMS Medical Center and Central Arkansas Veterans Healthcare System– Arkansas Center for Addictive Behaviors: Research, Supervisors: Allison, Oliveto,

PhD and Michael Mancino, MD
Residents conduct addiction specific diagnostic assessments and physical examinations on patients entering the research protocol. They will develop and implement a protocol with the goal of producing a paper suitable for publication or presentation. The Resident will spend a half day per week for 12 months on this rotation. Residents each have one hour per week of individual case based supervision and teaching with one of the two faculty members mentioned. There is additional less formal teaching.

E. Central Arkansas Veterans Healthcare System, Consultation Liaison/Emergency Psychiatry, LR Hospital: - Supervisor: John Spollen, MD and Shanna Palmer, MD

Residents conduct addiction specific diagnostic assessments on complicated substance abuse patient admitted to ED and the consultation liaison service at CAVHS Little Rock campus. They are responsible for making recommendations regarding ongoing psychopharmacology issues on medical/surgical units and the emergency room where in medical issues is the primary focus of care. They will spend three and one half days per week for two months.

F. UAMS Medical Center: Special Populations: Pregnant and Parenting Women. Supervisor: Zach Stowe, MD

Residents perform addiction specific psychiatric evaluation, medication management to substance abusing pregnant women or mothers. Residents are expected to serve as junior faculty to general psychiatry residents and medical students rotating on the service at the time. Rotation length is one half day per week for 16 weeks. Supervision is constant and ongoing with the site supervisor local program director and formal supervision occurs at least one hour per week

G. UAMS Medical Center: Special Populations: Adolescents and young adults Supervisor: Molly Gathright, MD & Michael Mancino, MD

Residents on this service conduct outpatient addiction focused evaluations and initiate effective treatment strategies, (including interventions such as individual, family and group therapies) for adolescents up to age 24. They will develop knowledge of family systems and develop an expertise in providing consultation services for addicted youth. Rotation length is typically 0.5 day per week for 16 weeks. Length of rotation will depend on previous training. Resident supervision is ongoing while providing patient care and at least one hour per week of formal individual supervision by the supervising psychiatrist. Involvement may include review of multidisciplinary assessment and treatment team planning. Dr. Gathright will supervise on Adolescent part and Dr. Mancino will supervise on the Addiction part.

H. Central Arkansas VA Healthcare System: Special Populations – Infectious Diseases. CAVHS Hepatitis C Clinic & HIV clinic. Supervisors: Thomas Munson, MD and Matthew Burns, MD

Resident will develop an understanding of the biomedical and psychosocial issues involved in management of substance using patients with co-morbid HCV or HIV by performing appropriate assessments and implementing treatment plans. They will also provide consultation to the staff on these rotations for patients who have co-psychiatric issues and develop expertise in managing psychiatric medications in these complex cases. Resident will attend case conferences. This 8 week rotation will

involve 1 half day weekly. Supervision is ongoing while providing patient care and one week of formal individual supervision with both supervisors. Dr. Monson is certified in infectious disease.

I. UAMS Medical Center: Special Populations – UAMS Opiate Substitution
UAMS Substance Abuse Treatment Clinic: Supervisor: Forrest Miller, M.D. and Michael Mancino, M.D.

Resident performs addiction specific evaluations on opiate abusing patients and develops expertise in the management of opiate anti-craving medications. These assessments will include psychiatric, addiction and physical evaluation. The will initiate and manage medication protocols for patients on these medications. They will be participating in psychosocial programming. They will become familiar with government regulations and policies required to provide a methadone management clinic. This 16 week rotation involved one half day per week in clinic including supervision and didactic time under the supervision of Drs. Miller and Mancino. Both Drs. Miller and Mancino are American Society of Addiction certified.

J. UAMS Medical Center: Special Populations – Pain management
UAMS Pain Management Center
Supervisors: Jonathan Goree, MD.

Residents will be supervised in the medical and neurological assessment on patient with chronic pain and manage pain in a variety of diagnoses. Dr. Goree, a certified pain management specialist will provide the supervision. In analyzing the special problems of patients with special problems of psychopharmacological management of patients with chronic pain, psychiatric problems, and co-morbid addiction, they will also provide consultation to the pain management providers. The psychiatric consultations will be supervised by Dr. Mancino. Average caseload on this 16 week rotation will be 10-12 cases per week.

K. UAMS Medical Center: Neurosciences – Brain Imaging Research Center
Supervisor: Clint Kilts, MD

Residents perform addiction specific neuroimaging research in BIRC. Residents are expected to attend the T32 seminars. Rotation length is five days for one week. Supervision is constant and ongoing with the site supervisor and formal supervision occurs at least one hour during the week.

SITE-SPECIFIC GOALS

See Appendix III for the UAMS Department of Psychiatry Addiction Fellowship goals and objectives for the ACGME General Competencies for Addiction Fellows

Central Arkansas VA Healthcare System (CAVHS): North Little Rock Division – Addiction Psychiatry and Dual Diagnosis Clinical Services.

A. Develop expertise in performing a wide range of addiction specific evaluations on inpatients and outpatients with a variety of co-morbid psychiatric diagnoses and bio-psychosocial issues. The fellow will acquire the knowledge, skills and attitudes required to recognize the signs and symptoms of and manage the withdrawal from specific substances of abuse in the medically

and/or psychiatrically complicated patients. (Medical Knowledge, interpersonal communications and system based practice.)

B. Fellow will acquire knowledge and skills in a variety of psychotherapeutic skills including cognitive-behavioral psychotherapy, focusing on relapse prevention, motivational interviewing and in psychodynamic or interpersonal interventions. (medical knowledge, practice based learning)

C. Fellow will acquire knowledge and skills in working with the older substance abuser, in working with family members of substance-abusing patients, and in "systems-thinking" from the unit level and from the section level. (Patient care, medical knowledge, practice based learning.)

D. Develop the knowledge to implement addiction pharmacotherapy. (medical knowledge)

CAVHS – Little Rock Division, Special Populations Infections diseases – HCV clinic and –HIV clinic

A. Advance the development of knowledge and skills necessary to practice addiction psychiatry at consultant level focusing on patients with infectious disease. (Medical Knowledge, patient care, interpersonal skills and communication, professionalism and system based practice)

UAMS Medical Center Department of Psychiatry – Arkansas Center for Addictive Behaviors: Research

A. Complete the components of a clinical research project during the course of the fellowship year (Medical Knowledge and practice based learning)

Central Arkansas Veterans Healthcare System –Little Rock Division: Consultation Liaison (including ER)

A. Develop the skills knowledge and attitudes necessary to provide expert consultation for acute and chronic medically ill patients with substance use disorders who are treated in the emergency room, intensive care or on medical/surgical units. (Medical knowledge, professionalism, Interpersonal and communication skills)

UAMS Medical Center Department of Psychiatry: Special Populations – Pregnant Women.

Develop knowledge, skills and attitudes required to manage the special problems of addicted pregnant women and the children born to them. (Medical knowledge, patient care, practice based learning, systems based learning and professionalism).

UAMS Medical Center Department of Psychiatry –Psychiatric Research Institute: Program for Young Adults

A. Develop knowledge and skills required to provide comprehensive assessments to children and adolescents with substance abuse problems. Medical knowledge and patient care)
B. Develop knowledge and skills required to provide comprehensive assessments to individuals with eating disorders. Develop treatment plans and provide appropriate

pharmacologic and psychotherapeutic interventions. (Medical knowledge, patient care, and Interpersonal and Communication Skills)

C. Utilize groups, family groups and multi-family group in management of addicted youth. (patient care, Medical knowledge and professional.)

UAMS Medical Center: Special Populations – UAMS Opiate Substitution
UAMS Substance abuse Treatment Clinic:

A. Develop expertise in recognizing and managing the signs and symptoms of opioid dependency and the various withdrawal phenomena that occur in this population (medical knowledge, practice based learning, patient care).

UAMS Medical Center: Special Populations – Pain management
UAMS Pain Management Center

A. Gain knowledge, skills, experiences and attitudes required to provide expert consultation in the management of addicted persons with co-morbid chronic pain. (Medical knowledge, patient care, interpersonal skills and communication and professionalism.)

Scholarly Activity Requirement

Each resident must participate in a scholarly project under the supervision of an addiction faculty member. The project must be at a level of quality allowing either (1) submission to a scholarly journal, (2) submission for presentation to a meeting; may include poster, paper, presentation or workshop, or (3) presentation at a departmental Grand Rounds. This requirement educates residents in critically reviewing the current psychiatric literature.

Residency Education committee for Addiction Psychiatry

The Addiction Resident Education Committee shall meet semi-annually to consider business relating to the Addiction Psychiatry Residency education program. The committee will consist of the Program director, UAMS site program director faculty representatives from the major training sites and current fellows. The committee shall be responsible for planning, developing implementing and evaluating all significant features of the fellowship. The committee will specifically evaluate the fellow, faculty, teaching curriculum.

The Clinical Competency Committee will meet semi-annually to discuss the fellow's progression. This committee will consist of the Program Director and two faculty representatives and the program coordinator.

The Program Evaluation Committee will meet yearly to discuss the program evaluation as recommended by the GME office. The committee will consist of members of the Addiction Residency Education Committee. Move up to the REC

Evaluations

Faculty Evaluation of Resident
Addiction attendings will submit evaluations of resident performance upon completion of each rotation. These will be discussed with the Residency Director or his designee at the required semi-annual review sessions.

Resident Evaluation of Faculty
Residents fill out evaluations of the rotations on completion of each rotation. Copies of these evaluations are made and given to the faculty involved annually and are available on request. In addition, feedback is provided by the training director. Residents are encouraged to engage in direct feedback. Residents meet semi-annually with Program Director

Resident Evaluation of the Program
Residents will complete a written anonymous evaluation of the program semi-annually. These will be reviewed by the program director and presented to the REC.
Anonymous Evaluation Method
Residents will do anonymous evaluations. These confidential evaluations will be pooled and reviewed when at least three have been received.

Reappointment

Educational appointments to the Addiction Psychiatry fellowship program are for a term not exceeding one year. The resident agreement of appointment, which outlines the general responsibilities for the College of Medicine and for the resident, is signed at the beginning of each term of appointment. Renewal of the fellow agreement of is not expected as this is a one year fellowship.

It is the intent of the Addiction Psychiatry program to develop physicians clinically competent in the field of addiction medicine. Physicians completing the program will be eligible for certification by the American Board of Psychiatry and Neurology with added qualifications in addictions. The ultimate goal of a 100% pass rate on the addiction psychiatry examination.

Evaluation and Promotion Policy

In compliance with the UAMS COM GME Committee policy on Evaluation and Promotion, the following guidelines apply:

The evaluation and promotion of residents is the responsibility of the Program Director and Departmental Chairperson. The Program Director must establish and implement formal written criteria and processes for the evaluation and promotion of residents according to the procedure below. Faculty members and attending physicians evaluate the resident to determine progressive scholarship and professional growth in order to support increased responsibility of patient care. Other professional health care staff, peers and medical students also evaluate residents.

During the fellowship period, clinical competence will be assessed in writing after each rotation by direct faculty supervisors with subsequent review by the Program Director. Evaluations by peer resident physicians, patients, nursing staff and other paramedical personnel may be included at less frequent intervals. A resident will meet with the Program Director twice a year to review results of evaluations, in-service scores, 360s, and faculty checklists. A summary of the evaluations will be reviewed and signed by the fellow. The evaluations will be maintained in confidential files and only available to authorized personnel. Upon request, the resident may review his/her evaluation file at any time during the year.

A fellow receiving 1 unsatisfactory evaluation during the year will be immediately reviewed by the Program Director or Resident Education Committee and written recommendations made to him/her may include:

a. specific corrective actions
b. repeating a rotation
c. psychological counseling
d. academic warning status or probation
e. suspension or dismissal, if prior corrective action, academic warning and/or probation have been unsuccessful.

The resident may appeal an unsatisfactory evaluation by submitting a written request to appear before the department's Resident Education Committee that is convened by the Program Director. The Committee reviews a summary of the deficiencies of the fellow, and the fellow has the opportunity to explain or refute the unsatisfactory evaluation.

At the completion of the fellowship program the Program Director prepares a <u>final evaluation</u> of the clinical competence of the resident. This evaluation stipulates the degree to which the resident has mastered each component of clinical competence – patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. In this evaluation the Program Director verifies that the fellow "*has demonstrated sufficient professional ability, and therefore, should be able to practice competently and independently."* This evaluation remains in the program's files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

The Program Director must notify the Associate Dean for GME if he/she intends to non-promote a resident. The Program Director must notify the resident of the decision to non-promote by a written notice at least **four** months prior (usually March 1) to the expiration of the current period of appointment. However, if the primary reason(s) for the non-reappointment occur(s) within the **four** months prior to the end of the current appointment, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. A resident involved in non-reappointment or non-promotion has a right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident Grievances.

The GMEC, through its internal review process, will monitor each program's written policies, procedures and guidelines for evaluation and promotion of its residents.

Policy on Academic and Other Disciplinary Actions (Probation, Suspension and Dismissal)

Definitions

Probation: a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program.

Suspension: a period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: the condition in which a resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident's Agreement of Appointment, and termination of all association the University of Arkansas for Medical Sciences College of Medicine and its participating teaching hospitals.

Actions of Probation/Suspension/Dismissal will follow the guidelines in the GME Committee Policy on Academic and Other Disciplinary Actions policy. The particular administrative actions imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. A fellow involved in the disciplinary actions of probation, suspension and dismissal has the right to appeal according to the GME Committee policy Adjudication of Resident Grievances.

Probation:

1. Fellow may be placed on probation by the Program director for reasons including but not limited to any of the following:
    a. Failure to perform satisfactorily at conferences or individual rotations
    b. Failure to meet performance standards of the program
    c. Failure to comply with the policies and procedures of the department, the program, the GME Committee, UAMS Medical Center or the participating institutions
    d. Misconduct that infringes on the principles and guidelines set forth by this training program
    e. Documented and recurrent failure to complete medical records in a timely and appropriate manner defined as inappropriate comments in patient records and late records resulting in loss of privileges at the clinical site.

f. When reasonably documented professional misconduct or ethical charges are brought against the resident, which bear on his/her fitness to participate in the program.

2. When a fellow is placed on probation, the Program Director shall notify the fellow in writing in a timely manner, usually within a week of the probation. The written statement of probation will include a length of time in which the fellow must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.
3. Based on the fellow's compliance with the remedial steps and other performances during probation, a resident may be:
    a. Continued on probation;
    b. Removed from probation;
    c. Placed on suspension; or
    d. Dismissed from the residency program.

Suspension:

A fellow may be suspended for reasons including, but not limited, to any of the following:

a. Failure to meet the requirements of probation;
b. Failure to meet the performance standards of the program;
c. Failure to comply with policies and procedures of the GME committee, the UAMS Medical Center, or the participating institutions;
d. Misconduct that infringes on the principles and guidelines set forth by the training program;
e. Documented and recurrent failure to complete medical records in a timely and appropriate manner;
f. When reasonably documented professional misconduct or ethical charges are brought against a fellow which bear on his/her fitness to participate in the training program;
g. When reasonably documented legal charges have been brought a fell fellow which bear on his/her fitness to participate in the training program;
h. If a fellow is deemed an immediate danger to patients, himself or herself or to others;
i. If a fellow fails to comply with the medical licensure laws of the state of Arkansas.

When a fellow is suspended, the Program Director shall notify the fellow with a written statement of suspension to include:

a. Reasons for the action;
b. Appropriate measures to assure satisfactory resolution of the problem(s)
c. Activities of the program in which the fellow may or may not participate
d. Effective date of the suspension
e. Consequences of non-compliance with the terms of the suspension;
f. Whether or not the fellow is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of statement of suspension shall be forwarded to the Associate Dean for Graduate Medical Education and the Director of Housestaff Records.

During the suspension the fellow will be placed on administrative leave, with or without pay as appropriate depending on the circumstances.

At anytime during or after the suspension, fellow may be:

a. Reinstated with no qualifications;
b. Reinstated on probation;
c. Continued on suspension; or
d. Dismissed from the program.

Dismissal

Dismissal from the program my occur for reasons including, but not limited to, any of the following:

a. Failure to meet the performance standards of the program;
b. Failure to comply with policies of the GME committee, the UAMS Medical Center, or the participating institutions;
c. Illegal conduct
d. Unethical conduct;
e. Performance and behavior which compromise the welfare of patients, self, or others;
f. Failure to comply with the medial licensure laws of the State of Arkansas;
g. Misrepresentation of information in the fellowship application.

The Program Director shall contact the Associate Dean for GME and provide written documentation which led to the proposed action

When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the fellow with a written statement to include:

a. Reason for the proposed actions;
b. The appropriate measures and timeframe for satisfactory resolution of the problem(s)

If the situation is not improved within the timeframe, the fellow will be dismissed.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct, including but not limited to theft of money or property, physical violence directed at an employee, visitor, or patient; use of, or bin under the influence of, alcohol or controlled substance while on duty; patient endangerment; illegal conduct.

When a resident is dismissed, the Program Director shall provide the fellow with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of his letter shall be forwarded to the Associate Dean for GME and the Director of Housestaff Records.

Objectives and Criteria for Graduation

Criteria for graduation include successful completion of objectives set forth in all essential rotations in the Addiction Psychiatry Residency Manual. Fellows must successfully complete all fellowship assignments for the prescribed 12 months of education as dictated by the Residency Review committee for Addiction Psychiatry. Fellows must satisfactorily demonstrate competency as defined by ACGME and measured by the fellowship. This includes any mechanism for measuring competencies, such as portfolios, 360 evaluations, rotation checklists or other means the fellowship may use for evaluations. The faculty on the Residency Education Committee, the Program Director, and the Department Chairman determine resident promotions.

General Competencies

At its February 1999 meeting, the ACGME endorsed general competencies for residents in the areas of:

- patient care,
- medical knowledge,
- practice-based learning and improvement,
- interpersonal and communication skills,
- professionalism, and
- systems-based practice.

Identification of general competencies is the first step in a long-term effort designed to emphasize educational outcome assessment in residency programs and in the accreditation process. During the next several years, the ACGME's Residency Review and Institutional Review Committees will incorporate the general competencies into their Requirements. The following statements will be used as a basis for future Requirements language. If you have any questions, comments and other requests for assistance, please address them to outcomes@acgme.org.

ACGME GENERAL COMPETENCIES Vers. 1.3
(9.28.99)

The residency program must require its residents to develop the competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies. See Appendix IV for UAMS Department of Psychiatry plan to meet the ACGME General Competencies for Addiction Psychiatry

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

- use information technology to manage information, access on-line medical information; and support their own education

- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities

- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

http://www.acgme.org/http://www.acgme.org/

General Information

Contractual Agreement

House staff appointments are for a period not exceeding one year. A house staff agreement outlining the general mutual responsibility of the College of Medicine and house staff member is signed at the beginning of the term of service and is in effect for the full term of service. Please see the Appendix for a sample contract.

Due Process

Procedure for raising concerns in a confidential and protected manner

If the issue is of such a nature that it cannot be discussed at the program level or the resident desires additional discussion, the resident should follow the following procedure:

1) The resident contacts either the Associate Dean for GME or a member of the Resident Council.
2) If the resident wishes assistance from the Resident Council, the following steps should be followed:
    a) The resident should contact at least two members of the Resident Council to schedule a meeting to discuss the problem confidentially.
    b) The Resident Council members will meet with the resident and offer advice on how to resolve or handle the problem and if further steps are necessary. Based on the discussion and advice at this meeting, the resident may resolve the problem, and no further action is necessary.
    c) If the resident's problem cannot be resolved or is of such a nature that further information is needed, the Resident Council members should discuss the problem with the Associate Dean for GME or the GMEC Chair.
    d) In order to ensure easy access to Resident Council members, they are posted in the Resident Handbook on the GME website
3) The procedure for resolution will vary depending on the type of issue:
    a) For issues related to general work environment, the Associate Dean for GME or Resident Council may discuss the issue and make recommendations for resolution through the GMEC.
    b) Issues related to disciplinary action will be addressed according to the procedure outlined in the GMEC policy on Academic and Other Disciplinary Actions (Probation, Suspension and Dismissal).
    c) Issues related to maltreatment will be addressed according to the procedure outlined in the GMEC policy on Appropriate Treatment of Residents in an Educational Setting.
    d) Should a resident believe that a rule, procedure, or policy has been applied to him/her in an unfair or inequitable manner or that he/she has been the subject of unfair or improper treatment, the resident should refer to the GMEC policy on Adjudication of Resident Complaints and Grievances.

4) Discussions and recommendations by the Resident Council and/or the GMEC are confidential to the extent authorized by law and handled in a manner to protect the resident.

Holidays

Official holidays are:
New Year's Day (January 1)
Martin Luther King Day (third Monday in January)
Presidents' Day
Memorial Day (fourth Monday in May)
Independence Day (July 4)
Labor Day (first Monday in September)
Columbus Day, **VA only** 2nd Monday in October
Veteran's Day (November 11)
Thanksgiving Day (fourth Thursday in November)
Christmas Eve, **UAMS only,** (December 24)
Christmas Day (December 25)

The Friday after Thanksgiving is sometimes declared by the Governor as a state holiday. This is only a UAMS holiday.

ID Badges

Each house officer will be furnished with an ID badge at UAMS and Central Arkansas VA Healthcare System.

Leave

Professional Leave

Time spent attending meetings or taking Board examinations or other examinations will not be counted as vacation if the activity is sanctioned by the home department. Each Fellow is allowed 5 days of professional leave.

Three factors govern the circumstances under which a trip to attend a professional meeting will be approved or disapproved (Leave requests must be signed by the resident's immediate supervisor(s), and the Director of the Addiction Residency Program Director **prior** to attending a professional meeting): (1) whether adequate coverage is maintained for patient care responsibilities, (2) the availability of travel funds, and (3) the training value of the meeting the resident proposes to attend. Forms are available in the Education Office

If you are traveling on departmental business which will require reimbursement from the department, please tell the Education Office your departure and return dates, hotel information, etc., BEFORE you begin your trip. Upon return, all ORIGINAL RECEIPTS must

be submitted to the Education Office. Failure to follow the above procedures could result in no reimbursement from the department.

Sick Leave

If you cannot come to work due to illness, notify the attending physician as well as the Office of Education. If you have a planned medical leave or appointment, a standard leave form should be submitted prior to the leave for planning purposes.

Residents have 12 days of sick leave (including weekend days) for medical reasons during each year of training. The sick leave cannot be "carried over". Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

Vacation

Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. This cannot be "carried over" from one year to the next.

Bonus Leave

Residents will receive 5 bonus days of leave per residency/fellowship. This can be used for interviewing for jobs, residencies, fellowships, etc. Leave must be approved by the Fellowship Director and all attendings.

Effect of Leave on Completion of Training

Resident physicians are in the unique position of having a role as students and employees. Although brief periods of leave can usually be accommodated, extended absences from the residency (fellowship) program for any reason may adversely affect both the resident's completion of the educational program on schedule and the program's responsibilities for patient care, allocation of clinical teaching opportunities and funding for resident stipends. Most specialty boards specify a minimum number of weeks of education (or training) that must be completed for a resident to receive credit for the educational (or training) time. The resident must take into account these factors when requesting extended periods of leave from the program.

Library

The UAMS Library is housed in the Education II Building and occupies space on three levels with the Audio-Visual Library on the fifth floor. The library contains 38,000 books and regularly receives approximately 108 journals related to the behavioral sciences, 1,619 medical journals, and 57 neurology journals. Available databases include MEDLINE, PsycINFO, and CURRENT CONTENTS/CLINICAL MEDICINE, among several others.

A small library is located on the first floor of Building 170 at the Ft. Roots (NLR) V.A.; computer search facilities are available free of charge.

The Department of Psychiatry houses a small library of key textbooks and journals in the Psychiatry Administration building. In addition, the department's audio-visual library contains over 700 psychiatry-related audio cassettes and videotapes.

Mailboxes

Mailboxes are located in the Education Office. You are expected to retrieve your mail at least weekly.

Pagers

If a resident is issued a pager by the Department, the resident accepts full responsibility for the pager. If the pager is lost, the resident may be expected to reimburse the Department.

Parking

UAMS – All members of the house staff are granted parking privileges in the parking deck. A card key to operate the parking gate can be obtained from the Traffic Office (686-5856).

Central Arkansas Veterans Healthcare System – The VA identification card serves as the card key for the physician parking lot at the Little Rock VA. Physicians utilize open parking at the North Little Rock VA is open and available on a first come basis.

Pay Schedules

House staff members are paid monthly. Checks are distributed from the House Staff Office to the Departments on the last working day of each month. Checks may not be obtained prior to this time. Checks are delivered to the Education Office in the Psychiatry Research Institute (PRI) Direct deposit to the bank of your choice is also available.

Professional Liability Insurance

Each house staff physician is provided professional liability insurance when on official duty. Forms for the insurance are available in the House Staff Office. Additional coverage may be obtained from the insurance carrier. Moonlighting is not covered by residency liability insurance.

Moonlighting

External moonlighting is defined as any professional activity arranged by an individual resident, which is outside the course and scope of the approved residency (includes fellowships) program, whether or not the resident receives additional compensation. For purposes of accreditation, 'moonlighting' covered by this policy is 'external moonlighting', which is outside the University of Arkansas for Medical Sciences (UAMS) system. (UAMS system includes the participating teaching hospitals.)

Policy

External moonlighting is not permitted at this program. A variety of internal moonlighting options are available. Internal moonlighting is defined as clinical work at a facility with an affiliation with UAMS. Because internal moonlighting opportunities vary over time, they will not be listed here. Available opportunities can be obtained from the chief resident for the core program. In order to be eligible for internal moonlighting, residents must meet all program requirements including attendance at didactics/grand rounds and compliance with administrative responsibilities such as keeping up with charting, etc. Internal moonlighting cannot interfere with a resident's ability to function on required rotations, and time spent moonlighting counts towards ACGME limits on duty hours.

The Program Director maintains the right to remove a resident from internal moonlighting opportunities should there be evidence that internal moonlighting interferes with educational training or with clinical or administrative responsibilities.

Fatigue

We are committed to preventing and counteracting the potential negative effects of fatigue in this training program.

The Addictions fellow will generally work no more than 8-10 hours a day. They will not take call and there is no moonlighting. Therefore, fellows have ample opportunity for rest between duty periods. Nevertheless, residents and staff are educated in the recognition of fatigue.

Faculty and Residents are given instruction in fatigue via educational materials which are distributed by the UAMS Office of Psychiatry Education.

In the event a resident experiences fatigue severe enough to interfere with his/her ability to function normally or to impair patient care or safety, the fellow or a faculty member will contact the Program Director. If the Program Director is not available, the report may go to the faculty member in charge of the rotation, or the director of fellow education at that facility.

The program director or faculty member will relieve the fellow of duty and arrange coverage if needed. The fellow or faculty will report the incident to the Program director by e-mail or phone if the program director was not involved in the original report.

The Program Director determines when the resident should return to the education program.

The Program Director notifies the attending faculty physician about these arrangements.

In the event a fellow experiences recurrent problems with sleepiness/fatigue, the Program Director will refer the fellow for medical evaluation.

On Call Responsibilities

There are no required on call responsibilities.

Resident Participation in Nondepartmental Activities/ Public Service

When engaged in nonremunerative activities in which a resident might be reasonably perceived by the public to represent UAMS or the Department of Psychiatry, advance clearance from the Residency Director is required.

Supervision

Residents are required to receive at least two hours weekly of direct supervision on all rotations one hour of which is one to one with attending. In addition to the clinical supervision provided at the assigned clinical sites, the fellow is assigned a psychotherapy supervisor. This supervisor is a full-time member of the psychology faculty. They provide a weekly opportunity for residents to discuss psychotherapy cases in detail and to discuss other professional issues.

If a resident has some difficulty with the supervisory assignment, this should be discussed with the Program Director.

All supervisory assignments are evaluated by both supervisors and residents. (See forms in the Appendix.)

The Department of Psychiatry Residency Education Program is committed to promoting patient safety and resident well-being and to providing a supportive educational environment. Didactic and clinical education activities have priority in the allotment of residents' time and energy. The learning objectives of the program will not be compromised by excessive reliance on residents to fulfill service obligations. Duty hour assignments are made with the recognition that faculty and residents collectively have responsibility for the safety and welfare of patients.

In compliance with the UAMS COM GME Committee policy on Resident Supervision, the following guidelines are followed for supervision of the care of patients and backup support:

1. Qualified faculty physicians supervise all patient care and their schedules are structured so that adequate supervision is available at all times.
2. Attending faculty physician supervision is provided appropriate to the skill level of the fellows on the service/rotations.
3. Specific responsibilities for patient care are included in the written description of each service/rotation; this information is reviewed with the fellow at the beginning of the service/rotation. The fellow will oversee any psychiatry residents serving on the rotation. The faculty physician oversees the entire team and is available at all times in person, by telephone or beeper.
4. Rapid, reliable systems for communication with supervisory physicians are available.

5. On-call responsibilities and supervision is documented by the call schedules and is reviewed with the fellow at the beginning of each service/rotation or if/when there is a change in the schedule.
6. The following procedure is followed to address fatigue of the resident/fellow:
   a. The Attending faculty is contacted and arranges for the backup person to relieve the fellow.

Suicide by a Patient

The following are **UAMS** guidelines for management:

1) Remember that death of the patient does not necessarily end the therapist's interaction with the patient's family, and further contact with the family should be discussed with the supervisor.

2) The supervisor(s), the Residency Director and the head of the service (if different from the supervisor) should be notified immediately – at any time of the day or night.

3) The University attorney and the malpractice insurance company defense attorney should be consulted by the UAMS faculty member involved.

4) The Chief Resident should be notified by either the resident or the Residency Training Director, unless the Residency Director deems this inappropriate for some reason.

5) A chart review should be arranged, generally within 24 hours, involving the resident, the attending on the service, the supervisor, the residency training director, chairman, and any other staff with close involvement.

5) The hospital administrator should be notified.

Central Arkansas VA Healthcare Center – Suicides occurring at the VA will be reported to the suicide coordinator at 257-3094 which will trigger the root cause analysis process.

Website

The address to access our department's website is: http://www.psychiatry.uams.edu/. This site contains information on our faculty, residency programs, calendar of events, and other items of interest.

Appendix I
Addiction Fellowship Lectures 2015 - 2016

Seminars in Issues of Substance Abuse - Introduction

Seminar Leader: Shane Sparks, MD, Thursdays at 2:00

Lecture Title	Presenter	Date	Comments
Clinical Services Overview	Shane Sparks	July 1	
Supervision and teaching of trainees	Shane Sparks	July 1	
Basic Science and Anatomy	Shane Sparks	July 9	Chapters 1,3 Add Med text
Epidemiology of substance use disorders	Shane Sparks	July 16	Chapter 2 Add Med text
Genetics and Neurobiology to treatment	Shane Sparks	July 23	Chapter 2 APA text, Chapter 4 Add Med text
Pharmacokinetics Pharmacodynamics	Shane Sparks	July 30	Chapter 6 Add Med text
Clinical and Laboratory Diagnosis	Shane Sparks	August 6	Chapter 19 Add Med text
Clinical Assessment and Approach to the Addicted Patient	Shane Sparks	August 20	Chapter 6, APA text

Seminars in Issues of Substance Abuse- Pharmacology

Seminar Leader: Shane Sparks, MD, 2:00pm Thursdays

Lecture	Presenter	Date	Comments
Pharmacology of alcohol and sedative hypnotics	Shane Sparks	August 20	Chapter 7, 8 Add Med text
Management of alcohol intoxication and withdrawal, Pharmacological therapies for alcohol	Shane Sparks	August 27	Chapter 42, 46 Add Med text
Pharmacology, intoxication, and withdrawal of opioids	Ravi Nahata	September 3	Chapter 9, 44 Add Med text
Pharmacologic Interventions for Opioids	Ravi Nahata	September 10	Chapter 48, 49 Add Med text
Pharmacology of Cocaine and stimulants	Shane Sparks	September 17	Chapter 10 Add Med text
Pharmacology and treatment of nicotine	Shane Sparks	October 1	Chapter 12, 52 Add Med text
Pharmacology of Cannabis	Shane Sparks	October 8	Chapter 13 Add Med text
Pharmacology of Hallucinogens and Dissociatives	Shane Sparks	October 15	Chapter 14, 15 Add Med text
Management of Stimulant, Hallucinogen, Marijuana, Phencyclidine, and Club Drug Intoxication and Withdrawal	Shane Sparks	October 22	Chapter 45 Add Med text

ABPN Boards 9/24-9/25

Seminars in Issues of Substance Abuse- Therapy Modalities

Seminar Leader: Genevieve Pruneau, PHD, Thursdays 2:00pm

Lecture	Presenter	Date	Comments
Overview of substance abuse treatment, outcomes research and psychotherapeutic interventions	Pruneau	November 5	
Motivational interviewing and confrontation techniques	Pruneau	November 12	
Motivational interviewing training and other brief therapies	Pruneau	November 19	
12 step and other self help groups/programs	Pruneau	December 3	
CBT for substance abuse, mindfulness and coping skills training	Pruneau	December 10	
Relapse prevention	Pruneau	December 17	
Treating the dually diagnosed and psychotherapy in the later stages of recovery	Pruneau	January 7	
Marital and family therapy, Network therapy and community reinforcement approach	Pruneau	January 14	
Working in interdisciplinary treatment teams and treatment issues in the criminal justice system	Pruneau	January 21	
Legal/ethical issues, harm reduction, controlled drinking, behavioral and self-control training	Pruneau	January 28	

Seminars Issues in Issues of Substance Abuse

Seminar Leaders are listed as presenters. Each seminar will take place while fellow is on the rotation.

Lecture	Presenter	Date	Comments
Cross Cultural Aspects of substance abuse	Mancino		Add Med ch 36
Preventing Problems among children of substance abusers	Gathright	February 6	Add Med ch 98
Substance abuse in adolescents	Gathright	February 13	Add Med ch 97, 104
Substance abuse in elderly	Krain		Add Med ch 35
Addiction in women and perinatal issues	Zach Stowe	February 20	Add Med ch 34
HIV/AIDS and other infectious diseases in substance abuse	Mancino	February 27	Add Med ch 77
Substance abuse and trauma	Pruneau	March 6	Add Med ch 79
Treating Chronic pain and substance abusers	Mancino	March 13	Add Med ch 92, ch 93
Nutritional issues in addicted persons	Spollen	March 20	Review Articles
Housing First	Mancino	March 27	Review Articles

Seminars in Issues of Substance Abuse – Research Modalities

Seminar Leader: Alison Oliveto, PHD, Wednesdays 1:00

Lecture	Presenter	Date	Comments
Ethics: Vulnerable populations considered	Alison Oliveto	April 3	
Ethical and Practical issues involved in behavioral pharmacology research that administers drugs of abuse to human beings	Alison Oliveto	April 10	
Delay Discounting	Alison Oliveto	April 17	
Abuse liability assessment	Alison Oliveto	April 24	
Contingency Management	Alison Oliveto	May 1	
Clinical Trials as treatment option: Bioethics and health care disparities in substance dependency	Alison Oliveto	May 8	
Opiate dependency in pregnant women	Alison Oliveto	May 15	
Methamphetamine Dependency	Alison Oliveto	May 22	
Dissulfiram for cocaine cravings	Alison Oliveto	May 29	

Journal Club - Drug Abuse Research

a. Required for Addiction Psychiatry Fellow
b. Course Director: Allison Oliveto
c. This course will provide an opportunity for participants to present their current research and to present and critically review recent articles on drug abuse. Selected research and clinical topics dealing with drug addiction will be accompanied by discussion of the articles. Topics may range from basic neuroscience, epidemiological issues, political, and clinical issues.
d. General psychiatry residents and Addiction research fellow, and psychology interns may attend.
e. One hour sessions every other month.

Grand Rounds Psychiatry

a. Required for Addiction Fellow
b. Moderator: John Spollen, MD
c. This Bi-monthly Grand Round provides exposure to a wide variety of current issues in psychiatry.
d. Required for general psychiatry residents and medical students rotating on the psychiatry clerkship. Also attended by Department of Psychiatry faculty including psychologists and social workers.

e. One hour Bi-monthly September through June

National and Regional Conferences and Meetings Pertaining to Substance Abuse

a. Recommended for Addiction Psychiatry Fellow
b. Fellows will be encouraged to avail themselves of opportunities to meet with substance abuse experts and peers in the field by attending one of the many conferences and professional meetings on substance abuse held throughout the year in the United States. Fellows will receive financial support.
c. Conferences and events are attended by researchers, trainees, and other professionals involved in substance abuse research and treatment.
d. Frequency as feasible for each fellow and funding allows.

Appendix II – Evaluations

DIDACTIC EVALUATION FORM

PRESENTATION EVALUATED _____

DATE: _____ **PRESENTATION SPEAKER**: _____

This questionnaire gives you the opportunity to provide feedback on various aspects of didactic activities. This information will be used to guide scheduling of presentations in the future. Please answer all questions, if applicable, and make appropriate comments.

Circle a number under each column that best describes your degree of agreement or disagreement with each statement.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
This presentation provided material beneficial to you (applied to patient care)	1	2	3	4	5
This presentation was appropriate to your education level	1	2	3	4	5
The material was presented in a stimulating manner.	1	2	3	4	5
This presentation should be given to future residents	1	2	3	4	5
The material should be given to future residents by the same presenter	1	2	3	4	5
The presenter was knowledgeable about the subject material	1	2	3	4	5
Questions were allowed and answered appropriately	1	2	3	4	5
An appropriate amount of time was provided for the topic	1	2	3	4	5
Handout materials were helpful	1	2	3	4	5

COMMENTS:

Return form to Ashley Lavender, UAMS Slot 589

360-R Multi-Rater Evaluation

Evaluator

Program **Addiction Psychiatry Residency Program**

Subject

Dear Healthcare Professional,

As you know, the clinical residency is the primary opportunity for the development of professional skills. To provide an effective residency experience, it is important to consistently evaluate residents' professional performance from a variety of perspectives (eg. patient, attending doctor, nurse, other healthcare professional, peer, and self). Your feedback is critical to understanding how it is that residents develop professional skills, and how it is that residency programs can be made more effective.

Please take 5 minutes to respond to the following survey. Base your response on how you think the resident generally performs his or her duties. Your comments are **strictly confidential.**

The resident generally:

1) Respects the roles of health care staff in patient care.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
☐				

2) Effectively handles difficult interpersonal situations.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
○	○	○	○	○

3) Effectively addresses cultural, language, and educational barriers to successful communication.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
○	○	○	○	○

4) Treats patients with respect.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
○	○	○	○	○

5) Completes medical records in a timely fashion.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
○	○	○	○	○

6) Accepts feedback and suggestions.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
○	○	○	○	○

7) Manages time well.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
☐	☐	☐	☐	☐

8) Dresses appropriately for work.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
☐	☐	☐	☐	☐

9) Advocates for quality patient care and optimal patient care systems.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
☐	☐	☐	☐	☐

10) Displays sensitivity and individualizes care for diverse populations.

Rarely	Sometimes	Most of the time	Nearly Always	Do Not Know
☐	☐	☐	☐	☐

Please provide your comments. Your feedback is very important for improving instruction.

My healthcare provider role is:

Nurse	Attending Physician	Peer	Administrative	Other
☐	☐	☐	☐	☐

Please fax completed form to Ashley Lavender at **501-526-8198**.

University of Arkansas for Medical Sciences
Little Rock, Arkansas

RESIDENT AGREEMENT of APPOINTMENT

Agreement made this ___ day of _____, 2015 by and between the Board of Trustees of the University of Arkansas for and on behalf of the University of Arkansas for Medical Sciences ("UAMS") and Dr. _____. ("Resident").

In consideration of the promises, conditions, and undertakings hereinafter contained, the parties agree as follows;

Resident is hereby appointed to a position as Resident (PGY ___) in _____ for a period beginning _____ and ending ____

I. UAMS, through this appointment, agrees to provide:

1. Supervised instruction and experience in keeping with the standards established by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties;

2. A program-specific policy with information regarding eligibility for specialty board examination;

3. Duty hours and the content of the educational phase of the residency, including the duration and sequence of assignments to clinical, laboratory or ambulatory care facilities, and the length and scheduling of vacation periods as determined by the Program Director;

4. Professional liability insurance coverage and legal defense protection against awards, including "tail coverage", will be provided in an amount and with coverage to be determined by UAMS for acts or omissions of the Resident in the scope and course of his or her duties hereunder. The provisions applicable to such coverage are contained in the insurance contract. A copy of the insurance contract is available upon request;

5. A stipend of $ for the year of this contract; For returning residents, failure to complete any required surveys, annual records and required medical screening (TB, flu etc.) could revert stipend to last year's value;

6. A. Medical, Dental, Basic Life, and Basic Long Term Disability insurance coverage as described in the UAMS Office of Human Resources Benefits for Housestaff document located at http://hr.uams.edu/files/2014/12/Housestaff_Benefits_Summary.pdf. Medical Insurance takes effect the first day the Resident is required to report to the training program, provided the Resident submits the required enrollment forms to Human Resources within their first 31 days of initial appointment to the training program;

   B. Basic Housestaff Long Term Disability insurance coverage. The Resident shall participate and shall enroll at the time of registration and appointment to the training program;

7. Professional, parental, and sick leave as specified in the policies of the Graduate Medical Education Committee and contained in the online College of Medicine Resident Handbook; each program provides a policy on the effect of leave on the ability of the Resident to satisfy requirements for program completion;

8. Access to counseling, medical, and psychological support services in accordance with the provisions of, and subject to the limitations of, the UAMS Medical Benefit Plan, the UAMS Employee Assistance Program, and the UAMS Housestaff Mental Health Services. Questions concerning such services should be directed to the Program Director, the Associate Dean for Graduate Medical Education of the College of Medicine or the UAMS Office of Human Resources;

9. A certificate of completion when the Resident demonstrates satisfactory development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine as determined by the program and requirements set forth by the ACGME; and

10. The Resident will be accorded due process consistent with applicable policies and procedures of UAMS, the College of Medicine and the Department in which the Resident is appointed. These policies and procedures, including grievance, promotion/non-promotion, work environment, issues involving sexual harassment and treatment of residents, are located in the online College of Medicine Resident Handbook at http://medicine.uams.edu/current-residents/gme-committee-policies/; and UAMS Administrative Guide www.uams.edu/AdminGuide/index.html

II. The Resident, through this appointment, agrees or understands:

1. That this appointment is conditioned upon successfully passing a pre-employment drug screen in accordance with the UAMS Administrative Guide Drug Testing Policy (Policy 3.1.14), and upon satisfactory completion of a criminal background check described in the online College of Medicine Resident Handbook at http://medicine.uams.edu/current-residents/gme-committee-policies/ . In cases where employment may have been initiated prior to the criminal background check, UAMS reserves the right to determine the residents' suitability for continued employment;

2. To accept the provisions described above and set forth hereinafter;

3. To complete all steps in the electronic on boarding checklist and any additional written or electronic documentation required to complete the appointment process within the designated time frame;

4. To comply with all terms and conditions of appointment and all policies of UAMS, the College of Medicine, the Graduate Medical Education Committee and any facility or department to which Resident is assigned or in which Resident is working. All policies of the Graduate Medical Education Committee contained in the College of Medicine Resident Handbook, including the policies on physician impairment and substance abuse, evaluation and promotion, duty hours, moonlighting, other professional activities outside the program, sick leave, vacation, parental leave, accommodation for disabilities, are located in the online College of Medicine Resident Handbook at http://medicine.uams.edu/current-residents/gme-committee-policies/;

5. To comply with the College of Medicine's and the program's duty hour policies and accurately report duty hours;

6. To complete all medical records according to the Rules and Regulations of the participating hospitals;

7. To participate in providing appropriate medical care for all assigned patients;

8. Not to accept anything of monetary value from patients or industry without verification of its appropriateness with UAMS Administrative Guide policies 4.4.09, 4.4.12.

9. Not to engage in employment outside the residency program without the written approval of the Program Director;

10. That this agreement may be terminated for cause in accordance with the procedures set out in the policies of the Graduate Medical Education Committee of the College of Medicine as may be changed or supplemented from time to time by the Graduate Medical Education Committee. Any such changes or supplements during the period of this agreement shall become effective when promulgated or adopted by the Graduate Medical Education Committee and when notice thereof has been furnished the Resident;

11. That he/she is free of any conflicting obligation(s) during the period of appointment;

12. That the appointment herein is for the period indicated and on the terms and conditions set forth hereinabove and any subsequent appointment for additional periods of residency education are wholly within the discretion of the Program Director and/or the program's Clinical Competence Committee. In the event Resident is not to be appointed for a subsequent period, Resident will be furnished written notice of non-reappointment at least four (4) months prior to the expiration of the period of this appointment, provided, however, that in no event shall the failure to furnish such notice operate to extend this appointment or to confer any rights upon the resident to a subsequent; and

13. To conduct himself/herself in accordance with the laws and regulations that apply to compliance matters and to report any information of possible wrongdoings, errors or violations of the law to the FGP Compliance Officer.

III. Licensure. Resident represents that he or she will be awarded the M.D. degree or equivalent by the effective date of the contract and will complete, the requirements for licensure in Arkansas. If Resident is unable to affirm the foregoing, reasons therefore are stated in a written attachment to this Agreement.

IV. Entire Agreement – Arkansas Law Controls. This Agreement is executed in the State of Arkansas and shall be interpreted in accordance with Arkansas law. This agreement shall not be amended, changed or modified except by an Agreement in writing signed by all parties.

IN WITNESS WHEREOF, the parties have executed this agreement on the date and year first above written.

FOR THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

_____
Dean for Graduate Medical Education

Date: _____

_____
Residency Program Director
Date: _____

RESIDENT

_____

Date: _____

Appendix IV – UAMS Department of Psychiatry Addiction Fellowship goals and objectives for the ACGME General Competencies for Addiction Fellows

Addiction Psychiatry Program: Site Specific goals and objectives

Rotation: Outpatient Addiction Psychiatry – Central Arkansas Veterans Healthcare System (CAVHS), North Little Rock Division

Goals:

1. Acquire the knowledge, skills and attitudes required to recognize signs and symptoms of and manage the withdrawal from specific substances of abuse in medically and/or psychiatrically complicated patient.
2. Acquire knowledge and skills to cognitive-behavioral psychotherapy, focusing on relapse prevention, and in psychodynamic or interpersonal interventions.
3. Acquire knowledge and skills in working with older substance abusers and families of substance abusing patients and in systems issues involved in managing a substance rehabilitation program.

Residents on this rotation will be evaluated with all of the ACGME milestones.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Demonstrate ability to perform complete assessments on 12 or more complicated patients	X	X					Supervision while delivery patient care	Faculty, PD	Rotation evaluation, Patient logs, self-assessment	quarterly
Utilize standardized scales to assess severity of withdrawal symptoms	X	X					Supervision while delivery patient care	Faculty, PD	Medical record review	quarterly
Utilize current literature to implement evidence based addiction pharmacotherapy	X	X	X				Didactics, supervision, journal club	faculty	Rotation evaluation	quarterly
Prepare and provide one teaching session per week to students or residents on topics related to biomedical or clinical consequences of substance abuse		X					supervision	Conference attendees, faculty	Conference evaluations, rotation evaluations	quarterly

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Objective	PC	MK	PBL	C	P	SBL	Teaching Method	Evaluator	Tool	Timing
Acquire skills required to provide psychotherapeutic interventions including motivational enhancement, relapse prevention, CBT and psychodynamic interventions	X	X	X	X	X		Didactics, supervision,	Faculty, staff and PD	Direct feedback Rotation evaluation, 360 evaluations	quarterly
Analyze sensitivity to ethical and cultural issues arising during group	X	X	X	X			supervision	Faculty, and self assessment	360 evaluations and rotation evaluation	quarterly
Formulate treatment plans considering psychosocial factors, patients stage of change and available treatment options	X	X	X			X	Supervision, team meetings	Faculty, staff and PD	Rotation evaluation, 360 evaluations	quarterly
Develop expertise leading substance rehabilitation groups by co-leading then leading older substance abusers, multi-family group and a process group.	X	X					Didactics, supervision	Faculty, staff and PD	Rotation evaluation, 360 evaluations	quarterly
Demonstrate system-based thinking reflected by providing input at section level meetings regarding quality monitoring and the economics of substance abuse treatment.	X	X	X	X	X	X	supervision	Faculty and staff	360 evaluations and rotation evaluation	quarterly

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Inpatient -Dual Diagnosis Service – CAVHS North Little Rock Division
Goals.

1. Develop the skills, knowledge and attitudes to become an effective provider of health care to dually diagnosed addicted persons in an inpatient and outpatient setting.
2. Develop the knowledge to provide addiction pharmacotherapy.

Residents on this rotation will be evaluated with all of the ACGME milestones.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Perform thorough assessments and implement plan of care for 12 or more seriously mentally ill addicted persons.	X	X					Supervision while delivery patient care	Faculty, PD	Rotation evaluation, Patient logs Self-Assess	quarterly
Utilize psychoactive medications on1 6 or more patients	X	X					Supervision while delivering patient care	Faculty	Patient logs, rotation evaluation	quarterly
Perform “Stage of Change” assessment and utilize Motivational Enhancement Therapy for individual therapy to engage patients in therapy and provide appropriate treatment matching	X	X		X			supervision	faculty	Rotation checklist and evaluation	quarterly
Apply various therapy interventions such as confrontation, motivational interviewing, and behavioral therapies while co-leading dual diagnosis group and following 5 or more patients requiring individual therapy for 6 months.	X	X	X				Supervision, seminar curriculum	faculty	Rotation evaluation, 360 evaluation	quarterly

Collaborate with multiple disciplines including nurses, social worker, psychologist and addiction therapists	X	X	X	X	X	X	supervision	Faculty, staff , 360 evaluation	Rotation evaluation, 360 evaluations	quarterly
Prepare and provide at least one teaching session for interested staff and psychiatry residents on the interaction between mental disorders and substance abuse and interventions utilized for the dually diagnosed addicted person		X					experience	Faculty and staff	Attendee evaluations	quarterly

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Research – University of Arkansas for Medical Sciences (UAMS) Center for Addictive Research

Goal: Complete all components of one clinical research project during the course of the fellowship year.

Residents on this rotation will be evaluated with the following ACGME milestones: PBLI1, PROF2, ICS 2

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Formulate one or more research design		X	X				Faculty supervision, journal club, lecture curriculum	Faculty,	Direct observation and feedback	quarterly
Complete the IRB approval process for one research protocol			X	X		X	Faculty supervision	Faculty	Direct observation IRB approval	quarterly
Execute statistical analysis on one research protocol			X				Faculty supervision	faculty	Direct feedback	quarterly
Critically appraise and utilize scientific literature pertinent to addiction psychiatry		X	X				Faculty supervision, journal club and didactics	Direct observation	Direct feedback	quarterly
Produce one article or paper suitable for presentation or publication describing original research		X	X				Faculty supervision	Prepared manuscript	Direct feedback	quarterly

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Consultation Liaison – CAVHS-Little Rock Division - Consultation Liaison Service including Emergency Department

Goal: Develop the skills, knowledge and attitudes necessary to provide expert consultation for acute and chronic medically ill patients with substance use disorders who are being treated in emergency, intensive care, medical and/or surgical units.

Residents on this rotation will be evaluated with all of the ACGME milestones.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Provide specific recommendations to referring physicians for patients with complicated withdrawal issues, such as liver disease or delirium	X	X		X	X		Faculty supervision while doing consults	Faculty,	Direct observation, Patient logs,,	2 Months
Work collaboratively with other professional participating in the care of patients with substance use disorders; including other medical specialist, nurses, pharmacist, etc				X	X		Faculty and staff guidance	faculty	Direct observation	2 Months
Manage 3 or more overdose situations in the emergency room	X	X					Experience, conferences	Faculty	Patient logs,, direct observation	2 Months
Act as liaison between the patient and other physicians or treatment teams				X	X		Faculty supervision	faculty	Rotation evaluation	2 Months
Demonstrate effective communication and respectful behavior when counseling with patients and their families				X	X		Faculty and staff guidance	Faculty and staff	360 evaluation	2 Months

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Special Populations – Pregnant and Parenting Women – UAMS Women's Mental Health Clinic

Goal: Develop knowledge, skills and attitudes required to manage the special problems of pregnant substance abuser and the children born to them.

Residents on this rotation will be evaluated with the following ACGME milestones: SBP2, SBP3, PROF1, PROF2.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Integrate multidisciplinary assessments to design and implement comprehensive, effective treatment plans for 1 or more addicted pregnant woman per week	X	X	X	X		X	Supervision	Faculty	Rotation checklist	2 Months
Demonstrate knowledge of the impact of both substances of abuse and therapeutic agents on the developing infant	X	X					Faculty supervision, resident lecture,	Faculty, attendees at resident lecture	Conference evaluations, direct observations,	2 Months

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Special populations – Adolescent Addiction

Goal: Develop the knowledge, skills and attitudes required to provide comprehensive assessment and treatment for children and adolescents with substance abuse problems.

Residents on this rotation will be evaluated with all of the ACGME milestones.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Integrate multidisciplinary assessments to design comprehensive treatment plans on two or more addicted adolescents or children per week	X	X					Faculty supervision	faculty	Rotation evaluations,	monthly
Prepare and provide at least one teaching session for interested staff and psychiatry residents on family systems theory and genetics of risk for addiction		X		X			Faculty supervision	faculty and conference attendee	Conference evaluation	monthly
Utilize family group and multifamily group therapy in the management of addicted youth	X	X					Faculty supervision	faculty	Direct observation, 360 evaluation	monthly
Provide consultation for patients dually diagnosed with addiction and co-morbid psychiatric problems	X	X		X	X		Faculty supervision	Faculty and staff	Rotation evaluation and 360 evaluation	

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Special populations Infectious Diseases – Human Immunodeficiency Clinic and Hepatitis C Clinic CAVHS-Little Rock Division

Goal: Advance knowledge, skills and attitudes essential to the practice of addiction psychiatry at the consultation level

Residents on this rotation will be evaluated with the following ACGME milestones: MK1, SBP3, SBP4, PROF1, PROF2.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Perform the appropriate diagnostic assessment and implement treatment for 5 or more patients with each diagnosis under the supervision of the attending internist	X	X	X				Faculty supervision, conferences	faculty	Direct observation, rotation evaluation	6 weeks
Perform 2 or more psychiatric consults per week for addicted persons with co-morbid HCV and HIV	X	X		X	X		Faculty supervision	Faculty and staff	Rotation evaluation, 360 evaluation	6 weeks
Manage psychiatric medications on 5 or more patients with liver disease	X	X					Conferences, faculty supervision	Faculty,	Patient log	6 weeks
Collaborate with community agencies and multidisciplinary staff in the care of these patients				X	X	X	Faculty supervision	Faculty and staff	360, direct observation	6 weeks
Demonstrate the knowledge of neuro-psychiatric effects of HIV and interferon therapy in the management of HCV	X	X	X				Conference, faculty supervision	faculty	Medical records review, patient logs	6 weeks

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Opiate Management - UAMS Substance Abuse Treatment Clinic.

Goal: Develop expertise in recognizing and managing the signs and symptoms of opiate dependency and the various withdrawal phenomena that occur in this population.

Residents on this rotation will be evaluated with the following ACGME milestones: PC3, MK2, SBP2, SBP3, PROF1.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Initiate methadone and buprenorphine protocols for 8 or more opiate addicted patients	X	X					Faculty supervision	Faculty, site PD	Patient logs, rotation evaluation	6 weeks
Monitor and manage 10 or more protocols for patients maintained on methadone and/or buphrenorphine	X	X					Faculty supervision, didactics	Faculty, site PD	Patient logs, 360 evaluation	6 weeks
Prepare and provide 1 lecture on the medical clinical, epidemiological and sociological issues (including government regulations) supporting or detracting from the use of opiate substitution as a treatment for opiate addiction		X					Faculty supervision	Faculty and conference attendee	Conference evaluation, direct observation	6 weeks
Perform comprehensive intake evaluations for 2 or more opiate dependent persons	X	X					Faculty supervision	Faculty	Patient logs, record review	6 week.

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Pain Management – UAMS Pain Management Center

Goal: Gain knowledge, skills and experiences required to provide expert consultation in the management of addicted patients with co-morbid chronic pain.

Residents on this rotation will be evaluated with the following ACGME milestones: SBP4, PROF1, PROF2.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Perform medical and neurological evaluations for two or more patients per week with chronic pain	X	X					Faculty supervision	Faculty and site program director	Patient logs, rotation evaluation	6 weeks
Perform psychiatric and addiction assessment on at least 6 patient with pain and co-morbid addiction and/or psychiatry problems	X	X		X			Faculty supervision, clinical experience	Faculty and staff	Patient logs, rotation evaluation	6 weeks
Manage pain in a variety of medical conditions including muscular/skeletal problems and malignancies.	X	X	X				Faculty supervision, conferences,	Faculty and staff	Patient logs, Rotation evaluation, self assessment	6 weeks
Work Collaboratively with pain management specialists fellows and advanced practice nurses assigned to the pain management center				X	X		Faculty supervision	Faculty and staff	rotation evaluation	6 weeks
Analyze the special problems of psychopharmacological management of patients with chronic pain and co-morbid psychiatric or addiction issues.		X	X				Case conferences, supervision	Faculty	Rotation evaluation	6 weeks

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Neuroscience - UAMS - Brain Imaging Research Center – PRI

Goal:

1. By the end of the rotation, the fellow will understand the neurobiological basis of addiction and become knowledgeable of the neuroimaging tools for assessing changes in brain structure and function with addiction.

Residents on this rotation will be evaluated with the following ACGME milestones: MK1, PBLI1, PROF2, ICS2.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Review current literature and observe neuroimaging sessions to understand the physics and statistical approaches underlying the acquisition and interpretation of functional neuroimaging data		X	X				Supervision, self directed literature review	Faculty	Direct observation	End of rotation
Participate in the weekly Data Analysis meeting to become familiar with functional neuroimaging design and methodology				X		X	Supervision	Faculty	Direct observation	End of rotation
Engage with BIRC faculty and staff to understand all aspects of neuroimaging analyses, including participant recruitment, institutional compliance, statistical analysis, and scientific publication			X			X	Supervision	Faculty	Direct observation	End of rotation
Observe structured clinical interviews to become familiar with techniques for assessing participant eligibility for neuroimaging studies		X	X				Supervision	Faculty	Direct observation	End of rotation
Conduct a literature review of neuroanatomical networks underlying reward processing and decision making, and the impact of addiction upon these networks			X				Supervision, self directed literature review	Faculty	Direct observation	End of rotation

Competency Log: PC-patient care, MK-medical knowledge, PBL-problem based learning, C-communication and interpersonal skills, P-professionalism, SBL- system based learning

Rotation: Psychotherapy – CAVHS – North Little Rock Division

Goal:

By the end of the rotation, the fellow will understand the neurobiological basis of addiction and become knowledgeable of the neuroimaging tools for assessing changes in brain structure and function with addiction.

Residents on this rotation will be evaluated with the following ACGME milestones: PC3, MK2, SBP2, SBP3, PROF1.

Objective	Competency						Teaching Method	Evaluator	Tool	Timing
	PC	MK	PBL	C	P	SBL				
Review current literature and observe neuroimaging sessions to understand the physics and statistical approaches underlying the acquisition and interpretation of functional neuroimaging data		X	X				Supervision, self directed literature review	Faculty	Direct observation	End of rotation
Participate in the weekly Data Analysis meeting to become familiar with functional neuroimaging design and methodology				X		X	Supervision	Faculty	Direct observation	End of rotation

The Addiction Psychiatry Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology

July 2015

The Addiction Psychiatry Milestone Project

The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the fellow in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Addiction Psychiatry Milestones

Psychiatry Subspecialty Milestones Chair: Christopher R. Thomas, MD

Working Group

Chair: Marian Fireman, MD

Laura Edgar, EdD, CAE

Kyle Kampman, MD

Robert Ronis, MD

Andrew J. Saxon, MD

Jeffrey J. Wilson, MD

Advisory Group

Chair: George A. Keepers, MD

Larry R. Faulkner, MD

Frances R. Levin, MD

Christopher K. Varley, MD

Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

Level 1: The fellow demonstrates milestones expected of an incoming fellow.

Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.

Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.

Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.

Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

Additional Notes

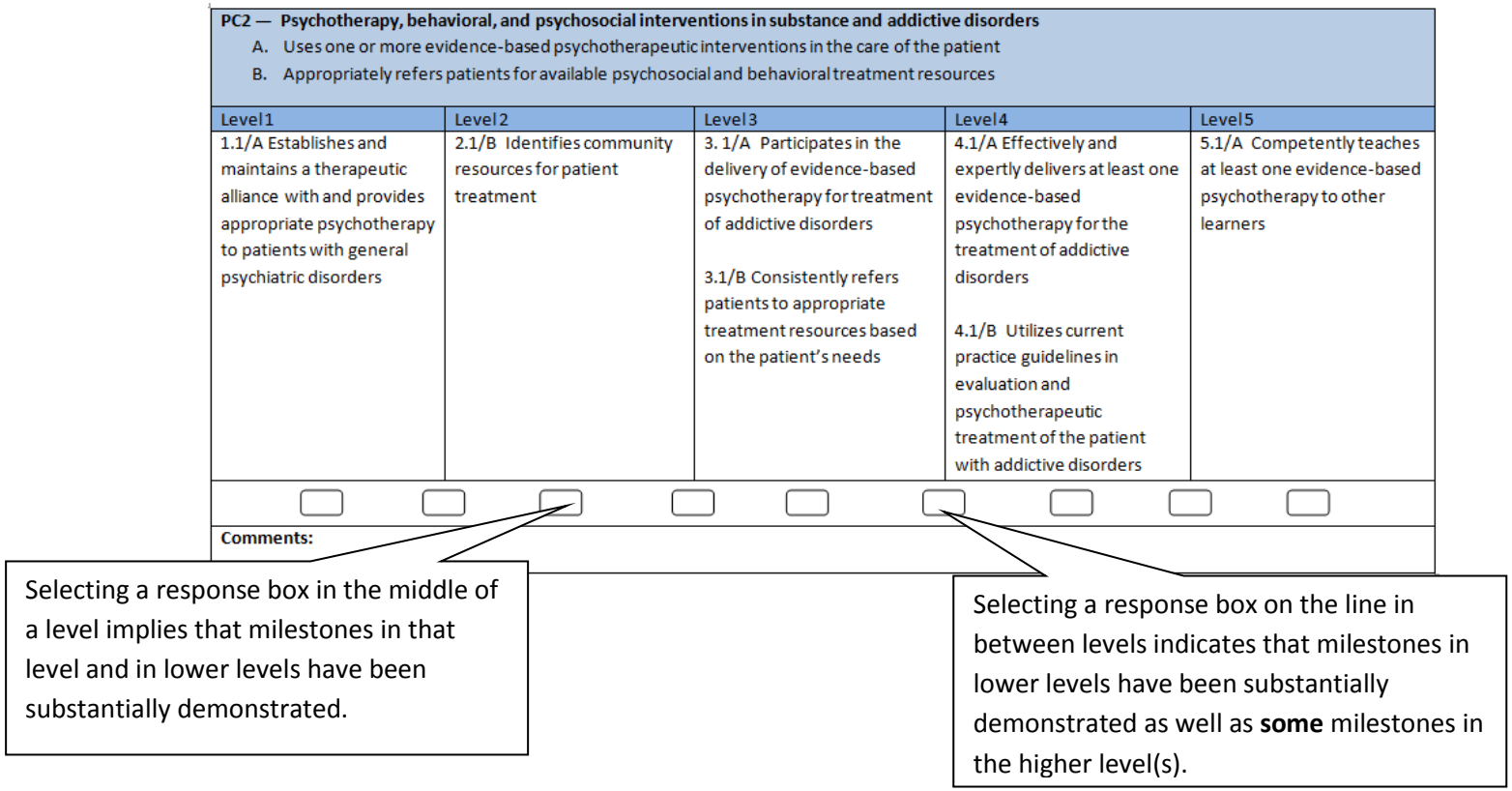
Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Examples are provided with some milestones. Please note that the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow's performance in relation to those milestones.



PC2 — Psychotherapy, behavioral, and psychosocial interventions in substance and addictive disorders

A. Uses one or more evidence-based psychotherapeutic interventions in the care of the patient

B. Appropriately refers patients for available psychosocial and behavioral treatment resources

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Establishes and maintains a therapeutic alliance with and provides appropriate psychotherapy to patients with general psychiatric disorders	2.1/B Identifies community resources for patient treatment	3. 1/A Participates in the delivery of evidence-based psychotherapy for treatment of addictive disorders 3.1/B Consistently refers patients to appropriate treatment resources based on the patient's needs	4.1/A Effectively and expertly delivers at least one evidence-based psychotherapy for the treatment of addictive disorders 4.1/B Utilizes current practice guidelines in evaluation and psychotherapeutic treatment of the patient with addictive disorders	5.1/A Competently teaches at least one evidence-based psychotherapy to other learners

Comments:

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

PC1 — Evaluation and diagnosis of the patient

A. Thorough evaluation of the patient with substance use and addictive disorders including patient interview, gathering of collateral information, use of screening and assessment tools
B. Risk assessment specific to substance use and addictive disorders
C. Synthesis of information to generate patient formulation and differential diagnosis specific to substance use, addictive, and co-occurring disorders
D. Development of an appropriate initial treatment plan for the patient

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Obtains general history relevant to the patient's medical and psychiatric disorders; performs a reliable evaluation of the patient's general psychiatric disorder 1.2/B Assesses for patient safety, including risk for self-harm and harm to others, and risk of intoxication and overdose 1.3/C Organizes, summarizes information, and develops a differential diagnosis for the patient presenting with substance use, addictive, and co-occurring disorders 1.4/D Sets treatment goals	2.1/A Obtains complete, accurate, and relevant history and performs a targeted examination relevant to the patient's addictive and co-occurring disorders; obtains collateral information and is aware of the use of screening and assessment tools 2.2/C Organizes, accurately summarizes information, and develops a differential diagnosis for the patient presenting with substance use, addictive, and co-occurring disorders while avoiding premature closure 2.3/D Develops comprehensive, individualized treatment	3.1/A Consistently obtains complete, accurate, and relevant history and performs a targeted examination relevant to the patient's addictive and co-occurring disorders; obtains accurate collateral information and appropriately utilizes screening and assessment tools 3.2/A Recognizes and addresses inconsistencies in collected information 3.3/B Integrates all available information, including relapse risk, into patient safety assessment 3.4/B Correctly and expertly interprets results of urine	4.1/A Serves as a role model for gathering accurate, reliable, and subtle information from the patient and collateral sources, and for use of screening and assessment tools 4.2/A Integrates motivational interviewing concepts and techniques into patient assessment 4.3/A Provides instruction to general psychiatry residents or other trainees on techniques for obtaining an accurate and reliable history 4.4/C Utilizes all available information to generate a complete and accurate differential diagnosis; takes	5.1/A Performs research with regard to appropriate assessment of patients with addictive disorders 5.2/C Teaches general psychiatry residents or other trainees techniques for resolving inconsistencies in data while generating a differential diagnosis

in collaboration with the patient	plans for patients with uncomplicated substance use and addictive disorders	drug screening and other forms of toxicological testing 3.5/C Incorporates collateral information, other assessments, subtle findings, and conflicting information into a complete differential diagnosis 3.6/D Incorporates co-occurring disorders into a comprehensive individualized treatment plan	steps to resolve apparent inconsistencies in the data 4.5/D Develops comprehensive, individualized treatment plans for patients with complex presentations	
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				**Not yet rotated 1** ☐

PC2 — Psychotherapy, behavioral, and psychosocial interventions in substance and addictive disorders

A. Uses one or more evidence-based psychotherapeutic interventions in the care of the patient

B. Appropriately refers patients for available psychosocial and behavioral treatment resources

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Establishes and maintains a therapeutic alliance with, and provides appropriate psychotherapy to, patients with general psychiatric disorders	2.1/B Identifies community resources for patient treatment	3.1/A Participates in the delivery of evidence-based psychotherapy for treatment of addictive disorders 3.2/B Consistently refers patients to appropriate treatment resources based on the given patient's needs	4.1/A Effectively and expertly delivers at least one evidence-based psychotherapy for the treatment of addictive disorders 4.2/A Utilizes current practice guidelines in evaluation and psychotherapeutic treatment of patients with addictive disorders	5.1/A Competently teaches at least one evidence-based psychotherapy to other learners

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Not yet rotated 1 ☐

PC3 — Pharmacological interventions for substance use and addictive disorders

A. Uses evidence-based pharmacologic treatments for substance use, addictive ,and co-occurring disorders, including monitoring of patient response and appropriate adjustment of treatment

B. Educates patients about pharmacologic treatments

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Appropriately prescribes commonly used psychopharmacologic agents 1.2/B Reviews with the patient/family general indications, dosing parameters, and common side effects for prescribed psychopharmacologic agents	2.1/A Appropriately prescribes pharmacologic agents for substance use and addictive disorders, including for the management of intoxication and withdrawal states 2.2/C Demonstrates awareness of federal regulations regarding pharmacologic treatment of opioid use disorders, including regulations governing use of methadone and buprenorphine; is able to apply this knowledge in recommending appropriate treatment	3.1/A Manages pharmacokinetic and pharmacodynamic drug interactions for patients prescribed multiple medications and/or using non-prescribed substances 3.2/B Incorporates knowledge of proposed mechanisms of action and metabolism of prescribed psychopharmacologic agents, including agents prescribed for treatment of addictive disorders, in treatment selection, and explains rationale to patients/families	4.1/A Titrates dosages and manages side effects and complex drug interactions for patients prescribed multiple medications, including medications for substance use, addictive, and co-occurring disorders; considers potential drug interactions from substances of abuse; manages complex intoxication and withdrawal 4.2/B Explains to patients and families the rationale and proposed mechanisms of action for less commonly prescribed and experimental treatment choices 4.3/B Demonstrates expertise in the appropriate prescription of methadone and buprenorphine for opioid use disorders; understands and appropriately incorporates current regulations into patient care	5.1/A Designs an educational curriculum for primary care providers on use of psychopharmacology for addictive disorders 5.2/A Participates in evidence-based research on psychopharmacology of addictive disorders
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet rotated 1 ☐

MK 1— Clinical neuroscience of substance use and addictive disorders

A. Neuroanatomy and neurophysiology specific to substance use and addictive disorders
B. Neuropharmacology of addictive substances
C. Neuropharmacology of treatment modalities specific to substance use and addictive disorders

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes neurobiological and genetic hypotheses of common psychiatric disorders 1.2/C Describes the general indications and common side effects for commonly prescribed psychopharmacologic agents for addictive disorders	2.1/A Describes the basic neuroanatomy and neurophysiology related to the pathophysiology of addictive disorders 2.2/B Demonstrates knowledge of the basic principles of the neuropharmacology of common addictive substances 2.3/C Describes the neuropharmacology and mechanisms of action of agents used for treatment of addictive disorders	3.1/C Demonstrates understanding of the selection of pharmacologic agents for addictive disorders based on current practice guidelines or treatment algorithms 3.2/C Describes the evidence base for the use of pharmacologic agents for addictive disorders 3.3/C Utilizes current practice guidelines in the choice of pharmacologic agents for treatment of addictive disorders	4.1/A Demonstrates ability to incorporate the latest research findings into discussions of the neuroscience of addictive disorders 4.2/B Explains, in detail, the known neuropharmacology of all classes of addictive substances 4.3/C Explains the neuropharmacology and mechanisms of action of pharmacologic agents for addictive disorders	5.1/A Designs a neuroscience curriculum focusing on substance use and addictive disorders 5.2/B Participates in research on the neuroscience of addiction 5.3/C Teaches the neuropharmacology and mechanisms of action of pharmacologic agents to other learners
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet rotated 1 ☐

MK2 — Psychopathology: including diagnostic criteria, epidemiology, pathophysiology, trajectory of illness, co-morbidities, and presentation of substance use and addictive disorders across the life cycle and in diverse patient populations

A. Knowledge of the developmental trajectories, risk factors, biological, environmental, social and psychological factors that contribute to the development of addictive disorders
B. Knowledge of the epidemiology and diagnostic criteria for co-occurring, addictive and substance use disorders
C. Knowledge of criteria to determine appropriate level of care for the patient (including risk factors for morbidity and mortality)
D. Knowledge at the interface of addiction psychiatry and the rest of medicine

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates knowledge of risk factors that contribute to the development of addictive disorders 1.2/B Demonstrates sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycle and in a variety of settings 1.3/D Demonstrates sufficient knowledge to perform initial evaluations of patients with medical and addictive disorders	2.1/C Is aware of and begins to utilize appropriate criteria to determine the necessary level of care for the patient 2.2/D Is aware of the medical effects of addictive substances	3.1/A Demonstrates knowledge of and the ability to describe biological, social, and psychological factors that contribute to or protect against the development of addictive disorders 3.2/B Demonstrates knowledge of the epidemiology and diagnostic criteria for co-occurring, addictive and substance use disorders 3.3/C Incorporates risk of morbidity and mortality from substance use in describing the appropriate level of care for the patient 3.4/D Demonstrates	4.1/A Demonstrates detailed and advanced knowledge of the developmental trajectories of addictive disorders 4.2/A Demonstrates detailed knowledge about biological, environmental, social, and psychological factors that contribute to the development of addictive disorders 4.3/A Demonstrates knowledge of the current practice guidelines for the treatment of addictive disorders 4.4/C Consistently applies appropriate criteria to	5.1/B Engages in epidemiologic and/or phenomenological research on addictive disorders 5.2/A Teaches others about biological, environmental, social, and psychological factors that contribute to the development of addictive disorders

		knowledge sufficient to identify and treat a wide range of addictive and co-occurring conditions in patients with medical disorders	determine necessary level of care for patients 4.5/D Demonstrates advanced knowledge with regard to the medical effects of addictive substances 4.6/D Demonstrates advanced knowledge sufficient to treat patients with complex medical and addictive disorders	
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				**Not yet rotated 1** ☐

MK3 — Psychotherapy, behavioral, and psychosocial treatments: including individual therapies; motivational-based therapies; contingency management; group therapies; family therapies; 12-step facilitation; self-help groups; cognitive behavioral therapies, including relapse prevention; comprehensive rehabilitation approaches; and integration of psychotherapy and psychopharmacology

A. Knowledge of the theoretical underpinnings of the psychotherapies and behavioral and psychosocial treatments specific to substance use and addictive disorders
B. Knowledge of components and techniques for delivering the variety of therapies specific to substance use and addictive disorders
C. Knowledge of the evidence base for psychotherapy, behavioral, and psychosocial treatments specific to substance use and addictive disorders

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Is aware of at least three non-pharmacologic treatment modalities for addictive disorders	2.1/A Lists the currently-available non-pharmacologic treatment modalities for addictive disorders 2.2/C Is aware of the existence of evidence-based research into non-pharmacologic treatments for addictive disorders, and can describe one study	3.1/A Describes the history and basic theoretical principles underlying the use of non-pharmacologic treatments for addictive disorders 3.2/B Describes, in detail, the techniques included in a manual for an evidence-based psychotherapy for addictive disorders 3.3/C Critically discusses a key study describing the evidence for use of non-pharmacologic treatment for addictive disorders	4.1/A Describes the theoretical differences among psychotherapies and behavioral and psychosocial treatments for addictive disorders 4.2/B Describes, in detail, the components and techniques utilized in common non-pharmacologic treatment modalities for addictive disorders 4.3/C Describes, in detail, the current evidence for use of behavioral, psychotherapeutic, and psychosocial treatments for addictive disorders	5.1/C Participates in research on non-pharmacologic treatments for addictions 5.2/C Performs a comprehensive review on evidence-based treatments and presents to colleagues
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet rotated 1 ☐

SBP1 — Patient Safety and the Health Care Team

A. Medical errors and improvement activities
B. Communication and patient safety
C. Regulatory and educational activities related to patient safety

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes the common system causes for errors 1.2/C Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses 1.3/C Actively participates in conferences focusing on systems-based errors in patient care	2.1/A Describes systems and procedures that promote patient safety 2.2/B Effectively and regularly utilizes all appropriate forms of communication to ensure accurate transitions of care and to optimize communication across systems and the continuum of care 2.3/C Follows regulatory requirements related to reporting requirements and prescribing practices	3.1/B Recognizes special patient or family circumstances that will affect discharge planning 3.2/B Negotiates patient-centered care among multiple care providers	4.1/A Participates in a team-based approach to medical error analysis, including quality improvement projects 4.2/B Takes a leadership role in ensuring accurate transitions of care and optimizing communication across systems and the continuum of care 4.3/C Develops content for a patient safety presentation or conference focusing on systems-based errors in patient care (i.e., morbidity and mortality [M&M] conference, root cause analysis meeting)	5.1/A Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues 5.2/A,C Provides consultation to organizations to improve personal and patient safety
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet achieved Level 1 ☐

SBP2 — Resource Management: Costs of care and resource management in addiction treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes disparities in health care at individual and community levels 1.2 Knows the relative cost of care (e.g., medication costs, diagnostic costs, level of care costs, procedure costs)	2.1 Coordinates patient access to community and system resources 2.2 Is aware of health care funding and regulations related to organization of health care services	3.1 Balances the best interests of the patient and family with the availability of resources 3.2 Uses available resources, including the Electronic Medical Record (EMR), to reduce cost of care, improve patient safety, and/or improve quality of care	4.1 Practices cost-effective, high-value clinical care, using evidence-based tools and information technologies to support decision making	5.1 Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement 5.2 Advocates for improved access to and additional resources within systems of care
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				**Not yet achieved Level 1** ☐

SBP3 — Community-based Care

A. Community-based programs
B. Self-help groups
C. Recovery and rehabilitation

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Understands and makes use of local health care delivery systems	2.1/A Coordinates care with community agencies and other resources 2.2/B Recognizes role and explains importance of self-help groups (including 12-step groups) and community resource groups (e.g., family based and disorder-specific support and advocacy groups)	3.1/B Incorporates self-help groups, community resources, and social networks in treatment clinical care 3.2/C Appropriately refers to rehabilitation and recovery programs	4.1/C Uses principles of evidence-based practice and patient-centered care in management of chronically ill patients 4.2/C Practices effectively in a rehabilitation and/or recovery-based program	5.1/A Participates in the administration of community-based treatment programs 5.2/A Participates in creating new community-based programs 5.3/A,C Demonstrates capacity to provide medical-psychiatric leadership to health care facilities
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet achieved Level 1 ☐

SBP4 — Consultation to general psychiatrists, non-psychiatric medical providers, and non-medical systems (e.g., military, schools, businesses, forensic)

A. Provides care as a consultant and collaborator

B. Specific consultative activities

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Provides consultation to other general psychiatry and medical services 1.2/B Clarifies the consultation question	2.1/A Assists primary treatment care team in identifying unrecognized clinical care issues related to addictive disorders 2.2/B Discusses methods for integrating addiction treatment, mental health, and medical care in treatment planning	3.1/A Provides integrated care for patients with addictive disorders through collaboration with other physicians and advanced-level practitioners 3.2/B Identifies system issues in clinical care and provides recommendations	4.1/A,B Manages complicated and challenging consultation requests	5.1/B Provides addiction psychiatry consultations to larger systems, such as a college or community mental health clinic or community hospital 5.2/B Leads a consultation team
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

Not yet achieved Level 1 ☐

PBLI1— Development and execution of lifelong learning through constant self-evaluation, including critical evaluation of research and clinical evidence

A. Self-assessment and self-improvement
B. Evidence in the clinical workflow

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Regularly seeks and incorporates feedback to improve performance 1.2/A Identifies self-directed learning goals and periodically reviews them with supervisory guidance 1.3/B Formulates a searchable question from a clinical question[1]	2.1/A Demonstrates a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement 2.2/B Selects an appropriate, evidence-based information tool[2] to meet self-identified learning goals 2.3/B Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines	3.1/A Demonstrates improvement in clinical practice based on continual self-assessment and evidence-based information 3.2/B Independently searches for and discriminates evidence relevant to clinical practice problems	4.1/A Identifies and meets self-directed learning goals with little external guidance 4.2/A Sustains practice of self-assessment and keeping up with relevant changes in medicine, and makes informed, evidence-based clinical decisions 4.3/A Demonstrates use of a system or process for keeping up with relevant changes in medicine	5.1/B Teaches others techniques to efficiently incorporate evidence gathering into clinical workflow 5.2/B Independently teaches appraisal of clinical evidence

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Comments:

Not yet achieved Level 1 ☐

Footnotes:

[1]Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; regular and structured readings of specific evidence sources.

[2]Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.

PBLI2 —Teaching

A. Development as a teacher
B. Observable teaching skills

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Assumes a role in the clinical teaching of early, mid-level, and advanced learners; assists faculty members in providing supervision to these learners 1.2/B Communicates goals and objectives for instruction of early, mid-level, and advanced learners	2.1/A Participates in activities designed to develop and improve teaching skills 2.2/B Evaluates and provides feedback to early, mid-level, and advanced learners	3.1/A Gives informal and formal didactic presentations to groups (e.g., grand rounds, case conference, journal club) 3.2/B Organizes content and methods for individual instruction for early, mid-level, and advanced learners	4.1/A Develops and gives specialty- and subspecialty-specific presentations to groups 4.2/B Effectively uses feedback on teaching to improve teaching methods and approaches	5.1/A Educates broader professional community and/or public (e.g., presents at regional or national meeting) 5.2/B Organizes and develops curriculum materials
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet achieved Level 1 ☐

PROF1[1] – Compassion, integrity, respect for others, sensitivity to diverse patient populations[2], adherence to ethical principles

A. Compassion, reflection, sensitivity to diversity
B. Ethics

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity 1.2/A Provides examples of the importance of attention to diversity in psychiatric evaluation and treatment 1.3/B Recognizes ethical conflicts in practice and seeks supervision to manage them	2.1/A Elicits beliefs, values, and diverse practices of patients and their families, and understands their potential impact on patient care 2.2/A Routinely displays sensitivity to diversity in psychiatric evaluation and treatment 2.3/B Recognizes ethical issues in practice, and is able to discuss, analyze, and manage these in common clinical situations	3.1/A Develops a mutually agreeable care plan in the context of conflicting physician and patient and/or family values and beliefs 3.2/A Discusses own cultural background and beliefs and the ways in which these affect interactions with patients 3.3/B Systematically analyzes and manages ethical issues, including those specific to the subspecialty 3.4/B Effectively participates as a team member along with other medical and non-medical professionals	4.1/A Recognizes and adapts approach based on subspecialty-related issues of diversity and special needs populations 4.2/B Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and the subspecialty 4.3/B Adapts to evolving ethical standards (i.e., can manage conflicting ethical standards and values and apply these to practice) 4.4/B Demonstrates the ability to be an effective team member/team leader, including respect and consideration of the opinions and expertise of others	5.1/A Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations 5.2/B Identifies emerging ethical issues within subspecialty practice, and can discuss opposing viewpoints
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not yet achieved Level 1 ☐

Footnotes:

[1]The two Professionalism subcompetencies (PROF1 and PROF2) reflect the following overall values: Fellows must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles. Residents must develop and acquire a professional identity consistent with values of oneself, the specialty, and the practice of medicine. Residents are expected to demonstrate compassion, integrity, and respect for others; sensitivity to diverse populations; responsibility for patient care that supersedes self-interest; and accountability to patients, society, and the profession.
[2]Diversity refers to unique aspects of each individual patient, including gender, age, socioeconomic status, culture, race, religion, disabilities, and sexual orientation.

PROF2— Accountability to self, patients, colleagues, and the profession

A. Fatigue management and work balance
B. Professional behavior and participation in professional community
C. Ownership of patient care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Notifies team and enlists appropriate coverage for clinical and non-clinical responsibilities when fatigued or ill 1.2/B Follows institutional policies for physician conduct and responsibility 1.3/C Accepts role of the patient's physician and takes responsibility (under supervision) for ensuring the patient receives the best possible care	2.1/A Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed 2.2/B Recognizes the importance of participating in one's professional community 2.3/C Recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	3.1/A Knows how to take steps to address impairment in self and colleagues 3.2/B Prepares for obtaining and maintaining board certification 3.3/C Displays increasing autonomy and leadership in taking responsibility for ensuring that patients receive the best possible care	4.1/A Prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of the profession[1] 4.2/B Participates in the primary specialty and subspecialty professional community (e.g., professional societies, patient advocacy groups, community service organizations) 4.3/C Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care	5.1/A Develops physician wellness programs or interventions, and/or participates as an active member on committees or in organizations that address physician wellness 5.2/B Develops organizational policies, programs, or curricula for subspecialty professionalism

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Comments:

Not yet achieved Level 1 ☐

Footnotes:

[1]Fellows are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that fellows recognize the inherent conflicts and competing values involved in balancing dedication to patient care with attention to the interests of their own well-being and responsibilities to their families and others. Balancing these interests while maintaining an overriding commitment to patient care requires, for example, ensuring excellent transitions of care, sign-out, and continuity of care for each patient during times that the fellow is not present to provide direct care for the patient.

ICS1— Relationship development and conflict management with patients, families, colleagues, and members of the health care team

A. Relationship with patients
B. Conflict management
C. Team-based care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Develops therapeutic relationship with patients of all ages and their families in uncomplicated situations 1.2/A Is aware of cultural diversity in communicating with people of different backgrounds 1.3/B Recognizes communication conflicts in work relationships 1.4/C Collaborates with team members in patient care	2.1/A Is respectful of cultural diversity in discussions and management suggestions with patients and their families 2.2/A Develops working relationships across specialties and systems of care in uncomplicated situations 2.3/B Negotiates and manages simple patient/family-related conflicts across the lifespan 2.4/C Actively participates in team-based care; supports activities of other team members, and communicates their value to the patient and family	3.1/A Develops therapeutic relationships in complicated situations 3.2/B Sustains working relationships in the face of conflict 3.3/C Begins to take a leadership role in a multidisciplinary care team 3.4/C Recognizes differing philosophies within and between different disciplines in care provision	4.1/A Sustains therapeutic and working relationships during complex and challenging situations, including transitions of care 4.2/A Sustains relationships across systems of care and with patients during long-term follow-up 4.3/B Manages treatment team conflicts as team leader 4.4/C Effectively assumes a leadership role in multidisciplinary patient care and family meetings	5.1/A, B Develops models/approaches to managing difficult communications 5.2/B Effectively mentors other health care providers in leadership, communication skills, and conflict management 5.3/C Leads and facilitates meetings within the organization/system 5.4/C Designs research or quality improvement project on the benefits of team-based care
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Comments:

Not yet achieved Level 1 ☐

ICS2— Information sharing and record keeping

A. Accurate and effective communication with health care team
B. Effective communications with patients
C. Maintaining professional boundaries in communication

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Ensures transitions of care are accurately documented and optimizes communication across systems and continuums of care 1.2/A Ensures that the written records (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are accurate and timely, with attention to preventing confusion and error, consistent with institutional policies 1.3/A,B Organizes both written and oral information to be shared with patients, families, team, and others 1.4/C Maintains appropriate	2.1/A,B Uses easy-to-understand language in all phases of communication, including working with interpreters and patients of all ages 2.2/B Consistently demonstrates communication strategies to ensure patient and family understanding 2.3/B Demonstrates appropriate face-to-face interaction while using EMR 2.4/C Understands and follows specific federal regulations regarding release of information pertaining to patients who have received treatment for addictive disorders	3.1/A,B Demonstrates effective verbal communication, with patients of all ages, families, colleagues, and other health care providers, that is appropriate, efficient, concise, and pertinent 3.2/A,B Demonstrates written communication, with patients, families, colleagues, and other health care providers, that is appropriate, efficient, concise, and pertinent 3.3/B Consistently engages patients and families in shared decision making	4.1/A,B Demonstrates communication that is appropriate, efficient, concise, and pertinent with patients with limited communication and cognitive abilities 4.2/B Recruits appropriate assistance from external sources when cultural differences create barriers to patient care 4.3/C Serves as a role model and teacher in following federal regulations with regard to release of information pertaining to patients who have received treatment for addictive disorder	5.1/C Participates in the development of changes in rules, policies, and procedures related to technology 5.2/B Engages in scholarly activity (e.g., teaching, research) regarding effective health care communication

boundaries in sharing information by electronic communication and in the use of social media	2.5/C Uses discretion and judgment in the inclusion of sensitive patient material in the medical record 2.6/C Uses discretion and judgment in electronic communication with patients, families, and colleagues			
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				**Not yet achieved Level 1** ☐

