

ADDICTION MEDICINE FELLOWSHIP PROGRAM



2020-2021

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
College of Medicine
Department of Psychiatry

ADDICTION MEDICINE FELLOWSHIP PROGRAM
MANUAL

2020-2021

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Program Description and Goals

Program's Mission Statement

The mission of the Addiction Medicine Fellowship of UAMS is to improve the health, health care, and well-being of patients with substance use disorders throughout the state of Arkansas, the nation, and the world by educating physicians to become specialists in the management of substance use disorders and providing high quality, innovative, patient- and family-centered health care.

Goals & Objectives

This program offers advanced training that familiarizes the fellow with all aspects of addiction medicine. The program identifies and assists the fellow in developing the knowledge, skills, clinical judgment, and attitudes required to prepare them for addiction medicine practice, teaching, research and system consultation. The program's aims (e.g., goals and objectives) are as follows:

1. The Addiction Medicine physician serves as a clinician, educator, and researcher in conditions, such as substance use disorders, substance withdrawal/detoxification, and behavioral addictions. The Addiction Medicine physician is able to collaborate with other physicians and members of the health care team (e.g., drug and alcohol counselors, peer support specialist). The training program provides exemplary ambulatory and inpatient clinical training as well as research opportunities in Addiction Medicine.
2. The Addiction Medicine fellows develop expertise in the continuum of care for patients with substance use disorders and behavioral addictions. On completion of fellowship training, the physician is eligible to sit for the Board Certification Exam of the American Board of Preventive Medicine.
3. The Addiction Medicine training program strives to train physician with expertise and knowledge of opioid use disorders, include medication assisted treatment. On completion of fellowship training, the physician is able to obtain a waiver to prescribe buprenorphine as well as educate others in the field of medication assisted treatment for opioid use disorder.

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

Participating Institutions

The Addiction Medicine Fellowship Program is sponsored by the University of Arkansas for Medical Sciences' (UAMS) College of Medicine (COM). The COM is one of six academic units of UAMS, the state's principal biomedical research center. It is the goal of the UAMS COM 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. 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

Central Arkansas Veterans Healthcare System, the Central Arkansas Radiation Therapy Institute, and the Area Health Education Centers around the state. The UAMS Department of Psychiatry Provides 50% of the funding for the fellowship.

Fellows spend six months of their training during the program at the **UAMS Medical Center**, a major tertiary care medical center with a total of 437 hospital beds. As the primary adult teaching site for the only allopathic medical school in the state of Arkansas, this site is the home institution for this program. UAMS Medical Center is physically co-located with the UAMS COM and its GME administration. The clinical experience at UAMS includes both ambulatory and inpatient experiences. For three months, the fellow provides consultation and liaison to both the emergency room and inpatient wards. For the remaining three months, the fellow completes ambulatory rotations in women's mental health, medication assisted treatment for opioid use disorder, and pain medicine. The volume of patients varies by clinical rotation (e.g., the UAMS consultation liaison service has averaged more than 200 consults a month in 2019 and ambulatory rotations average 10 patients a day). The patient population is diverse in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical conditions.

Fellows spend six months of their training during the program at the **Central Arkansas Veterans Healthcare System (CAVHS)**, a flagship Department of Veterans Affairs healthcare provider. CAVHS is a two division (i.e., Little Rock and North Little Rock) tertiary facility with 576 inpatient bed. The Little Rock division is adjacent to UAMS and houses 181 beds (i.e., acute medicine and surgery); while, the North Little Rock Division is located seven miles from UAMS and houses 397 beds (e.g., acute psychiatry, substance abuse, rehab medicine, geriatrics, domiciliary). Primary care services are provided at both locations to 48,000 veterans per year. The Division of Mental Health operates 60 inpatient beds and 144 Domiciliary Residential Rehabilitation beds, including the Substance Abuse Residential Treatment Program (i.e., a 28, day residential treatment program serving veterans with substance disorders). About 55% of inpatients will have co morbid substance abuse disorders. The clinical experience at CAVHS includes both ambulatory and inpatient experiences. CAVHS is also the site for the fellow's continuity clinic where they provide comprehensive care, including diagnosis and treatment of substance-related problems and others addictions, for no more than 50 patients. The patient population includes veterans with diversity in age, gender, socioeconomic status, and comorbid medical and psychiatric conditions, including substance use disorders.

ACGME Competencies

Patient Care and Procedure Skills

1. Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Fellows must demonstrate competence in comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and substance use disorders along a continuum of care, including inpatient/residential, outpatient treatment, early intervention, harm reduction, and prevention.

3. Fellows must demonstrate competence in providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics.
4. Fellows must demonstrate competence in providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions.
5. Fellows must demonstrate competence in screening, brief intervention, and motivational interviewing.
6. Fellows must demonstrate competence in working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patients care.
7. Fellows must demonstrate competence in providing continuity of care to patients.
8. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Medical Knowledge

1. Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
2. Fellows must demonstrate knowledge of the medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction.
3. Fellows must demonstrate knowledge of pharmacology of common psychoactive substances, including alcohol, nicotine, stimulants, sedative-hypnotics, depressants, opioids, inhalants, hallucinogens, and cannabinoids.
4. Fellows must demonstrate knowledge of epidemiology of substance use, SUDS, and the genetic and environmental influences on the development and maintenance of these disorders.
5. Fellows must demonstrate knowledge of the impact of substance use, including psychosocial and medicolegal complications, in diverse populations and cultures, such as in women, neonates, children, adolescents, families, the elderly, sexual and gender minorities, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, and persons involved in the criminal justice system.
6. Fellows must demonstrate knowledge in common behavioral addictions.

7. Fellows must demonstrate knowledge in prevention of SUDS, including identification of risk and protective factors.
8. Fellows must demonstrate knowledge in screening, brief intervention strategies appropriate to substance use risk level, and referral to treatment.
9. Fellows must demonstrate knowledge in comprehensive substance use assessment and reassessment, including diagnostic interview, use of standardized questionnaires, lab tests, imaging studies, physical examinations, mental status examination, consultative reports and collateral information.
10. Fellows must demonstrate knowledge in identification and treatment of co-occurring conditions, such as medical, psychiatric, and pain conditions.
11. Fellows must demonstrate knowledge in matching patient treatment needs with levels of intervention, including crisis services, hospitalization, and SUD treatment programs.
12. Fellows must demonstrate knowledge in pharmacotherapy and psychosocial interventions for SUDS across the age spectrum.
13. Fellows must demonstrate knowledge in intoxication and withdrawal management.
14. Fellows must demonstrate knowledge in the mechanism of action and effects of use and abuse of alcohol, sedatives, opioids, and other drugs, and the pharmacotherapies and other modalities used to treat these.
15. Fellows must demonstrate knowledge in the safe prescribing and monitoring of controlled medications to patients with or without SUDs, including accessing and interpreting prescription drug monitoring systems.
16. Fellows must demonstrate knowledge in the effects of substance use, intoxication, and withdrawal on pregnancy and the fetus, and the pharmacologic agents prescribed for the treatment of intoxication, withdrawal, and management, including opioid, alcohol, and sedative hypnotic withdrawal.

Practice-based Learning and Improvement

1. Fellows are expected to develop skills and habits to be able to meet the following goals:
 - a. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
 - b. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills

1. Fellows must demonstrate interpersonal communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
2. Fellows must receive exposure to and gain understanding of the comprehensive, interactive, and interdisciplinary approach to pain management.
3. Fellows must work collaboratively with other providers and allied health professionals, including physicians, nurses, social workers, counselors, and pharmacists to care for patients with SUDS and other substance-related disorders.
4. Fellows must work collaboratively as consultants and as members of interdisciplinary teams, including as team leaders when appropriate.
5. Fellows must demonstrate competence in effectively conducting interviews with socioculturally-diverse patients and families that may include those with limited language proficiency, literacy, hearing, or sight.

Professionalism

1. Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
2. Fellows must demonstrate competence in recognizing and appropriately addressing biases in themselves, others, and the health care delivery system.
3. Fellows must demonstrate maintenance of appropriate professional boundaries.
4. Fellows must demonstrate sensitivity and responsiveness to diversity in patients, including sex, age culture, race, religion, disability, and sexual orientation.
5. Fellows must demonstrate compassion, integrity, and respect for others.
6. Fellows must demonstrate The qualities required to unstained lifelong personal and professional growth, including
 - a. Self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
 - b. Healthy coping mechanisms to respond to stress.
 - c. Conflict management between personal and professional responsibilities.
 - d. Flexibility and maturity in adjusting to change with the capacity to alter one's behavior.
 - e. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
 - f. Leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
 - g. Self-confidence that puts patients, families, and members of the health care team at ease.

- h. Utilization of appropriate resources in dealing with uncertainty, in recognition of ambiguity as part of clinical health care.

Systems-based Practice

1. Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
2. Fellows must advocate for quality patient care and assist patients, employers, programs, agencies, and government in managing system complexities, including an awareness of heightened stigma associated with addiction and other systemic barriers to obtaining addiction services.
3. Fellows must explain how medical practices and delivery systems differ from one another, including methods of controlling health care costs, allocating resources and practice, and promoting cost-effective health care.

Faculty

Addiction Medicine Key Faculty

Program Director

Shona Ray-Griffith, MD serves as the Program Director of the Addiction Medicine Fellowship Program. She is an Assistant Professor in the Department of Psychiatry at UAMS. As the Program Director, Dr. Ray-Griffith is responsible for the oversight and organization of all educational activities within the Addiction Medicine Fellowship program as well as the selection of fellows and the monitoring of their progress.

Dr. Ray-Griffith received her M.D. from the University of Texas Medical Branch at Galveston in 2009. She is board certified in Psychiatry by the American Board of Psychiatry and Neurology (ABPN) and in Addiction Medicine by the American Board of Preventive Medicine (ABPM). She also serves as the Ambulatory Director of the Women's Mental Health Program and has expertise in reproductive psychiatry.

Faculty Roster

John Spollen, MD serves as the Assistant Program Director of the Addiction Medicine Fellowship Program. He is a Professor within the Department of Psychiatry. He is board certified in Psychiatry and Consultation-Liaison Psychiatry by the ABPN and Addiction Medicine by the ABPM. He is the Director of the Consult Service at CAVHS.

Michael Mancino, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is a Professor in the Department of Psychiatry and serves as the Program Director of the Center for Addiction Services and Treatment at UAMS. He is board certified in Psychiatry by the ABPN and in Addiction Medicine by ABPM. He supervises the fellows during the Medication Assisted Treatment for Opioid Use Disorder rotation.

Erica Hiett, MD serves as a key faculty member of the Addiction Medicine Fellowship program. She is an Assistant Professor in the Department of Psychiatry and is board certified in Psychiatry by the ABPN as well as in Addiction Medicine by ABPM. She assists with didactics and clinical supervision of the fellows at CAVHS.

Ravi Nahata, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is a Staff Psychiatrist at CAVHS. He is board certified in Psychiatry by the ABPN and in Addiction Medicine by ABPM. He serves as the primary supervising physician of the Continuity Clinic, Outpatient Addiction Medicine, and Substance Abuse Residential Rehabilitation Treatment Program rotations.

Shanna Palmer, MD serves as a key faculty member of the Addiction Medicine Fellowship program. She is a Staff Psychiatrist at CAVHS and is board certified in Psychiatry and Consultation-Liaison Psychiatry by the ABPN and Addiction Medicine by the ABPM. She serves as supervising faculty of the VA Consultation-Liaison/Emergency Psychiatry rotation.

Jonathan Goree, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is board certified in both Anesthesiology and Pain Medicine. He supervises the fellows during the Pain Medicine rotation.

Michael Cucciare, PhD serves as a key faculty member of the Addiction Medicine Fellowship program. He is an Associate Professor within the Department of Psychiatry. He is a Clinical Psychologist whose research interests include implementation of evidence-based mental health practices in medical settings, particularly substance abuse treatment settings. He assists with didactic education of therapy modalities.

Other Program Personnel

Office of Education Staff

Janis Cockmon	526-8148
LaTanya Poole	526-8161

UAMS Housestaff Office

Dwana McKay, Director	686-5356
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<u>UAMS Substance Abuse Treatment Center</u>	526-8400
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<u>UAMS Walker Family Clinic</u>	526-8200
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<u>UAMS Women's Mental Health Program</u>	526-8201
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<u>Central Arkansas Veterans Healthcare System</u>	257-1000
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Fellow Eligibility, Selection and Appointment

The UAMS Addiction Medicine Fellowship Program is currently approved for one full-time fellow position for 12 months. To be considered for admission, applicants to the program must have satisfactorily completed an ACGME-accredited residency in one of the following: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry.

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 Medicine Fellowship Program.

The Addiction Medicine Fellowship Program uses both objective and subjective criteria to select applicants. The Program Director is 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 Coordinator verifies to the Director of Housestaff Records that the incoming fellows meet eligibility criteria each June. The criteria and processes for fellow selection are as follows:

Application Information

Currently we do not participate in the National Match Program. Fellow applicants should apply directly to the program or through ERAS and provide the required documents:

1. Application directly to the program or through ERAS.
2. Personal Statement
3. Curriculum Vitae
4. Three letters of recommendation, including a letter from current Program Director
5. USMLE or COMLEX Transcript
6. Medical School Transcript
7. Medical Student Performance Evaluation (MSPE)
8. ECFMG Certificate, if applicable
9. Completion of UAMS interview

Note for U.S. Visa Applicants

Our program sponsors both H1 and J1 visas for fellowship trainees.

Eligibility

All applicants must meet the following eligibility requirements:

1. Ability to carry out the duties as required of the Addiction Medicine Fellowship Program.
2. Proficient in the English language, as determined by the Program Director, to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics, and speaking English on conversational and medical topics.
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
 3. The ability to reside continuously in the U.S. for the length of training.
4. Graduate for an ACGME accredited residency in one of the following: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry.
5. Not more than 10 years elapsed since completion of psychiatry residency training or 5 years since the practice of medicine.
6. Eligible to receive a medical license in the State of Arkansas in compliance with Arkansas State Medical Board Regulations.
7. Eligible to receive a federal DEA license to prescribe all drug schedules

Selection

1. The following information must be received before the application will be considered and before an applicant is invited for an interview:
 - 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
 - Personal statement regarding applicants interest in the program
2. Once an applicant has been found to meet minimal selection criteria, the program coordinator contacts the applicant 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:
<https://gme.uams.edu/residents/handbook/#benefits>
4. The interview consists of one full day of 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. Applicants are evaluated by fellows and faculty who interact with the applicant. A written evaluation form is submitted to assess communication skills, clinical performance (if applicable), and personal qualities, and commitment to addiction medicine 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 Medicine
 - 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 of the program director, addiction medicine faculty, and any current fellows) reviews the applicant's file and written interview evaluations and ranks the applicant based on the criteria above.
8. Once the Resident Education Committee makes the selection, the Program Director contacts the candidate to notify acceptance into the program and request written response within *two weeks* to confirm acceptance and commitment to the training program

Criminal Background Checks

Candidates are 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 are encouraged to discuss any issues that might prevent appointment with the Program Director prior to acceptance of an interview or appointment.

- a. Candidates are asked to complete a consent for criminal background check form upon notification of selection;
- b. Background checks are obtained and results reviewed by the designated member of the GME office;
- c. The DIO and Director of Housestaff Records are notified of completion of the background check without unfavorable information;
- d. The DIO and Program Director are notified if potentially unfavorable information is revealed. After consultation with the DIO, the Program Director notifies the candidate
- e. Candidate has 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 determines 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 reviews the matter and notifies 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.

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 begins the process of appointment and registration with the College of Medicine. An applicant is considered fully appointed and registered *only after all* 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. The list of document is as follows:

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
 - a. Housestaff Medical Screening Form
 - b. Post Doctoral Medical Education Biographical Form
 - c. Copy of valid visa (if applicable)
 - d. Long Term Disability Form
 - e. Acknowledgement of Benefits Policies
 - f. State and Federal Tax Forms
 - g. 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.

Appointment

The Resident Agreement for Appointment is for duration of no longer than one year but may, under some circumstances, be less than one year. A fellow is considered appointed in the College of Medicine when all registration information has been submitted to the UAMS COM Director of Housestaff Records.

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.

Block Diagram of Rotation Schedule

University of Arkansas for Medical Sciences		Central Arkansas Veterans Healthcare Systems		
<p align="center">Inpatient Addiction Medicine Consultation (4 days/week X 3 months)</p>	<p align="center">Specialty Outpatient:</p>	<p align="center">VA Consultation Liaison/ Emergency Psychiatry (4 days/week X 2 months)</p>	<p align="center">Substance Abuse Residential Rehab Treatment Program (4 days/week X 1 month)</p>	<p align="center">Outpatient Addiction Medicine (4 days/week X 3 months)</p>
	<p align="center">Women's Mental Health Program (1 day/week x 3 months)</p>			
	<p align="center">Medication Assisted Treatment (1.5 days/week X 3 months)</p>			
	<p align="center">Pain Management (0.5 day/week X 3 months)</p>			
	<p align="center">Research (1 day/week)</p>			
<p>Continuity Clinic (0.5 day/week X 12 months)</p>				
<p>Didactics (0.5 day/week X 12 months)</p>				

Rotation Prospectuses

Inpatient Addiction Medicine Consultation

Location: UAMS

Length: 3 months

Supervising Faculty: Samidha Tripathi, MD

Overview: The fellow conducts consultations regarding comprehensive substance use diagnostic assessments on complicated substance abuse patients admitted to emergency department and the inpatient hospital at UAMS. The fellow is 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. Additionally, the fellow is responsible for providing screening, brief interventions, and referrals to treatment at the appropriate substance use risk level.

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.

Objectives:

- Provide specific recommendations to referring physicians for patients with complicated withdrawal issues (e.g., liver disease, delirium)
- Become proficient in screening, brief intervention, and motivational interviewing of patients with substance use disorders presenting to the emergency room
- Work collaboratively with other professionals participating in the care of patients with substance use disorders (e.g., other medical specialist, nurses, pharmacist)
- Manage three or more overdose situations in the emergency room
- Act as liaison between the patient and other physicians or treatment teams
- Demonstrate effective communication and respectful behavior when counseling with patients and their families

VA consultation Liaison/Emergency Psychiatry

Location: CAVHS Little Rock Campus

Length: 2 months

Supervising Faculty: John Spollen, MD; Shanna Palmer, MD

Overview: The fellow conducts consultations regarding addiction specific diagnostic assessments on complicated substance abuse patients admitted to emergency department and the inpatient hospital at CAVHS Little Rock campus. The fellow is 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.

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.

Objectives:

- Provide specific recommendations to referring physicians for patients with complicated withdrawal issues (e.g., liver disease, delirium)
- Work collaboratively with other professionals participating in the care of patients with substance use disorders (e.g., other medical specialist, nurses, pharmacist)

- Manage 3 or more overdose situations in the emergency room
- Act as liaison between the patient and other physicians or treatment teams
- Demonstrate effective communication and respectful behavior when counseling with patients and their families

Substance Abuse Residential Rehabilitation Treatment Program

Location: CAVHS North Little Rock Campus

Length: 1 month

Supervising Faculty: Ravi Nahata, MD

Overview: The fellow is the primary treatment physician for patients who are accepted into the Substance Abuse Residential Treatment Program, a 28 day residential treatment program serving veterans with substance disorders. The program places an emphasis on substance use disorders and psychosocial rehabilitation and adjustment to community living. The fellow conducts comprehensive substance use diagnostic evaluations for patients, including assessments of comorbid medical and psychiatric disorders. The fellows, participates in a broad array of psychotherapeutic treatment modalities: cognitive behavioral therapy, motivational interviewing, seeking safety, acceptance and commitment therapy, and medication management. The fellow has one hour per week of individual case based supervision and teaching with the supervising faculty member as well as less formal supervision on an ongoing basis.

Goal:

- 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.

Objectives:

- Perform comprehensive substance use diagnostic assessments and implement plan of care for 10 or more patients with comorbid medical and psychiatric disorders
- Perform “Stage of Change” assessment and utilize motivational interviewing to engage patients in treatment and provide appropriate treatment matching
- Apply various therapy interventions (e.g., confrontation, seeking safety) while co-leading dual diagnosis group therapy to patients with substance use disorders
- Work collaboratively with other professionals (e.g., other medical specialist, nurses, pharmacist) participating in the care of patients with substance use disorders

Outpatient Addiction Medicine

Location: CAVHS North Little Rock Campus

Length: 3 months

Supervising Faculty: Ravi Nahata, MD

Overview: The fellow conducts addiction evaluations, co-leads recovery groups, and initiates and monitors anti-craving medications. Assessments include physical, psychiatric and addiction assessments. The fellow also develops detoxification protocol for 3 patients per week, supervises the screening process that determines the level of treatment for those patients, and gains experience in systems managements. The fellow has one hour per week of individual case based supervision and teaching with the supervising faculty member. 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. The fellow may also provide supportive or

individual psychotherapy. The fellow is actively involved in leadership meetings and provides supervision to general psychiatry residents rotating on the services. The fellow also prepares and provides one teaching session per week on topics related to addiction medicine.

Goals:

- Acquire the knowledge, skills and attitudes required to recognize signs and symptoms of and manage the withdrawal from specific substances of abuse in the medically and/or psychiatrically complicated patient.
- Acquire the knowledge and skills to provide cognitive-behavioral psychotherapy, focusing on relapse prevention, and in psychodynamic or interpersonal interventions.
- Acquire the 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.

Objectives:

- Demonstrate ability to perform complete assessments on 12 or more complicated patients
- Utilize standardized scales to assess severity of withdrawal symptoms from specific substances of abuse
- Utilize current literature to implement evidence based addiction pharmacotherapy
- Prepare and provide one teaching session per week to students or residents on topics related to biomedical or clinical consequences of substance use disorders

Women's Mental Health Program

Location: UAMS Women's Mental Health Program

Length: 3 months

Supervising Faculty: Shona Ray-Griffith, MD

Overview: The fellow provides comprehensive assessment, diagnosis, and management of preconception, pregnant, and postpartum women with substance use disorders and comorbid psychiatric and medical disorders in an ambulatory setting. Treatment includes medication assisted treatment with buprenorphine. Additionally, the fellow may participate in the treatment of acute inpatient admissions for medical management of withdrawal from a variety of substances during the perinatal period. The fellow participates in group psychotherapy focused on relapse prevention.

Goal:

- Develop knowledge, skills and attitudes required to manage women with a substance use disorder during the perinatal period.

Objectives:

- Integrate multidisciplinary assessments to design and implement comprehensive treatment plans for 5 or more perinatal women with a substance use disorder
- Demonstrate knowledge of the impact of both substances of abuse and therapeutic agents on the pregnant women and the fetus
- Demonstrate knowledge of the impact of both substances of abuse and therapeutic agents on the breastfeeding women and infant

Medication Assisted Treatment for Opioid Use Disorder

Location: UAMS Substance Abuse Treatment Clinic

Length: 3 months

Supervising Faculty: Michael Mancino, MD

Overview: The fellow performs addiction specific evaluations on opioid abusing patients

and develop expertise in the management of opiate anti-craving medications in an ambulatory setting. These assessments will include psychiatric, addiction, and physical evaluation. The fellow initiates and manages medication protocols for patients on these medications as well as participate in psychosocial programming. The fellow becomes familiar with government regulations and policies required to provide a methadone management clinic and buprenorphine medication assisted treatment clinic.

Goal:

- Develop expertise in recognizing and managing the signs and symptoms of opioid use disorder and the various withdrawal phenomena that occur in this population.

Objectives:

- Initiate methadone and buprenorphine protocols for 8 or more patients with opioid use disorder
- Monitor and manage 10 or more protocols for patients maintained on methadone or buprenorphine
- Prepare and provide 1 lecture on the clinical, epidemiological, and sociological issues (including government regulations) supporting or detracting from the use of opioid substitution as a treatment for opioid use disorder
- Perform comprehensive intake evaluations for 2 or more patients with opioid use disorder

Pain Management

Location: UAMS Pain Management Center

Length: 3 months

Supervising Faculty: Jonathan Goree, MD

Overview: In an ambulatory setting, the fellow is supervised in the medical and neurological assessment and management of patients with chronic pain. Working together, the fellow and supervising faculty member analyze the special problem of psychopharmacological management of patients with comorbid chronic pain and substance use disorders using an individualized treatment plan. Average caseload is 10 cases per week.

Goal:

- Gain knowledge, skills and experiences required to provide expert consultation in the management of patients with comorbid substance use disorder(s) and chronic pain.

Objectives:

- Perform medical and neurological evaluations for 2 or more patients per week with chronic pain
- Perform a comprehensive assessment on at least 6 patients with comorbid chronic pain and substance use disorders
- Manage pain in a variety of medical conditions (e.g., muscular/skeletal problems, malignancies)
- Work collaboratively with pain management physicians and other providers (e.g., advance practice nurses) in the pain management center
- Analyze the special problem of psychopharmacological management of patients with comorbid chronic pain and substance use disorders

Continuity Clinic

Location: CAVHS North Little Rock Campus

Length: 12 months

Supervising Faculty: Ravi Nahata, MD

Overview: The fellow rotates one half-day per week for the 12 months in the Ambulatory Addiction Medicine Clinic at the Central Arkansas Veterans Healthcare System, North Little Rock Campus. The fellow provides comprehensive, specialty care for a patient panel that includes diagnosis and treatment of substance-related problems and others addictions. The continuity patient panel consists of less than 50 patients.

Goal:

- Develop the skills, knowledge, and attitudes necessary to provide expert care in an outpatient setting to patients with substance-related problems and other addictions.
- Become an expert in evidenced-based pharmacological management for the treatment of substance-related problems and other addictions.
- Acquire the skills and competency to evaluate patient safety events and perform quality improvement projects as it relates to addiction medicine.

Objectives:

- Provide 25 or more comprehensive assessments for patients with substance-related problems and other addictions
- Provide pharmacological and non-pharmacological management of 25 or more patients with substance-related problems and other addictions over a course of 12 months utilizing an evidenced-based approach
- Demonstrate competency of validated screening and assessment tools for a variety of substance-related problems and other addictions in the outpatient setting
- Produce one product (i.e., quality improvement project or patient safety event) suitable for presentation at a case conference

Research

Location: UAMS

Length: 3 months

Supervising Faculty: Shona Ray-Griffith, MD

Overview: The fellow develops and implements a project with the goal of a publication or presentation (i.e., publication of original research or review articles in peer-reviewed journals; publication or oral/poster presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings). The fellow has the opportunity to perform addiction specific neuroimaging research as well as participate in T32 seminars with the UAMS Brain Imaging Research Center (BIRC).

Goal:

- Complete all components of one clinical research project during the course of the fellowship year

Objectives:

- Formulate 1 or more research designs
- Complete the IRB approval process for one research protocol
- Execute statistical analysis on one research protocol
- Critically appraise and utilize scientific literature pertinent to addiction medicine
- Produce one product (e.g., poster, manuscript) suitable for presentation or publication describing original research

Scholarly Activity Requirement

Each fellow must participate in a scholarly project under the supervision of a faculty member. The fellow is responsible for the development and implementation of a project with the goal of a publication or presentation. Any of the following are acceptable: (1) publication of original research or review articles in peer-reviewed journals; (2) publication or oral/poster presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; (3) presentation at a departmental Grand Rounds.

Didactics

Addiction Medicine didactic seminars are two to three hours; 43 weeks per year. Conferences are chaired by Addiction Medicine faculty and guests.

Journal club meets twice a month on the second and fourth Thursday of each month at noon. For one hour, participants present their current research or present and critically review recent articles on substance use disorders. Addiction Medicine Fellowship faculty members supervise the journal club and direct discussion with a focus on research literacy and the concepts and process of evidenced-based clinical practice. The fellow is required to present quarterly under the supervision of an assigned faculty member.

The fellow participates in case conference nine times a year. The fellow is required to select and present one case, a case in which a near miss, adverse event, or serious adverse event occurred and was reported in the 'Patient Safety Event Report" system, during the fellowship. Following the presentation, the case is discussed by the residents and faculty present at the conference.

Grand Rounds

The Department of Psychiatry Grand Rounds is a biweekly lecture presentation on Thursdays at 4PM. Grand Rounds is an educational activity for all faculty, fellows, medical students, and associated mental health workers. Fellows are required to attend these. The speaker series is a forum that supplements the formal educational program and provides for the dissemination of new information from medical research and/or societal issues referable to psychiatry, including addiction medicine.

Clinical Competency Committee

The Clinical Competency Committee (CCC) meets semi-annually to discuss the fellow's progression. Overall progress of the fellow is discussed resulting in a consensus assessment of the fellow and guides promotion, remediation, and dismissal of the fellow. Subsequently, the fellow is provided feedback at their semiannual review. This committee consists of the Program Director, Assistant Program Director, and three faculty representatives.

Evaluation and Promotion

During the fellowship, fellows' clinical competence are assessed in writing on a regular basis by direct faculty supervisors with subsequent review by the Program Director. Specifically, attendings submit evaluations of fellow performance upon completion of each rotation. The evaluations are maintained in confidential files and only available to authorized personnel. Upon request, fellows may review his/her evaluation file at any time during the year. Fellows meet with the Program Director twice a year to review evaluations and clinical rotations. A summary of the evaluations is reviewed and signed by the fellow.

Fellows receiving unsatisfactory evaluations during the year are immediately reviewed by the Program Director and/or the CCC. Written recommendations for the fellow may include:

- Specific corrective actions
- Repeating a rotation
- Psychological counseling
- Academic warning status or probation
- Suspension or dismissal, if prior corrective action, academic warning and/or probation have been unsuccessful

Fellows may appeal an unsatisfactory evaluation by submitting a written request to appear before the training program's CCC in a meeting called 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. After review, the decision of this Committee is final.

At the completion of the training program, the Program Director prepares a final evaluation of the clinical competence for the fellows. This evaluation stipulates the degree to which the fellows have mastered each component of clinical competence – clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, and provision of medical care. This evaluation verifies fellows have demonstrated sufficient professional ability 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.

Program Evaluation Committee

The Program Evaluation Committee meets yearly to conduct a review of the program. Briefly, the Committee plans, develops, and evaluates ongoing educational activities of the program. The Committee consist of the Program Director, Assistant Program Director, Fellow, and a faculty member.

Program and Faculty Evaluations

Fellows evaluate all rotations, faculty, and the program annually. Evaluations are anonymous. These evaluations are reviewed with all previous year's evaluations combined annually by faculty and the Program Evaluation Committee. Fellows are also encouraged to give direct feedback to faculty. Fellows also meet semi-annually with the Program Director and can provide direct feedback regarding faculty and the program.

Objectives and Criteria for Graduation

Criteria for graduation includes successful completion of objectives set forth in all essential rotations in the Addiction Medicine Fellowship Program Handbook. Fellows must successfully complete all fellowship assignments for the prescribed 12 months of education. Fellows must satisfactorily demonstrate competency as defined by ACGME and measured by the fellowship. Upon satisfactory completion of the training program, fellows are presented a certificate by UAMS COM. This certificate states the date and the training satisfactorily completed. The certificates are signed by the Program Director, Department Chair, and Dean of the COM.

Clinical Information

Work Hours

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

Duty Hours

In compliance with the University of Arkansas for Medical Sciences (UAMS) College of Medicine Graduate Medical Education (GME) Committee policies on duty hours and work environment (GME Policy 3.200, <https://gme.uams.edu/wp-content/uploads/sites/24/2020/02/3.200ClinicalExperienceandEducationFINAL.pdf>) and moonlighting (GME Policy 3.300, https://gme.uams.edu/wp-content/uploads/sites/24/2020/02/UAMS-GME-Moonlighting-Policy_2.19.2020.pdf) 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. If the fellow is called into the hospital from home, hours spent in-house count toward the 80-hour limit.
2. The fellow must have one day in seven 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. The fellow should have 10 hours and must have eight hours off between all daily duty periods.
4. Duty periods must not exceed 24 hours of continuous duty. A fellow may stay an additional 4 hours to effect transitions in care. No new clinical duties can be assigned during these 4 hours.

On Call Activities:

1. There are no on-call activities as the fellow is not assigned call.

Work Environment

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

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

Support Services: Adequate ancillary support for patient care is provided for fellows 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 fellows, 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 fellows 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 fellows 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. Fellows 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

Teamwork: Fellows 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.

Supervision

The fellow must perform clinical duties under proper supervision. Supervision will be defined by the following classification:

a) Direct Supervision – the supervising physician is physically present with the fellow and patient.

b) Indirect Supervision:

- with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

c) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

All primary clinical rotations utilize supervision at the level of either direct supervision or indirect supervision with direct supervision immediately available. The fellow is required to receive at least two hours weekly of direct clinical supervision on all rotations one hour of which is one to one with attending. Guidelines for circumstances and events in which the fellow must communicate with appropriate supervising faculty members are included in the rotation description of each rotation, and are reviewed with the fellow at the beginning of each rotation. Supervisors are always immediately available for situations involving critical clinical decision-making. If the fellow has some difficulty with the supervisory assignment, this should be discussed with the Program Director. The fellow who wishes for additional supervision should see the Program Director. All supervisory assignments are evaluated by both supervisors and fellows.

We foster progressive authority and responsibility, conditional independence, and a supervisory role in patient care by using graduated levels of supervision as the fellow progress through the 12 months of the fellowship. Initially, the fellow is supervised via direct supervision for the first 1-2 weeks of each clinical rotation. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to the fellow is assigned by the Program Director and Program Faculty members based on this initial assessment of the fellow's patient care skill, milestone evaluations, and competence and based on the needs of the patients. The fellow may progress to being supervised indirectly with direct supervision immediately available or indirectly with direct supervision available after demonstrating 1) the ability and willingness to ask for help when indicated, 2) the ability to gather an appropriate history and physical examination, and 3) the ability to present these patient findings accurately to a supervising physician who has not yet seen the patient. Also, the fellowship sets guidelines for circumstances and events in which the fellow must communicate with the supervising faculty members. It is anticipated that the fellow should progress fairly rapidly (within 1-3 months) to indirect supervision, since the fellow is more advanced in post-graduate education years; however, this time period of direct supervision initially ensures that the appropriate supervision is provided for the fellow and that the clinical duties assigned to the fellow are appropriate for their skill and knowledge level. Also, as the fellowship progresses, the fellow begins to provide direct supervision to medical students and psychiatry residents in recognition of their progression toward independence, with faculty member supervision available to both the fellow and other learners, fostering progressive authority and responsibility, conditional independence, and a supervisory role in patient care. In this program, the fellow gradually assumes the leadership role in teaching, medical decision-making, and forming plans of care in the outpatient clinic setting and while on the consultation service with the supervising faculty member assuming a facilitator role. It is expected that the supervising faculty discusses these roles with the fellow and notes any issues or knowledge gaps with patient care clinical tasks. If issues are identified, the supervising faculty discusses these with the fellow and the Program Director. If needed, the Program Director meets individually with the fellow on a case-by-case basis. The Fellowship Program Director also informs faculty members working with the fellow in the coming weeks/months if any areas of weakness or concern are identified so that the faculty member may provide the appropriate supervision for the fellow in those areas and begin to educate/remediate the fellow to address the knowledge gap(s).

In compliance with the University of Arkansas College of Medicine Graduate Medical Education Committee policy on Resident Supervision (GME Policy 3.100,

<http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/3.100-Supervision.pdf>), 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 fellow 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 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. The following procedure is followed to address immediate back-up support of the fellow:
 - a. The fellow or any faculty who recognizes a need for back-up support contacts supervising faculty.
 - b. Supervising faculty assists the fellow with clinical care needs. If needed, the supervising faculty enlists the assistance of other faculty to also help with clinical care needs.

ACGME program requirements specify that each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Protocol for Handovers & Transfers of Patient Care

The fellow transfers 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 includes education concerning the need for handoffs and the procedure at the beginning of each clinical service. For all ambulatory rotations, no daily transition of patient care is necessary. For the consultation liaison rotations (i.e., Inpatient Addiction Medicine Consultation, VA Consultation Liaison/Emergency Psychiatry), the fellow provides a written handoff, via email, to the on call psychiatrist for any potentially complicated cases daily. At the end of the work week, a written handoff is provided for all active patients seen by the fellow at that time to the on call psychiatrist. The on call psychiatrist is available for acute consultation needs after duty hours. For the inpatient rotation (i.e., Substance Abuse Residential Rehabilitation Treatment Program), the following hand off procedures are in place: 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.

Back Up System - When Clinical Care Exceeds Fellow's Ability

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 fellow on the service/rotations. 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.
3. Specific responsibilities for patient care are included in the written description of each service/rotation and reviewed with the fellow at the beginning of each service/rotation.
4. Rapid, reliable systems for communication with supervisory physicians are available. Attending will provide the fellow with his/her preferred contact method at the time of orientation. Attending will notify fellow of backup attending in the event of expected absences from the service.
5. The following procedure is followed to address immediate back-up support of the fellow:
 - a. The fellow or any faculty who recognizes a need for back-up support contacts supervising faculty.
 - b. Supervising faculty assists the fellow with clinical care needs. If needed, the supervising faculty enlists the assistance of other faculty to also help with clinical care needs.

Fatigue

We are committed to preventing and counteracting the potential negative effects of fatigue in this training program. The fellow generally works no more than 8-10 hours a day. They do not take call or work nights and weekends. Therefore, fellows have ample opportunity for rest between duty periods. Nevertheless, fellows are educated in the recognition of fatigue and sleep deprivation. They are also provided with a fatigue brochure (<https://gme.uams.edu/new-fatigue-brochure/>) that provides additional information about fatigue and sleep deprivation.

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 contacts 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 relieves the fellow of duty and arranges coverage if needed. The fellow or faculty reports 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 fellow should return to the education program and notifies the attending physician about these arrangements. In the event a fellow experiences recurrent problems with sleepiness/fatigue, the Program Director refers the fellow for medical evaluation.

Issues of Concern

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 fellow desires additional discussion, the fellow should follow the following procedure:

- 1) The fellow contacts either the Associate Dean for GME or a member of the Resident Council.
- 2) If the fellow 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 fellow 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 fellow may resolve the problem, and no further action is necessary.
 - c) If the fellow'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 fellow 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 fellow 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 fellow.

Fellow Participation in Non-Departmental Activities/Public Service

When engaged in non-remunerative or remunerative activities in which a fellow might be reasonably perceived by the public to represent UAMS, advance clearance from the Program Director is required.

General Information

Leave

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. Fellows are generally expected to request leave 90 days prior to their leave start date.

Sick Leave

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. When using sick leave, the fellow must 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.

Professional Leave

In addition to the annual vacation days, each fellow is allowed five (5) additional vacation days for use by the fellow at their discretion during the entirety of the fellowship period at UAMS.

Educational Leave

Fellows are allotted five (5) bonus days of leave per residency/fellowship. This can be used for conferences, interviewing for jobs, residencies, fellowships, etc.

Effect of Leave on Completion of Training

Fellow 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 fellowship program for any reason may adversely affect both the fellow'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 fellow to receive credit for the educational (or training) time. The fellow must take into account these factors when requesting extended periods of leave from the program.

ID Badges

Each house officer is furnished with an ID badge at UAMS and CAVHS.

Mailboxes

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

Pager

If a fellow is issued a pager by the Department, the fellow accepts full responsibility for the pager. If the pager is lost, the fellow 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).

CAVHS – The VA identification card serves as the card key for the physician parking lot at the Little Rock Campus. Physicians utilize open parking at the North Little Rock Campus with availability 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.

Moonlighting

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

External Moonlighting Policy

The Addiction Medicine Fellowship allows external clinical activity ("Moonlighting") in conjunction with GME policy 3.300 (https://gme.uams.edu/wp-content/uploads/sites/24/2020/02/UAMS-GME-Moonlighting-Policy_2.19.2020.pdf). External moonlighting must be done in a safe manner with the clinical and educational needs of training remaining the priority. The fellowship has the following additions/clarifications:

1. A fellow must be in good standing within the program in order to engage in external clinical activity. This includes:
 - a. All documentation and certification requirements are up to date.
 - b. All UAMS health and safety requirements complete (e.g., TB testing, proof of vaccination).
 - c. The fellow is free of UAMS disciplinary actions or fellowship program probation restrictions.
2. As per GME policy, the fellow who wishes to engage in external clinical activity is responsible for obtaining/maintaining licensing, DEA registration, insurance, and credentialing independent of the UAMS institution.
3. It is the responsibility of the fellow to identify, apply for, and maintain external clinical opportunities. The Addiction Medicine Fellowship will not arrange or coordinate external clinical opportunities or external call shifts. Similarly, this fellowship bears no responsibility for arranging emergency coverage for a fellow who is unable to fulfill scheduled external clinical responsibilities.

4. It is the responsibility of the fellow to complete/maintain all necessary certification and documentation to obtain/maintain credentialing at external clinical sites. Fellowship staff will not complete, fax, or mail paperwork on behalf of the fellow. In the case of paperwork that must be filled out by the Program Director or Program Coordinator specifically (e.g. statements of clinical ability, verification of enrollment in the fellowship), the office will have at least 10 business days to complete such documentation.
5. The fellow is required to specifically document all external duty hours. External duty hours must remain in compliance with all ACGME duty hour requirements.
6. Any fellow seeking approval for external clinical activity will need to demonstrate that the activity will not overlap with any fellowship-assigned clinical work and didactics. This includes the following restrictions:
 - a. The fellow cannot engage in external clinical work during any time during scheduled Fellowship-assigned clinical/didactic responsibilities. This absolutely includes weekday business hours.
 - b. The fellow may not engage in external clinical activities during “lunch breaks” or any other point in the regular workday. Note that there is no expectation that weekday work will cease by 5PM. It is reasonable to expect the fellow to work later (within duty hours) based on the service demands of a rotation. Therefore, the fellow is discouraged from scheduling external clinical work at any time that could overlap with reasonable expectations of a fellowship-assigned clinical shift.
 - c. At no time will a fellow be excused from any fellowship-assigned responsibilities due to the need to get to any external clinical activity.
7. Because outpatient clinics can have unexpected clinical demands in the form of emergency calls and medication refill needs, any outpatient clinical experiences need to be demonstrated to be clearly limited to off-hours. This means that the fellow will need to demonstrate that another clinician is responsible for both emergency and non-emergent phone calls during regular hours. Instructing patients to contact an ED, triage nurse, or answering service is not sufficient to meet this requirement.
8. The fellow may not engage in clinical activities which are outside their scope of practice.
9. The Clinical Competency Committee has the ability to limit authorization for external clinical activity at a specific clinical site if that site is felt to represent a dangerous clinical or legal situation for a fellow. Indicators of such risk include (but are not limited to):
 - a. History of multiple malpractice lawsuits involving one or more fellows at that site.
 - b. Clinical demands in excess of the normal standards of practice or staffing practices that are inadequate for a safe clinical environment.
 - c. Compelling evidence that the clinical supervisor, or the overall culture of practice at the clinical site, is engaging in unethical/illegal clinical or business practice (e.g. billing fraud, selling prescriptions) or dangerously out of compliance with state or national requirements.

10. The fellow is required to report to their supervisor and the program director when clinical and business conflicts of interest arise during fellowship-related clinical work. These may include (but are not limited to):
 - a. When a fellow is established as a treating clinician for a patient in both fellowship-related and external clinical practices.
 - b. Double-agency (when decisions made during residency-related work may positively or negatively impact an external clinical entity to which the fellow is beholden). This includes referrals of patients from the fellowship-based clinical system over to a moonlighting practice.
11. Failure to remain in compliance with these regulations and the GME policy on moonlighting will result in suspension of authorization for continuing external clinical activities. Any fellow who fails to comply with instruction to cease external clinical activities as directed will be subject to dismissal from the program.

To demonstrate these requirements are met, any external clinical experience must be approved by completing the External Clinical Activity Authorization form (see Appendix). External clinical work cannot be initiated until this form is complete and signed by both the fellow and the Program Director.

Website

The Department of Psychiatry website is <http://psychiatry.uams.edu/>. This site contains information on department faculty, general fellowship program, calendar of events, and other items of interest. The Addiction Medicine Fellowship Program website is <https://psychiatry.uams.edu/education/fellowship-training-in-psychiatry/addiction-medicine-fellowship/>. This site contains information on our faculty, fellowship program, calendar of events, and other items of interest.

Request For Approval of External Supplemental Clinical Activity (Moonlighting)

Fellow Name: _____

External Clinical Site

Name: _____

Address: _____

Phone: _____

Medical Malpractice

Policy Number: _____

Agent name and contact information: _____

Arkansas State License Number: _____

D.E.A. number: _____

Job Description (please include details regarding inpatient vs. outpatient, type of client, type of practice, job duties, supervisor if applicable, etc): _____

Anticipated average weekly hours (Maximum of 10):

I have read and understand both the Addiction Medicine Fellowship External Moonlighting Policy and the Office of GME External Moonlighting Policy (GME Policy 3.300).

I will ensure that this activity will not interfere with my scheduled fellowship clinical duties nor my call shifts.

The fellow's performance will be monitored for the effect of moonlighting activities upon performance and adverse effects may lead to withdrawal of permission.

Signature of Fellow: _____ Date _____

Approving Signature of Program Director: _____ Date _____

Shona Ray-Griffith, MD

Department Business Administrator:

Name _____ Signature _____ Date _____

Department Chair:

Name _____ Signature _____ Date _____

GME Office will obtain signatures below

Associate Dean for GME:

Name _____ Signature _____ Date _____

Associate Executive Dean for Education:

Name _____ Signature _____ Date _____