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i. Introduction/Explanation of the Manual

This Addiction Psychiatry Program and Procedure Manual (PPPM) is referenced in your Residency/Fellowship Agreement with the University of Minnesota. This manual describes the policies, procedures and information that apply to you in your role as a trainee. Trainees are responsible for familiarizing themselves and adhering to the policies and guidelines contained in this manual. All information outlined in this manual is subject to periodic review and change. Revisions may occur at the program, medical school, or University of Minnesota level. The information contained in this PPPM pertains to all fellows in the department’s programs.

Institution Responsibilities


The Institutional Manual contains residency/fellowship policies, information and procedures that apply to all residents/fellows throughout the University of Minnesota Medical School. All materials are intended to be written in accordance with the Accreditation Council for Graduate Medical Education. Please note that the Institutional Manual and the PPPM are designed to work together. Information contained in the Institutional Manual is not replicated in the PPPM, though the latter might refer to the Institutional Manual for clarification. Please note that should information in the PPPM conflict with the Institutional Manual, the Institutional Manual takes precedence.

ii. Department Mission Statement

The mission of the Department of Psychiatry is to educate University of Minnesota medical students, residents and fellows in the knowledge, skills and attitudes essential to the practice of psychiatry, to advance our understanding of the etiology, diagnosis and treatment of psychiatric disorders, and to serve residents of Minnesota through clinical expertise.

iii. Program Mission Statement

The goal of our fellowship training program is to impart the knowledge, skills and attitudes required of an addiction psychiatrist to sensitively meet the needs of our patients and the various disciplines we serve. Effective psychiatric practice requires a thorough grounding in both knowledge and clinical skills. Fellows are encouraged to critically examine contemporary assumptions about the causes of behavior, as well as methods of diagnosis and treatment. The University of Minnesota offers an opportunity to study with a knowledgeable faculty dedicated to excellence in clinical psychiatry, education, and research.

As teachers, our faculty members are committed to a training program which directly links psychiatry to medicine yet emphasizes the unique features of psychiatry. Our fellowship program stresses integration of the genetic, experiential, and ecological factors relevant to all disorders. This orientation is one in which established theories and empirical studies are presented and critically reexamined in the light of new data and ideas. Throughout the training program, our central aim is to impart the knowledge, skills, and attitudes through the care and study of patients while under the close supervision of faculty.

iv. RRC Program Definition

Addiction psychiatry focuses on the prevention, evaluation, and treatment of substance-related disorders as well as related education and research. The addiction psychiatrist is proficient in techniques required in the treatment of the larger group of patients with dual diagnoses of addictive disorders and other psychiatric disorders.

Please refer to the Institution Policy Manual located on the GME website at:

for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.
SECTION 1 - STUDENT SERVICES

1.A University Pagers
Upon entering the Fellowship Program, pagers are obtained from the Coordinator after the appropriate paper work is completed. All pagers must be returned to the Fellowship Coordinator’s Office when the training period has been completed.

1.B E-Mail and Internet Access
Fellows should expect to use both a VA and University email address. The VA email address is automatically set up for the fellow, but e-mail addresses at the University are not activated until initiation of the account with a password. This is completed at www.umn.edu/validate. It is expected that fellows will check their VA and University e-mail account daily during the workweek.

1.C HIPAA Training
The Health Information Portability and Accountability Act (HIPAA) training occurs during orientation. Protected health information (PHI) is information that can be used to identify an individual. It is created when a person has seen a healthcare professional, been treated by one, or paid for health services. It can be spoken, on paper, or electronic. It is protected wherever the information is created or received. Under the federal Health Information Portability and Accountability Act (HIPAA), only the minimum information necessary for a specific purpose should be used or disclosed.

1.D VA Credentialing
Prior to starting at the VA, the fellow will receive an application package from the program coordinator of five items that need to be filled out and signed. In addition, future fellows will need to be fingerprinted at the VA and register in the Talent Management System (TMS) to complete a few online courses prior to starting. All items and fingerprints should be completed a month prior to the fellow’s start date and verified as being complete in the fellow’s RMS checklist.

SECTION 2 - BENEFITS

2.A Stipends
Effective July 1, 2016, for Fellows in the Department of Psychiatry, stipends are as noted below. Paychecks are biweekly. Pay statements are available on-line through the Employee/Staff self-serve website (http://www.hrss.umn.edu/).

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>BASE STIPEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>$61,466</td>
</tr>
</tbody>
</table>

2.B Tuition and Fees
University of Minnesota Tuition and fees are waived.

2.C Leave Policies
According to Fellow Review Committee Requirements, prior to entry into the program each fellow must be notified in writing of the required length of training. This length of training for a particular fellow may not be changed without mutual agreement, unless there is an extended leave of absence from the program. The length of the Addiction Psychiatry training program is 12 months.

The Fellowship Director or designee must approve all time away (e.g. leave) from the Fellowship Program in writing. The fellow should submit any leave requests to the Program Director/Coordinator as early as possible to allow flexibility in planning. In order to ensure ABPN eligibility, the program director will determine if sufficient time has been spent in a given rotation in order to sufficiently meet an ABPN requirement. Leave time may not be used to reduce the length of training.
Requests for vacation should be submitted at least 30 days in advance to the Program Director and Coordinator.

Vacation requests submitted inside of 30 days may not be approved.

Vacation leave is earned each year in the amounts shown above and must be taken in the year of service (July to June). Any vacation time that is not used at the end of each academic year will be lost and will not be paid out. A fellow does not have the option of reducing the total time required for the fellowship by foregoing vacation time. No vacation is normally granted during the first or last week of the academic year. Vacation requests should be submitted at least 30 days in advance. Vacation requests submitted inside of 30 days may be denied.

- No more than two (2) consecutive weeks of vacation will be granted unless approved by Fellowship Director.
- No more than five (5) days of vacation will be granted away from a required rotation that lasts in its entirety one month.
- When more than 5 days of vacation are planned on a specific service the fellow is encouraged to consult with the attending as far in advance as possible.
- The Program Director may deny/revoke vacation or conference requests if extenuating circumstances occur which would significantly impact psychiatric care.

Vacation must be approved by the Program Director and will be recorded and reconciled by the Fellowship Coordinator. The rotation supervisor(s) will be notified as soon as possible by the Coordinator. Although the rotation supervisor(s) does not need to approve the request unless 30 days (non UMP) or 60 days (UMP) notice is not given, fellows are encouraged to notify the attending ASAP as a courtesy. Vacation requests are prioritized according to when the written request is submitted to the Program Coordinator.

(2) Bereavement Leave
A fellow (trainee) shall be granted, upon request to the program director, up to 5 days off to attend the funeral of an immediate family member. Sick or vacation leave must be used. Immediate family include partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

(3) Parental Leave
In accordance with University of Minnesota Human Resources policies, maternity leave shall be granted upon request up to 4-6 weeks, depending on the nature of the birth. Compensation is provided through short-term disability benefits. Paternity leave shall be granted upon request up to fourteen (14) consecutive days. Adoption leave shall be granted upon request up is fourteen (14) consecutive days. Sick and vacation days may be used consecutively and concurrently with parental leave, compensated at the usual stipend rate. Any time away from training used to extend parental leave must be approved by the program director, will be
unpaid, and residency training will be extended according to the ‘time away from training’ policy. In the case that two or more parental leaves are requested over the course residency training, all additional parental leave periods will extend residency training commensurate with the amount of time away from training during subsequent occurrences. Due to the significant administrative toll associated with parental leave plan revisions, subsequent changes must be due to notable circumstances and must be discussed and approved by the program director.

(4) Medical Leave
The resident must give notice, in writing, of intent to use medical leave to their program director at least four (4) weeks in advance, except under unusual circumstances. A trainee shall be granted, upon request to the program director, a leave of absence for their serious illness/injury that requires an absence of greater than 14 days. The trainee may qualify for Short Term and Long Term Disability benefits. The University of Minnesota UReturn Office will serve as an intermediary for all medical and disability related issues to protect the privacy of the resident. Time away from training not covered by sick or vacation leave will extend residency training in accordance with the ‘time away from training policy’.

(5) Family Medical Leave Act (FMLA)
Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA) protections after serving 12 months in the program. Trainees must check with their department/program to determine if they qualify. FMLA Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). The trainee may qualify for Short Term and Long Term Disability benefits.

(6) Holidays
When on VA and University (UMMC) based services, the holiday schedule at that site will govern.

(7) Witness Duty
Upon request to the program director, leave is provided to fellows (trainees) who are subpoenaed to testify before a court or legislative committee concerning the University, the federal or state government. No pay loss is incurred.

(8) Jury Duty
Upon request to the program director, leave is provided to fellows who are called to serve on a jury. No pay loss is incurred. The training program and the trainee may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the trainee and the program. The decision for deferment is made by the court.

(9) Military Leave
Military leave shall be granted upon request up to fifteen (15) workdays per academic year.

(10) Personal Leave of Absence
Emergency leave or other personal leave of absences may be authorized by arrangement with the program director, should it be in the best interest of the University, the Program, and the resident/fellow. An emergency or personal leave of absence will extend residency training in accordance with the ‘time away from training’ policy.

(11) Professional and Conference Leave
All trainees accrue 5 workdays of Conference Leave per year, no rollover. Request should be submitted to the Fellowship director ASAP or no less than 30 days. One fellow shall be designated to cover clinical issues. Title of conference, location and scheduled hours will be requested. If less than 30 days notice the service attending must approve. A conference is defined as an organized presentation designed to enhance professional development that
lasts at least five hours in a day including travel time. Conference time is not granted for self study or for board prep courses unless authorized by the program director.

Conference leave can be used for up to 3 days for study preparation for board exams.

(12) Sick Leave
Sick leave shall be granted upon request for up to 15 workdays per year. Sick leave is not cumulative. The minimum unit of sick leave is half-day increments.

(13) Unscheduled Leave

UNSCHEDULED LEAVE POLICY

Please email <jay.stephenson@va.gov> ASAP if you are unable to attend non-call related program assignments during normal weekday work hours. The program coordinator’s office will contact whomever the fellow indicates in their e-mail. If you prefer to notify off-site contacts, indicate in the e-mail that you have already notified them.

In the title box, put the following - first name, last name and the word OUT

Sample – John Doe OUT

Include the following:

- Explain the problem
- When you expect to return
- Whether you will manage outpatient tasks from off site
- How to best reach you
- Persons you want specifically contacted

This procedure is NOT for issues involving emergencies. These need to be managed in context by consulting peers, the chief or designated faculty on call.

2.D Policy on Effect of Leave for Satisfying Completion of Program
ACGME guidelines require 12 months of fellowship training in addiction psychiatry. In addition, they stipulate that specific periods of time be spent engaged in defined clinical activities. The duration of training can be extended to complete program requirements missed because of leave or failure for academic reasons.

2.E Medical Coverage: HealthPartners Fellows and Fellows Health Plan
HealthPartners provides the health plan network and claims administration services for University of Minnesota Medical School residents and fellows. HealthPartners gives members access to 650,000 healthcare providers and 6,500 hospitals across the United States. You will have a choice of two plans, Basic or Basic Plus. All trainees are required to enroll in one of the two plans for at least single coverage, or provide documentation of other comparable health benefit coverage. Medical School fellows who enroll in the University-sponsored HealthPartners plan (and enrolled dependents) are automatically eligible for Continuation of coverage through COBRA at the end of their fellowship. This benefit is administered by the Office of Student Health Benefits.
2.F Dental Coverage: *Delta Dental*
Delta Dental of MN provides dental network and claims administration services for University of Minnesota Medical School residents and fellows. Delta Dental members have access to both PPO and Premier providers. Medical School fellows who enroll in the University-sponsored Delta Dental plan (and enrolled dependents) are automatically eligible for continuation of care through COBRA at the end of their residency or fellowship. This benefit is administered by the Office of Student Health Benefits.

2.G Life Insurance: *Minnesota Life*
Medical School residents and fellows are automatically enrolled in a $50,000 standard life Minnesota Life insurance policy. Enrollment is no cost to Medical School fellows (the cost is covered by your department). In addition to the standard plan, trainees have the option to purchase voluntary life insurance for themselves or their dependents at low group rates through Minnesota Life. Medical School fellows are automatically eligible for continuation of life insurance coverage through COBRA at the end of their fellowship. This benefit is administered by the Office of Student Health Benefits.

2.H Long and Short Term Disability Coverage: *Guardian Life Insurance Company*
Medical School residents and fellows are automatically enrolled in a long and short term disability insurance policy. Short-term disability insurance provides you with income protection of 70% of your income up to $1,000 weekly benefit maximum when an injury, sickness, or pregnancy results in your continuous disability. Benefits are paid from the 15th day of a disability after a 14-day waiting period. The maximum duration of short-term disability benefits is 11 weeks. Long-term disability insurance provides you with income protection of 80% of your income up to $5,000 monthly benefit maximum if you are continuously disabled for more than 90 days. Coverage continues as long as you are certified disabled by Guardian. The maximum period that you are eligible to receive benefits is up to your Social Security normal retirement age.

2.I Optional Individual Disability Policy
The University of Minnesota offers a Guaranteed Standard Issue (GSI) plan from Foster Klima. This plan allows you to convert the group disability insurance you had as a resident or fellow to an individual disability policy, regardless of any pre-existing medical conditions. Under this plan, residents/fellows could receive benefits of up to $10,000 per month if one becomes disabled. The cost of individual coverage is guaranteed for the life of the policy. Cost of living protection can be added to your coverage (additional premium applies). Retirement assets would be protected. This individual coverage is fully portable, meaning it goes with after leaving the University. Residents/fellows may optionally enroll in the GSI plan at any time during residency or fellowship and up to six months after completion of training.

Enrollment is no cost to Medical School residents and fellows (the cost is covered by your department). Guardian offers Medical School residents and fellows up to $10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a resident. Guardian also offers a unique Guaranteed Standard Issue Plan option. Residents and fellows have the options to purchase long term disability coverage that you can take with you upon completion of your residency/fellowship regardless of any pre-existing medical conditions—25-30 percent of residents and fellows would not otherwise qualify for this type of coverage due to pre-existing medical conditions. This benefit is administered by the Office of Student Health Benefits (http://shb.umn.edu/health-plans/rfi)

2.J Flexible Spending Accounts
Medical School residents and fellows are eligible to participate in two types of Flexible Spending Accounts (FSAs), the U of M Health Care Reimbursement Account and the Dependent Care Reimbursement Account. Both programs allow you...
to pay for related expenses using pre-tax dollars. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).

2.K Professional Liability Coverage

Professional liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINO Limited. Coverage limits are $1,000,000 each claim/$3,000,000 each occurrence and form of insurance is claims made. “Tail” coverage is automatically provided. The policy number is RUM-1005-14. Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence. Professional Liability Insurance Information: https://sites.google.com/a/umn.edu/medcred/

2.L Insurance Coverage Changes

The Office of Student Health Benefits manages resident and fellow benefits including insurance coverage changes and pre-tax benefits (http://www.shb.umn.edu/).

2.M Meal Tickets/Food Services

Residents and Fellows who are on-call for a service and are required to remain in the hospital are eligible to receive complimentary evening and morning meals (noon meals on weekends) in the hospital cafeterias. A swipe card will be provided to residents serving this function. In addition, residents/fellows may receive complimentary meals when special scheduling requires their presence beyond the normal duty hours, based on the following criteria:

1. The breakfast meal, when called into the hospital after hours and remaining in the hospital overnight.
2. Other exceptional circumstances when a program deems complimentary meals as an integral component of education and practice, upon request to UMMC.

2.N Worker’s Compensation Program Specific Policies and Procedures

Worker’s Compensation is available through the department. See the program coordinator for assistance.

2.O Parking

Fellows can park in the VA’s employee lot after obtaining a sticker from VA police or in the overflow lot. At UMMC, the fellow will pay a $25 refundable deposit for a parking card that gives them access to the Riverside Campus Parking Ramps.

2.P Resident Assistant Program

The Metro Minnesota Council on Graduate Medical Education has contracted with an agency called the Sand Creek Group to provide the Resident Assistance Program (RAP). It is an employee assistance program designed specifically for residents. Sand Creek’s counselors have particular expertise in dealing with the unique needs of individuals in their residency training programs. By contacting this program, residents will receive help in addressing issues of concern and find options for achieving resolution. RAP is for trainees and family members, faculty, attending physicians; department heads and supervisors who need help in dealing with resident-related concerns.

Sand Creek

www.sandcreekeap.com
SECTION 3 - Institution Responsibilities
Please refer to the Institution Manual for Institution Responsibilities at
SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

4. A Grievance Procedure and Due Process
The following is an outline of the general scheme proposed for the resolution of grievances which may arise within the fellowship program. Detail and clarification must be added as the various elements of these proposals are accepted or rejected or replaced with alternatives. These guidelines or policies are confined to the process within the Department of Psychiatry with the assumption that appeal of the final action or decision coming from the intradepartmental process will remain a viable option once the departmental grievance process has been completed.

(1) Principles
-Definition of the legitimate areas of disagreement to be covered by these procedures.
-Provision of ascending levels of recourse with potential for final resolution of the conflict at each of these levels without prejudice to any rights of the involved individuals.
-Adherence to the principles of due process, academic freedom and fairness.
-Processes to be readily available and expeditiously executed.
-Inclusion of a system of advocacy.
-Process to be fully documented.

(2) Grievance Committee for the Psychiatry Fellowship Program
-The committee is ad hoc, appointed by the head of the department with representation of faculty, and affiliated hospital if pertinent, and one or all of two program level ranks of the fellowship program as well as chief fellow as appropriate.
-All actions of this committee are considered advisory to the head of the Department of Psychiatry.
-All actions of this committee are by a simple majority vote with a quorum present. A quorum consists of one-half of all the named members of the committee, plus one.

(3) Areas of Potential Grievance Covered by these Guidelines
The areas of possible grievance to be resolved by the following procedures will include, but not be limited to, the following:
-Evaluation of fellow performance by the faculty.
-Assignment or definition of house staff duties.
-Interpretation and implementation of other policies and guidelines, such as those included in this document.
- Fellow-resident conflicts.
- Fellow-fellow conflicts.
- Fellow-faculty conflicts.

(4) Potential Parties to the Process:
- Principals in the complaint.
- Mentors, as advisors and advocates.
- Grievance committee.
- Department head and/or a designee.

(5) Grievance Resolution Process
As defined here, resolution will be considered an outcome deemed acceptable to the principals to the complaint. When resolution is reached, no further steps in the process will be taken and the matter will be considered closed. This policy assumes that any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the intradepartmental decision to extra-departmental grievance procedures.
Steps in the process:
(i) Review of complaint with mentor or other ad hoc advisor.  
**Outcome:** resolved OR taken to step (ii)
(ii) Informal discussion with other persons deemed appropriate by parties to the complaint.  
**Outcome:** resolved OR taken to step (iii)
(iii) Formulation of a formal written complaint.
(iv) Forwarding of complaint to the grievance committee, with copies to principals to the complaint and to the head of the department.
(v) Committee review of the complaint with consultation and written minutes, but without tape recording.  
**Outcome:** resolved with report to the head of the department OR taken to step vi
(vi) Department head reviews the grievance committee actions and recommendations and then advises the parties to the complaint of his decision as to the dispensation of the complaint action.  
**Outcome:** resolved OR taken to step (vii)
(vii) Appeal to the Medical School and the appropriate extra-departmental grievance process.
SECTION 5 - GENERAL POLICIES AND PROCEDURES

Educational Program Objectives
University of Minnesota Medical School

Graduates of the University of Minnesota Medical School should be able to:

These objectives are written to reflect the qualities and competencies expected of our graduates. Each objective specifies the expected competency level to be attained by our students, the outcome measures used to evaluate attainment of the objective, and the essential qualities and competencies of a physician (as defined by the six ACGME Essential Competencies) addressed by the objective. The Accreditation Council for Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. They are:

**Patient Care and Procedural Skills** 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. Fellows must demonstrate proficiency in evaluating and treating patients with primary substance-related disorders, and their families; medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic substance-related disorders, including acute intoxication and overdose; psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include affective disorders, psychotic disorders, organic disorders, personality disorders, anxiety disorders, as well as patients suffering from medical conditions commonly associated with substance-related disorders including hepatitis and HIV/AIDS; and, medication-dependent patients with chronic medical disorders/conditions, including patients with chronic pain. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

**Medical Knowledge** Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate proficiency in their knowledge of the use of all the major categories of substances, as well as knowledge of the types of treatment required for each. Fellows must demonstrate knowledge of signs of withdrawal from these major categories of substances, knowledge, and experience with the range of options for treatment of the withdrawal syndromes, and knowledge of the complications commonly associated with such withdrawal; signs and symptoms of overdose, including the medical and psychiatric sequelae of overdose, and treatment of overdose; the social and psychological problems and the medical and psychiatric disorders which often accompany the chronic use of the major categories of substances; the special problems of the pregnant woman with substance-related disorders and of the babies born to these women; family systems and dynamics relevant to the etiology, diagnosis, and treatment of substance-related disorders; American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power; and the genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance-related disorders.

**Practice-Based Learning and Improvement** Fellows are expected to develop skills and habits to be able to meet the following goals: Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; This must include the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of substance-related disorders; Critically analyze research reports, as presented in journal clubs and seminars, and, demonstrate administrative and teaching skills in the subspecialty, including teaching and supervising residents, medical students, and/or other allied health professionals, in the care of patients with substance-related disorders.

**Interpersonal and Communication Skills** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows must work collaboratively with specialists in the treatment of addiction in the emergency
department and intensive care units in the diagnosis and management of acute overdose symptoms. Fellows must work collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologist, nurse practitioners, counselors, pharmacists, and others who participate in the care of patients with substance-related disorders. Fellows must work effectively with multidisciplinary teams as a consultant and as a team leader, including integrating recommendations and decisions from consulting medical specialists and other professionals in related health disciplines. Fellows must demonstrate competence in interviewing socioculturally-diverse patients and family in an effective manner which may include those with limited English proficiency, health literacy, vision/sign, and hearing.

**Professionalism**  Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows must demonstrate sensitivity and responsiveness to diverse patients, including but not limited to sex, age, culture, race, religion, disabilities, and sexual orientation. Fellows must demonstrate competence in recognizing and appropriately addressing biases in themselves, others, and the health care delivery system.

**Systems-Based Practice**  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. Fellows must incorporate considerations of cost awareness and risk-benefit analysis in providing psychiatric and other health care services to patients with substance-related disorder. Fellows must incorporate quality assurance measures when treating substance-related disorders.

5.A Goals and Objectives

**GOALS:**

The educational aims of the Addiction Psychiatry Fellowship are to develop the psychiatrist’s clinical skills, judgment, and knowledge in the assessment, prevention, and treatment of persons with substance use disorders and substance-related health complications; as well as recognize and treat persons with dual diagnoses of addictive disorders and other psychiatric disorders. The program stresses multidisciplinary and cross-medical disciplinary interactions that promote the efficient and effective management of these patients in both hospital and ambulatory care settings. Particular emphasis is placed on appropriate level of care and continuum of care treatment decisions that adhere to evidenced-based outcomes for substance use disorders. Training focuses on the integration of somatic, pharmacologic and psychotherapeutic approaches with goals of restoration of function, stabilization or prevention of deterioration. Fellows are encouraged to become leaders and teachers in the field of addiction practice and research. Upon completion addiction psychiatrists will have a working knowledge of the addiction literature and the current controversies contained therein as well as the ability to critically review and understand the applicability of the published addiction research.

**OBJECTIVES:**

After participating in the various clinical rotations at multiple locations and exposure to diverse patient populations in age, gender, ethnicity and socio-economic status, the PGY5 resident should be able to:

1. Make accurate diagnoses of substance use disorders as well comorbid psychiatric and medical conditions.
2. Perform a comprehensive assessment involving medical, psychological, psychosocial, familial and neuro-psychiatric components.
3. Recognize, assess and manage intoxication, overdose and withdrawal signs and symptoms in all major categories of substances of abuse.
4. Demonstrate knowledge of the basic neurobiology of addiction, genetic predisposition and underlying risk factors and vulnerabilities.
5. Select and interpret laboratory and other diagnostic tests that aid in the diagnosis of addictions and related medical and psychiatric complications.
6. Develop consultation/liaison skills to medical/surgical/physical rehabilitation patients in emergency departments and acute care hospitals as well as chronic care settings.
7. Demonstrate comprehensive treatment planning and implementation of clinical care across the continuum selecting the most appropriate intervention therapies including pharmacotherapy, cognitive behavioral 12 step facilitated and motivation enhancement therapies and collaboration with multidisciplinary treatment teams.
8. Maintain a scholarly interest in and knowledge of the current research activity in Addictions.
9. Develop teaching skills with medical students and resident in Medicine, Psychiatry and Family Practice and other health care professional and present on an Addiction related topic at Hospital Grand Rounds.

Progressive Responsibility for Patient Management

While fellows are gradually given more responsibility as they progress through the program, at all times final responsibility for the case rests with the faculty. All reports must carry an attending name and electronic signature, which signifies that the attending has verified the findings and assessment. The Program Director ensures, directs and documents adequate supervision of fellows at all times. Fellows are supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.

Fellows evaluate the patient and present each case to the attending physician throughout the year of their fellowship. As they progress, fellows are given more responsibility. In the ambulatory setting, they continue to check out all patients with the attending, but give a full presentation only of problem cases as their competency increases.

<table>
<thead>
<tr>
<th>Function/activity</th>
<th>Level of responsibility/independence by proficiency level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beginning</td>
</tr>
<tr>
<td>Clinical data collection</td>
<td>independent, with staff supplementation</td>
</tr>
<tr>
<td>Formulation of clinical assessments/plans</td>
<td>jointly with staff</td>
</tr>
<tr>
<td>Communication of recommendations to 1 teams/ referring MDs</td>
<td>after discussion with staff</td>
</tr>
<tr>
<td>Case conference preparation</td>
<td>jointly with staff</td>
</tr>
<tr>
<td>Supervision of students/ residents</td>
<td>jointly with staff</td>
</tr>
<tr>
<td>Research</td>
<td>directed background reading, tutored skill development</td>
</tr>
</tbody>
</table>

Evaluation of Fellow Performance on Clinical Rotations: Formative evaluation of fellow performance will be provided by the supervising staff psychiatrist at each encounter. Although this may be only verbal feedback, supervising staff are encouraged to make notes of supervision and evaluation for inclusion in the fellows’ file. The addiction psychiatry training director will provide official formative evaluation at least once during the first six months of the fellowship (semi-annual evaluation).

The semi-annual evaluation will address fellow performance in the categories of:

- Patient care
- Medical knowledge
- Practice based learning
- Interpersonal and communication skills
- Professionalism
• Systems based practice

The training director will make use of direct supervision, comments of other supervising faculty and staff, reports from patients, and/or results of cognitive examinations (quizzes) in assessing the fellows’ competence.

Multiple Rater Assessment of Fellow Performance: The training program will gather data from other providers (psychotherapists, case workers) and ancillary staff on fellow performance and professionalism. This data will be reviewed by the program director and results presented in aggregate to the fellow during semi-annual reviews.

Final Performance Evaluation: A final summative evaluation of fellows’ competence will address:

• Knowledge of abnormal behavior and psychiatric illness that occur among medical, neurological, obstetrics-gynecology, and surgical patients
• Knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases
• Ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients
• Understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system
• Ability to provide consultation in medical and surgical settings
• Facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals
• Ability to effectively supervise medical students and residents performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness
• Participation in the development of new knowledge, evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry
• Knowledge of the organizational and administrative skills needed to finance, staff, and addiction psychiatry service.

Duty Hours: A full-time equivalent for addiction psychiatry fellows is 50 hours per week. Addiction psychiatry fellows will not have in-house call responsibilities, but may moonlight as the VA POD, as long as the moonlighting does not interfere with fellowship responsibilities and does not cause the fellow to have either more than 80 hours per week in the hospital or to be on duty more than 24 consecutive hours. The psychosomatic medicine training director must approve requests for moonlighting and will monitor duty hours for compliance with ACGME requirements.

5.B ACGME Competencies
The psychiatry fellowship program adheres to the general competencies to assess fellow progress. Goals, objectives and observations by supervisors are organized according to the six areas of competency. The six competencies are:
- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

5.C Duty Hours
The Psychiatry Fellowship Program at the University of Minnesota is committed to insuring that all fellows are compliant with the most recent [Common Program Requirements – Effective: July 1, 2011] duty hour requirements set forth by the ACGME as well as the Faculty Education Advisory Committee (FEAC). Importantly these guidelines require that external moonlighting be counted in terms of the 80 hour rule.

The standard workday is 8am to 5pm. There is no overnight or weekend call.
All fellows are required to use the Residency Management Suite (RMS) to update their assignments and hours in the duty hours module for all training related activities, including external moonlighting, in a timely manner. Compliance is considered a part of professional competence.

Program compliance with duty hour requirements will be monitored using the following methods:

1. Annual University of Minnesota Graduate Medical Education Committee survey of duty hours. Violations identified for a specific month require a written response to the GMEC explaining the violation and the measures to be taken to correct the area of non-compliance.

2. Annual ACGME Fellow Survey generates confidential reports from fellows regarding duty hour compliance. Violations identified by this process require a written response to the GMEC.

3. RMS Duty Hour Violation Reports will be generated by the Program Coordinator for review by the Program Director. These reports with annotation by the Program Director will be maintained as a continuous log in the coordinator’s office.

Violations of these guidelines will be reported to the file and may result in a report of a negative event to the fellow’s permanent academic file.

This policy is consistent with the Institutional Policy Manual of the University of Minnesota Graduate Education Committee.

5.D On Call Schedules
Fellows in the PGY3 and 4 years do not provide call coverage. Internal and external moonlighting must be approved by the Program Director and logged on RMS. Moonlighting commitments cannot lead to duty hour violations or interfere with training activities. The Program Director receives a comprehensive written report of all duty hour violations for each 4-week rotation period and determines the cause and solution for each violation.

5.E On Call Rooms
Addiction Fellows do not provide call coverage so there is no on-call room for them.

5.F Support Services
There are no dedicated secretarial services available to fellows. There are computers available with software to support most needs. For projects that may require additional support, please see the Psychiatry Fellowship Coordinator.

5.G Laboratory/Pathology/Radiology Services
There are in-hospital laboratory, pathology and radiology services available for patient care. The lab is open 24-hours a day.

5.H Medical Records
Fellows will be trained in using CPRS at the VA and the Electronic Medical Record at UMMC for inpatient and outpatient activities. Medical records may be accessed 24 hours a day through the electronic medical record.

5.I Security and Safety
UMMC and the VA have in-house security staff. At the VA, each office should have a panic button and the option to dial 1-9-1-1 for emergency services. At UMMC, campus Courtesy phones located throughout the campus can be used to report emergencies or to request assistance. Dial 9-1-1 or 888 for security. To reach Campus Police dial-6000. Escort service is also available 24-hours a day on the Riverside Campus by dialing 612-273-4544.
The Fellowship Program acknowledges the utmost importance of promoting a safe and healthy training environment with the goals of minimizing the risk of injury in training, providing procedures to report unsafe training conditions, and providing mechanisms to take corrective action.

Psychiatry fellows undergo safety training as part of their orientation, including techniques to de-escalate anger and aggression. All psychiatry fellows’ experiences of verbal threats, physical intimidation, and physical assault by patients are monitored and reported to the Training Office. In case of an assault:

1. The psychiatry fellow notifies their primary attending at the appropriate training site.
2. The primary attending works with the psychiatry fellow to decide if a medical evaluation is indicated. At that time a decision is made whether the fellow should continue with their duties or be discharged for the remainder of the day or call.
3. The primary attending then notifies: the Vice Chair for Clinical Affairs, the program chief fellow and the training director.
4. The chief of clinical service considers an alternative disposition and/or provider for the patient who initiated the threat or assault. The patient is assessed for continuous dangerousness.
5. The training program immediately assesses the fellow’s needs following an assault (with more serious events requiring a more prompt response). The training program in collaboration with the fellow will assess whether ongoing supervision with a chosen supervisor or a referral for psychiatric evaluation and/or care is indicated. In addition, the training director with the chief fellow may determine whether provision of debriefing and support for all fellows in the program is indicated.
6. The training program coordinates administrative issues that may arise such as scheduling time off or changing the call schedule. The training office checks that these procedures have been followed and addressed, so that the burden is removed from the fellow.

5.J Moonlighting
According to RRC Guidelines the fellowship program should not allow activities outside the program that interfere with education, clinical performance, or clinical patient care responsibilities related to training. Such activities would include all moonlighting [both internal and external, whether on site or home call] commitments. Accordingly, fellows will provide accurate information about such activities and will obtain approval from the program prior to engaging in moonlighting.

A form must be completed and approved prior to initiation of a moonlighting activity and should be resubmitted if the maximal number of hours per 4 week period changes. One form should be submitted for each moonlighting site. Moonlighting activities should not overlap with training activities or schedules [i.e. involve clinical responsibilities (clinical phone calls) during normal work hours]. They should not take the fellow away from service duties during normal work hours. Normal work hours are defined as 8am – 5pm Monday through Friday excluding vacations and holidays.]

Internal moonlighting is an activity involving patient care responsibilities of any sort (research or clinical) for which trainees are paid that takes place at a training site of the program [UMMC- Fairview, PrairieCare – Edina, and PrairieCare – Maple Grove].

External moonlighting is patient care activity for which you are paid at a non-training site for this program. All moonlighting, internal and external, in-house or home call must be reported in RMS. Home call has two RMS codes: (1) time when you could have been called, paged or consulted, irrespective of where you are (home, hotel) and (2) actual time spent in-house. Time in transit is not counted as time in-house.

All moonlighting activities count towards the 80 hour work week limit averaged over a four week period.

University malpractice insurance does not cover moonlighting activities. The moonlighting employer must provide malpractice insurance.
5.K Supervision
Clinical training must include adequate, regularly scheduled supervision which complies with ACGME regulations. Each Fellow must have at least two hours of supervision weekly, one of which should be one on one psychotherapy or competency supervision. Supervision covers not just clinical issues, but also addresses the six core competencies as well as career development. Direct supervision is also provided at each rotation site.

5.L Monitoring of Fellow Well-Being
It is the responsibility of the fellowship program to monitor fellow well-being. This is done through graded responsibility and face-to-face supervision. The program director receives feedback from supervisors, course directors, hospital and clinic staff and meets with fellows on a twice yearly basis. The RMS evaluation form completed by faculty contains specific items regarding magnitude of service demands and the individual fellow’s fatigue and stress level. The fellow is surveyed in RMS after each rotation regarding levels of program related stress and personal stress.

5. M Fatigue and Work Conditions
Fellows will be educated about the negative effects of fatigue on patient care and learning, including the specific skills of alertness management and fatigue mitigation processes during the required Institutional Orientation conducted by the University of Minnesota Graduate Medical Education Office. Educational modules are also available on the Psychiatry Moodle Website. Fellows are encouraged to adopt fatigue mitigation processes when necessary.

5.N Graded Responsibility
The F1 year, for the most part, have on-site supervision available.

5.O ACLS/BLS/PALS Certification Requirements
If there is required institutional and hospital certification in BLS and ACLS it will be provided to fellows during orientation. Currently this is not required.

5.P University of Minnesota Medical Center Hospital Dress Code Policy
All designated individuals shall wear a photo identification badge issued by the medical center. The photo identification is to be worn above the waist, with the photograph visible, and with no alteration to the photo or information on the badge. It is to be worn at all times except when removal is necessary for safety during Behavioral Control procedures. Good personal hygiene is required. Footwear and stockings will be worn at all times on inpatient units. Stockings are optional in outpatient programs. Clothing must be consistent with a professional image appropriate to a health care setting. Clothing is to be neat, pressed, clean, non-transparent and will comfortably allow full range of motion. Scrubs are acceptable but should be distinct from the type given to our patients. Clothing that exposes midriff, hips, lower back, buttocks, breasts, chest, cleavage, and underwear of all types are unacceptable in the workplace. In addition the following items are not to be worn: halter tops, tank tops, sweat pants, shorts, workout clothes, shirts with pictures, symbols or writing beyond brand identification and clothing that is un-hemmed, torn, frayed, ripped or in disrepair. Tattoos which have disturbing, violent, provocative, or frightening content are not to be visible. Jewelry including piercings must be limited for safety and must present a professional image to our patients, families, and others. Artificial fingernails, enhancements or extenders are prohibited for direct physical caregivers. Anything applied to nails other than polish is considered an enhancement. This includes, but not limited to artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Gloves are not an acceptable alternative. It is each employee’s responsibility to adhere to these guidelines. It is not practical to attempt to delineate every unacceptable clothing option. Managers will intervene when they have a concern that the goals of safety, infection prevention, professionalism and healing environment are being compromised by dress choices of questionable taste or appropriateness. Intervention may include counseling, corrective action or requiring the employee to change into scrubs.

5.Q Step 3 Requirement
All trainees must pass the USMLE Step 3 or an equivalent licensing examination before entering the fellowship.
5. R House Staff Substance Use/Abuse Policy

It is the policy of the University of Minnesota that University personnel will be free of controlled substances. Chemical abuse affects the health, safety and well being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Psychiatry recognizes that chemical/ substance abuse or dependency may adversely affect the physician-in-training’s ability to perform efficiently, effectively and in a professional manner. The department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.

(1)  No fellow shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs including those prescribed by a physician that affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.

(2)  Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on fellow’s ability to perform his/her duties; therefore, no fellow shall use, sell, possess, distribute, dispense, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.

(3)  Any violation of this policy may subject the fellow to discipline including, but not limited to, suspension and/or termination.

(4)  When there is reasonable cause to believe that a fellow may be using, selling, possessing, distributing, dispensing, transferring, or manufacturing any illegal drug, controlled substance, or alcohol, the fellow may be required to undergo medical evaluation and assessment. The fellow’s ability to continue participation in the program will be determined by the Residency Program Director in consultation with attending faculty or the Residency Training Committee and the chairperson on the department. Actions may include, but are not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.

(5)  Depending upon the circumstances, the department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.

(6)  Fellows who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform the Fellowship Program Director or Fellowship Training Committee or department head of the conviction (in writing) within five (5) calendar days thereof.

(7)  Other fellows who have reasonable cause to believe that a colleague is using a substance that adversely impacts on the fellow’s performance in the training program must report the factual basis for their concerns to the Fellowship Program Director.

(8)  If a fellow is taking a medically authorized substance which may impair his or her job performance, the fellow must notify his or her supervising fellow, chief fellow, attending faculty, or the Fellowship Program Director of his or her temporary inability to perform assigned duties.

(9)  Fellows are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse. The Fellow Assistance Program is available to all fellows and their families. (Please refer to Institutional Manual for contact numbers and descriptive information on these programs.)

(10)  Fellows must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture, and fines.