UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2017-2018
PROGRAM
POLICY & PROCEDURE
MANUAL

Department of
Psychiatry
Addiction Medicine Fellowship Program
i. Introduction/Explanation of the Manual

This 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.

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. The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take 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 medicine fellow to sensitively meet the needs of our patients and the various disciplines we serve. Effective addiction 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.

Our fellowship program stresses integration of the genetic, psycho, social, biological factors relevant to all substance use and co-occurring disorders. This orientation is one in which established theories, beliefs 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 medicine is an ABMS medical sub-specialty under the American Board of Preventive Medicine. Addiction medicine training is focused on the prevention, diagnosis, and treatment of substance use disorders. The goal of fellowship education in addiction is to produce specialists in the delivery of skilled and comprehensive medical care of adults and children suffering from substance use and related disorders. The addiction medicine physician must have a thorough understanding of the development, assessment, treatment, and prevention of substance use disorder. He or she also should have the skills to serve as an effective consultant to primary care physicians, mental health providers, schools, community agencies, and other programs serving those with SUD’s.
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Please refer to the Institution Policy Manual located on the GME website at:

http://www.med.umn.edu/gme/instpolicyman/home.html
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.

**Visa Sponsorship:** The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Psychiatry sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.
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 Office when the fellow’s training period has been completed.

1.B E-Mail and Internet Access
Fellow e-mail addresses are not activated until initiation of the account with a password. This is completed at www.umn.edu/validate. Computer workstations are provided for each fellow in an office space so that they can access their e-mail and complete required RMS applications. It is expected that fellows will check their University e-mail account daily during the workweek. Required notices as well as surveys and requests are distributed through the University e-mail account.

1.C Campus Mail & US Mail
A campus and U.S. mailbox is located in F250. Campus mail stop address: Department of Psychiatry, UMMC-Riverside, F282/2A West. US Mail address: Department of Psychiatry, F282/2A West, 2450 Riverside Avenue, Minneapolis, MN 55454.

1.D 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 health-care 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.
SECTION 2 - BENEFITS

2.A Stipends UPDATE
Effective July 1, 2017 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/PGY5</td>
<td>$61,466</td>
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2.B Tuition and Fees
University of Minnesota Tuition and fees are waived.

2.C Leave Policies
According to Fellow Review Committee Requirements (http://www.acgme.org/acWebsite/RRC_400/400_prIndex.asp), 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 maximum cumulative amount of time a fellow may be away from the program for personal absences including vacation, sick and maternity leave during a single academic year without making up time should not exceed six (6) weeks per PGY year. At the discretion of the Training Director, in consultation with the Faculty Education Advisory Committee, absences beyond six (6) weeks may result in additional time being added to the projected date of fellowship completion.

*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 Fellowship Coordinator as early as possible to allow flexibility in planning.

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>VACATION (Workdays) — No carry over</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 / PGY5</td>
<td>15 Days</td>
</tr>
</tbody>
</table>

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 last two weeks of the academic year in June or the first two weeks of July. Requests for vacation should be submitted at least thirty (30) days in advance for non-UMP rotations, and at least sixty (60) days UMP rotations, to the Fellowship Coordinator. 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 time away will be granted away from a required rotation that lasts in its entirety one month.
• When more than 5 days of time away are planned on a specific service the fellow is encouraged to consult with the attending as far in advance as possible.

Vacation must be approved by the Program Director (in consultation with the Program Coordinator if necessary) 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.

If there is cumulative time away of more than 6 weeks, extension of the fellowship will occur.

(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 spouse, cohabiters, registered same sex domestic partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

(3) Parental Leave
Maternity leave shall be granted upon request up to forty-two (42) consecutive days (6 weeks) paid leave. Paternity leave shall be granted upon request up to fourteen (14) consecutive days. Adoption leave will be fourteen (14) consecutive days. Sick and vacation days may be used concurrently with parental leave.

(4) Medical Leave
The fellow (trainee) 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.

(5) Family Medical Leave Act (FMLA)
Fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees must check with their department/program to determine if they qualify. 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
Fellows will follow the University’s holiday schedule.

(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 absences may be authorized by arrangement with the program director, should it be in the best interest of the University, the Program, and the fellow.

(11) Professional and Conference Leave
All trainees accrue 5 workdays of Conference Leave per year, with no rollover should the fellowship be extended. Request should be submitted to the Program Director ASAP or no less than 30 days before the conference. 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.

(12) Sick Leave
Sick leave shall be granted upon request for up to 10 workdays per year. There is no rollover of sick leave should the fellowship be extended. A request for such leave beyond 10 days may be authorized by the Program Director should it be in the best interest of the University, the program, and the fellow. The minimum unit of sick leave is half-day increments.

(13) Unscheduled Leave

UNSCHEDULED LEAVE POLICY

Please email addmed@umn.edu ASAP if you are unable to attend program assignments during normal weekday work hours. The message will be distributed to the program coordinator’s office as well as the UMMC clinic. The clinic will notify patients and the program coordinator’s office will contact whomever the fellow indicates in their e-mail. If you prefer to notify your rotation contact, indicate in the e-mail that you have already notified them.

SICK CALL IN PROCESS FOR ALL FELLOWS

EMAIL 1. Include Dr. Specker (program director), and Kayla Kranitz (program coordinator). Please let us know and whether you will be OK.

EMAIL 2. Please email addictionmedsick@umn.edu by 7AM.

In the title box, put the following - first name, last name and the word OUT
Sample – John Doe OUT

Include the following:
- What rotation you're on
- When you expect to return
- Whether you will manage outpatient tasks from off site
- How we can best reach you
- Persons you want us to specifically contact
Calling in ill on a UMN Clinic Day:
In addition to the above steps, there is an additional responsibility when you call in sick from clinic. Please include the following recommendations within Email #2.

Here are those steps: (also included an attached electronic file)
1. Fellow will also:
   - Review his/her Epic schedule from home to see which patients are scheduled.
   - After reviewing schedule, fellow will include recommendations for each pt.*
   - Depending of level of acuity, availability of f/u, etc, options could include:
     - Denote Patient by Appointment Time (Do not use names or patient initials).
     - “9:30am Pt can be scheduled for my next available f/u.”
     - “10am Pt can be scheduled into my next available f/u and let them know I will call them w/in the next few days to check-in”
     - “1pm Pt can be scheduled in my [fellow names specific time] admin slot next wk”
     - “Please ask a covering fellow to see 2pm Pt today”
     - “Please ask that my nurse call 3pm Pt to triage them, then call me or covering fellow to discuss”
     - “3:30pm Pt can be scheduled into my [fellow names specific time] emergency slot“
   *in a few rare cases, a fellow may be too incapacitated to do # 1, in which case we move to #2

Emergency slots or admin time should not automatically be used outside of plan outlined by fellow, as fellow may be aware of other pts who will likely need these slots.

2. Intake staff calls patients to cancel and communicate f/u recommendation. If pt is not okay with f/u recommendation, intake passes the call to RN for triage to assess needs (#3).

3. RN calls patient and one of the following steps occurs, depending on RN evaluation
   - RN handles concern to its endpoint and has pt scheduled for f/u
   - RN consults w/covering fellow to make plan for pt
   - RN consults w/ faculty to make plan for pt
   - RN gets pt onto another fellow’s schedule that day (only if pt absolutely needs to be seen that day)
   - RN sends pt to BEC/911

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
12 months of fellowship training are required by the American Board of Addiction Medicine. The duration of training can be extended to complete program requirements missed because of leave or failure for academic reasons. Continuous leave for more than 6 weeks would ordinarily extend the training period.

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 (http://www.shb.umn.edu/).
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 (http://www.shb.umn.edu/).

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 (http://www.shb.umn.edu/).

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. Enrollment is no cost to Medical School fellows (the cost is covered by your department). Guardian offers Medical School 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 fellow. Guardian also offers a unique Guaranteed Standard Issue Plan option. Trainees have the options to purchase long term disability coverage that continues 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://www.shb.umn.edu/).

2.I 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.J 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-1005-11. 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.

2.K 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/twincities/residents-fellows-interns/index.htm)

2.L Meal Tickets/Food Services
Meal Tickets/Food Service is not provided for fellows.
2.M Laundry Services
Laundry Service is not provided for fellows.

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
The resident/fellow will pay a $25 refundable deposit for a parking card that gives them complimentary access to the Riverside Campus Parking Ramps. Other University parking will have to be arranged with the Parking Office. The parking card may be disabled by a program representative per policy for failure to complete duty hour documentation in the RMS system or failure to complete clinical documentation in a timely manner. http://pts.umn.edu

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 and fellows. Sand Creek’s counselors have particular expertise in dealing with the unique needs of individuals in their training programs. By contacting this program, fellows 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 fellow-related concerns.

Sand Creek
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651-430-3383 or 1-800-632-7643
SECTION 3 - Institution Responsibilities

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 Addiction Medicine Fellowship Program
-The committee is ad hoc, appointed by the head of the department with representation of faculty, and affiliated hospital if pertinent.
-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-Interpretation and implementation of other policies and guidelines, such as those included in this document.
-Fellow-resident conflicts.
-Fellow-faculty conflicts.
-Fellow-Fellow 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 extradepartmental 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

5.A Program Curriculum
Day Hospital MI-CD
Detox
Inpatient MI-CD
Adolescent

Inpt/Outpt Residential Treatment Longitudinal
Beauterre Recovery Institute
HCMC (OTP, addiction consult/liaison, outpatient clinics)
Pain Medicine - VA
Alltyr outpatient clinic
Continuity fellow clinic
VAMC Addiction Clinics & Programs
Elective(s)

Fellows learn diagnostic interviewing, motivational interviewing, addiction counseling, recognition and care of acute withdrawal syndromes and complications, pharmacotherapies for addictive disorders, epidemiology and pathophysiology of addiction, addictive disorders in special populations, prevention, early interventions, secondary interventions, use of screening and diagnostic instruments (including lab tests, questionnaires), inpatient care, and consultation-liaison.

5.B Training Examinations
If an in-training assessment exam is available, fellows are expected to take this exam.
The Addiction Medicine Board exam is expected to be taken post-completion of the fellowship.

5.C Didactic Schedule
Didactic coursework is offered year round and attendance is expected.

5.D Didactic Attendance Policy

Attendance logs will be kept indicating date and class held; this log will be turned into the Coordinator.

Ad hoc sick leave (not associated with maternity leave), conference leave, administrative leave and post-moonlighting are not approved justifications and will be considered absences. Maternity leave, extended medical leave that exceeds the 15 day yearly allotment, and Family Medical Leave are not covered by this policy. These situations will be considered on a case by case basis by the Program Director and the resident.

Fellows must have attended 70% of class activities that take place minus scheduled vacation days.

5.E Program Goals and Objectives
The full list of Program Goals and Objectives will be provided directly to fellows after a comprehensive review is done.
5.F Training and Graduation Requirements

(1) Length of Program
- A complete Addiction Medicine fellowship is 12 months.

(1) Requirements for Graduation:
- Fellows must meet all requirements of the American Board of Preventive Medicine for
  Addiction Medicine, which will allow them to sit for boards.
(2) - Fellows must have satisfied the requirements for the Addiction Medicine Program.
  - The fellow must be in good standing with no ethical problems or concerns about professional competency.
  - The fellow must have satisfactory grades in all rotations, and have performed satisfactorily in didactic courses.

(3) Program Structure
- The 12 months includes inpatient and outpatient experiences with a longitudinal clinic.

5.G Scholarly Activity

(1) All fellows will participate in weekly self-directed learning activities. Didactics will generally occur weekly. Fellows will present a journal article and a grand rounds in The Department of Psychiatry. Fellows will be provided with an evaluation of the presentation by the faculty mentor.
(2) Fellows are encouraged to attend Grand Rounds, Morbidity and Mortality Conferences, and Complex Case Conferences, as designated by the site.
(3) Fellows interested in research are encouraged to participate in a mentored research experience.

5.H Competencies
The Addiction Medicine Fellowship Program adheres to the general developing competencies to assess fellow progress. As they are developed nationally the, 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
Milestones are formative evaluations and will be assessed for each competency.

5.I Duty Hours
The Addiction Medicine 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, 2017 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 work day is 8AM-5PM. There is no call or weekend duties. Occasional evening meetings may occur and is dependent on the service.

Patient contact in the Outpatient Clinic will be scheduled up to 5pm.
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.

It is the policy of the Department of Psychiatry that if a fellow does not complete RMS by noon on the 5th working day of the month his or her UMMC Campus parking card will be turned off. The department will not reimburse parking charges incurred following suspension of a parking card. The parking card will not be turned on again until RMS is completed.

Program compliance with duty hour requirements will be monitored using the following method: 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.J Evaluation and Fellow Promotion
Systematic evaluation of knowledge, skills and professional growth of each fellow is performed 3x annually by the Fellowship Committee. Written summaries are generated and are the basis for promoting fellows to positions of greater responsibility. These evaluations are provided to the fellow in a timely manner and they are discussed in twice yearly meetings with the program director. During this meeting, the fellow’s strengths and weaknesses are discussed, and an attempt is made to explore ways that the fellow can more effectively participate in the training process. Throughout the academic year, the training director is available to meet individually with fellows as difficulties or problems are encountered.

On any fellow’s departure from the program, the program director prepares a letter or completes the institution’s completion form describing the nature and length of the rotations for which the fellow has been given credit. When the fellow leaves the program (including by graduation), the program director affirms in the record that there is no documented evidence of unethical behavior or unprofessional behavior or a serious question of clinical competence.

Fellow evaluation is conceptualized as a dynamic process in which there is frequent communication between the fellow and supervisor. We feel strongly that it is important for the fellow to receive guidance at the time of their clinical or didactics experience, rather than being entirely dependent upon a formal review process at the end of a rotation cycle. At the conclusion of each rotation or formal didactic experience a supervisor evaluation of the fellow is completed.

More specific to Addiction Medicine, the evaluation process contains the following elements: How well the fellow relates to patients and staff; whether the fellow makes good use of supervision; whether the fellow works independently; has good diagnostic skills; makes appropriate use of labs, psychological tests, and other diagnostic procedures; uses psychopharmacologic agents effectively; maintains adequate records; is able to handle a reasonable patient load; is knowledgeable about addiction literature; provides appropriate supportive therapy; recognizes countertransference issues; and understands uses of cognitive/behavioral and other addiction therapies.
Ongoing evaluation of the fellow is completed within the setting of The Addiction Fellowship Committee. Twice a year during these meetings a comprehensive review is made of fellow’s progress. At that point, a final recommendation is made regarding the fellow's continuing academic progress, and graduation.

Fellows will use RMS, a web-based system, to evaluate their attending physician, supervisor, their specific rotation, the site, didactics, and lecturers.

Fellows are notified each month via email that they have evaluations to complete. Once notified, fellows can access computers at each hospital site or from home and can log onto the Internet to complete their evaluations.

Attending physicians will be able to view information on themselves after three or more evaluations have been completed by a fellow. The information will be an accumulation of comments. Fellows and medical students will be able to view an evaluation on themselves completed by an attending physician once that fellow has completed an evaluation on that particular attending physician.

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

5.M 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.N Laboratory/Pathology/Radiology Services
There are in-hospital laboratory, pathology and radiology services available for patient care.

5.O Medical Records
Fellows will be trained in using 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.P Security and Safety
UMMC has an in-house security staff. 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.

Fellows undergo safety training as part of their orientation, including techniques to de-escalate anger and aggression. All 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 fellow notifies their primary attending at the appropriate training site.
2. The primary attending works with the 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.Q 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. 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.R Supervision
Clinical training must include adequate, regularly scheduled supervision which complies with National Program Requirements. Each Fellow must have at least one hour of supervision weekly. 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.
5.5 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.

5.7 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. In the case of fatigue during a duty shift, or when patient care responsibilities are unusually difficult or prolonged, back-up service may be arranged by contacting the chief fellow or the faculty member on-call. Additionally, the University of Minnesota Medical Center, Fairview provides reimbursement of taxi fare for fellows who require transportation due to issues related to fatigue following duty shifts.

5.U Graded Responsibility
Progressive independence through the 12 months will occur with the fellow developing in the role as team leader. Consultant, clinical, on-site supervision is available.

5.V 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.W 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.X Licensing Requirement
All trainees must pass the USMLE Step 3 or an equivalent licensing examination before entering the fellowship. All fellows must have completed an ACGME accredited residency program and have a Minnesota State License and DEA license.

5.Y 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 Fellowship Program Director in consultation with attending faculty or the Fellowship Training Committee and the Chairperson, and the Vice Chair of Education. 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 the Fellowship 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.
5.7 Policy on Completion of Discharge Summaries

Timely completion of Hospital Discharge Summaries is a core competency. Accordingly training in these activities will be provided and UMMC Health Information Management (HIM) and the fellowship program will monitor performance. Deficiencies will be viewed as academic, not administrative matters. Dictation of discharge summaries (unless noted) is a professional responsibility of fellow physicians.

UMMC Hospital Policy and Procedure states:
Discharge summaries must be completed within 24 hours of discharge. An abbreviated summary is acceptable for patients hospitalized less than 48 hours with problems of a minor or uncomplicated nature.

Fellows receive a weekly Deficiency List distributed by the program office and a Deficiency Letter twice monthly from HIM. Records not completed in 30 days are considered delinquent.

In general the weekly Deficiency List from HIM will assess timeliness of completion. Ordinarily disputes about the accuracy of the Deficiency List must be resolved with HIM by the fellow. If a Deficiency List indicates any summaries over 30 days old the fellow will be (under ordinary circumstances) considered out of compliance with this policy.

All discharge orders should either state that the summary has already been completed or indicate the name of the fellow (printed out) responsible for completing the discharge summary. Responsibility for the discharge summary devolves as follows.

If a team fellow has been responsible for the patient in the context of regular, weekday (non-holiday) attending rounds then that fellow is responsible for the discharge summary whenever the patient is discharged (weekday, holiday, weekend). If more than one fellow has seen the patient in this context it is the last fellow to have done so (even if this is a single encounter). As a matter of collegiality, a fellow who knows the patient best may volunteer to do the summary.

On weekends and holidays—if a patient has not been seen by a team attending as part of regular, weekday (non-holiday rounds) - the discharge summary is the responsibility of the person who writes the discharge orders.

If a team attending sees a patient on regular, weekday (non-holiday rounds) and a team assigned fellow has never rounded on the patient-fellow(s) assigned to that team is (are) not on duty (vacation, illness, etc.) or there is no fellow assigned to that team (i.e. an uncovered service) - the discharge summary is the responsibility of the last team attending to do regular, weekday (non-holiday) rounds on that patient whenever that patient is discharged.

**Consequences of delinquent (>30 days records) Discharge Summaries**

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Requirements</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Advisory</td>
<td>First occasion of record(s) over 30 days old.</td>
<td>*Meet with program director to review knowledge and skills related to medical documentation.</td>
<td>*Written Advisory status not resolved in 30 days.</td>
</tr>
<tr>
<td></td>
<td>This episode continues and moves forward through the various stages as long as any record is 30 days or over. The record that prompted an advisory must be completed and all other records must be non-delinquent to terminate this episode.</td>
<td>*Completion of delinquent record(s) within 3 weeks.</td>
<td>*Written advisory from Program Director would typically be written on dictation log demonstrating delinquent records.</td>
</tr>
<tr>
<td></td>
<td>A fellow may receive up to three separate Written Advisories (each separated by a period of no delinquent records). After three written advisories consequences for an additional episode begin at the Official Warning stage.</td>
<td>*Advisory from Program Director—would typically be written on dictation log demonstrating delinquent records.</td>
<td>*No academic consequences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Advisory does not go to academic file.</td>
<td>*Fellow continues all duty activities.</td>
</tr>
<tr>
<td>Written Warning</td>
<td>Written Advisory status not resolved in 30 days.</td>
<td>*Meet with faculty designated by program director to determine source of</td>
<td>*Written warning from Program Director</td>
</tr>
<tr>
<td>Policy</td>
<td>Description</td>
<td>Actions</td>
<td></td>
</tr>
<tr>
<td>--------</td>
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<td></td>
</tr>
<tr>
<td>Official Warning</td>
<td>Failure to resolve Written Warning or if there have been three previously unresolved Written Advisories a further written advisory will become an Official Warning</td>
<td>*Meet with faculty designated by program director to review and revise remediation plan&lt;br&gt; *Completion of delinquent record(s) within 3 weeks&lt;br&gt; *Official warning from Program Director&lt;br&gt; *Warning goes in the academic file and may need to be reported to Medical Boards seeking information for licensure (a negative incident)&lt;br&gt; *Fellow continues all duty activities</td>
<td></td>
</tr>
<tr>
<td>Probationary Status</td>
<td>Failure to resolve Official Warning</td>
<td>*Meet with program director&lt;br&gt; *Completion of delinquent record(s) within 3 weeks&lt;br&gt; *Official note of Probationary Status placed in academic file&lt;br&gt; *Fellow may or may not be allowed to continue other duty activities</td>
<td></td>
</tr>
<tr>
<td>Failure of Rotation</td>
<td>Failure to resolve Probationary Status</td>
<td>*Meet with program director&lt;br&gt; *Completion of delinquent record(s) within 3 weeks&lt;br&gt; *Fellow fails the rotation(s) during which the deficiencies occurred and must repeat them, thereby extending the fellowship&lt;br&gt; *Record of this in the academic file&lt;br&gt; *Fellow may or may not be allowed to continue other duty activities</td>
<td></td>
</tr>
<tr>
<td>Dismissal</td>
<td>Failure to resolve Failure of Rotation Status</td>
<td>*Due process for dismissal is implemented&lt;br&gt; *Fellow is relieved of all duty assignments</td>
<td></td>
</tr>
</tbody>
</table>

**5.AA Outpatient Note Delinquency Policy**  
Outpatient EMR notes are required to be ready for attending signature by end of 72 hours for evaluations and progress notes. Compliance is considered aspects of Professionalism and Patient Care. Depending on circumstances, failure to remediate deficiencies can lead to a negative report to the academic file, withdrawal of approval for moonlighting activities, probation, non-credit for rotation and dismissal.

Parking cards will be shut off for Fellows who have delinquent outpatient notes.

1) Clinic manager will notify the Program Director of delinquencies who will notify the fellow of need for completion.

2) Fellows will not be penalized if an encounter remains open because faculty has not signed the note.

3) Upon notification by Program Director, the Program Coordinator will send a page to fellows who do not meet this expectation and alert them that their parking card will be turned off. If delinquent notes have not been completed in the time period specified by Program Director, parking card will be turned off.

5) To turn parking cards back on, fellows will need to alert the program coordinator by email, page, or in person that the open encounters have been resolved.

**5.BB Rules and Guidelines for Medical Students, Residents and Fellows on Interactions with Industry Representatives**
The Medical School, Graduate Medical Education Committee, Department of Psychiatry and the University of Minnesota do not have specific policies regarding interaction with industry representatives (hereafter representatives). The University of Minnesota Medical Center and the Minneapolis VA Medical Center do have policies.
There are no restrictions regarding the access of representatives to public areas that are assigned to the Department of Psychiatry.

Trainee – representative interactions are not specifically monitored. The program expects the fellows to regulate their interactions with attention to the following rules and guidelines.

Personal information (pager, address, cell phone) about students or fellows should not be distributed to representatives. Representatives should not be given access to the fellow’s offices.

Students and fellows should not take paraphernalia bearing the name of a product into patient care areas (this includes notebooks, pens, clipboards, etc.).

Students and fellows should not personally solicit or accept gifts or monetary support from industry sources.

Support for educational materials/activities obtained from industry sources should be negotiated on behalf of all fellows (or a specific class) by the Chief Fellow (in consultation with the Program Director) and will be distributed by the program coordinator. Industry representatives are advised that acceptance of such support does not constitute an agreement for fellows to meet face to face with representatives (i.e. hand them the book, etc).

No discussion with representatives should violate patient confidentiality.

Educational activities intended for fellows (outside speakers, videoconferences, etc) conducted on campus that are organized and supported by representatives must be arranged through the Chief Fellow. At the discretion of the Chief Fellow a faculty member or member of the UMMC pharmacy staff may be invited to participate as well.
**SECTION 6 - ADMINISTRATION**

Psychiatry Department Telephone List

**6.A Department and Program Administrative Contact Lists**

**PPsychiatry Department Telephone List (FACULTY)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>PHONE</th>
<th>PAGER</th>
<th>E-MAIL</th>
<th>OFFICE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albott, M.D.</td>
<td>Sophia</td>
<td>273-9041</td>
<td>7889</td>
<td><a href="mailto:albot002@umn.edu">albot002@umn.edu</a></td>
<td>F262</td>
</tr>
<tr>
<td>Anker, Ph.D.</td>
<td>Justin</td>
<td>273-9805</td>
<td></td>
<td><a href="mailto:anke0022@umn.edu">anke0022@umn.edu</a></td>
<td>F267</td>
</tr>
<tr>
<td>Bass, M.D.</td>
<td>Deanna</td>
<td>273-9765</td>
<td>612-538-1539</td>
<td><a href="mailto:bassx003@umn.edu">bassx003@umn.edu</a></td>
<td>F290</td>
</tr>
<tr>
<td>Bond, M.D., Ph.D.</td>
<td>David</td>
<td>626-6773</td>
<td>3182</td>
<td><a href="mailto:dbon@umn.edu">dbon@umn.edu</a></td>
<td>516-B*</td>
</tr>
<tr>
<td>Camchong, Ph.D.</td>
<td>Jazmin</td>
<td>624-0134</td>
<td></td>
<td><a href="mailto:camch002@umn.edu">camch002@umn.edu</a></td>
<td>Suite516*</td>
</tr>
<tr>
<td>Carroll-Santi, Ph.D.</td>
<td>Marilyn</td>
<td>626-6289</td>
<td></td>
<td><a href="mailto:mcarroll@umn.edu">mcarroll@umn.edu</a></td>
<td>Diehl Hall</td>
</tr>
<tr>
<td>Conelea, Ph.D.</td>
<td>Christine</td>
<td>273-9040</td>
<td>4701</td>
<td><a href="mailto:cconeleaa@umn.edu">cconeleaa@umn.edu</a></td>
<td>F264</td>
</tr>
<tr>
<td>Crow, M.D.</td>
<td>Scott</td>
<td>273-9807</td>
<td>8315</td>
<td><a href="mailto:crowx002@umn.edu">crowx002@umn.edu</a></td>
<td>F289</td>
</tr>
<tr>
<td>Faris, Ph.D.</td>
<td>Patricia</td>
<td>624-2687</td>
<td></td>
<td><a href="mailto:faris001@umn.edu">faris001@umn.edu</a></td>
<td>Diehl Hall</td>
</tr>
<tr>
<td>Fatemi, M.D., Ph.D.</td>
<td>S. Hossein</td>
<td>626-3633</td>
<td>8514</td>
<td><a href="mailto:fatem002@umn.edu">fatem002@umn.edu</a></td>
<td>Diehl Hall</td>
</tr>
<tr>
<td>Fisher, Ph.D.</td>
<td>Melissa</td>
<td>273-9812</td>
<td></td>
<td><a href="mailto:mafisher@umn.edu">mafisher@umn.edu</a></td>
<td>F299</td>
</tr>
<tr>
<td>Gabor, M.D.</td>
<td>Quinten</td>
<td>273-9843</td>
<td>4144</td>
<td><a href="mailto:gabor@umn.edu">gabor@umn.edu</a></td>
<td>F261</td>
</tr>
<tr>
<td>Gonzalez, M.D.</td>
<td>Pamela</td>
<td>273-9856</td>
<td>5641</td>
<td><a href="mailto:pamel003@umn.edu">pamel003@umn.edu</a></td>
<td>F273-1</td>
</tr>
<tr>
<td>Gulrajani, M.D.</td>
<td>Chinmoy</td>
<td>273-9731</td>
<td></td>
<td><a href="mailto:cgulrajaa@umn.edu">cgulrajaa@umn.edu</a></td>
<td>F233</td>
</tr>
<tr>
<td>Hatsukami, Ph.D.</td>
<td>Dorothy</td>
<td>626-2121</td>
<td></td>
<td><a href="mailto:hatsu001@umn.edu">hatsu001@umn.edu</a></td>
<td>Rm. 260*</td>
</tr>
<tr>
<td>Kushner, Ph.D.</td>
<td>Matt</td>
<td>273-9809</td>
<td>6080</td>
<td><a href="mailto:kushn001@umn.edu">kushn001@umn.edu</a></td>
<td>F267</td>
</tr>
<tr>
<td>Lim, M.D.</td>
<td>Kelvin</td>
<td>626-6772</td>
<td>1585</td>
<td><a href="mailto:kolim@umn.edu">kolim@umn.edu</a></td>
<td>Suite 516*</td>
</tr>
<tr>
<td>Long, PsyD.</td>
<td>Beverly</td>
<td>273-9841</td>
<td>3705</td>
<td><a href="mailto:long008@umn.edu">long008@umn.edu</a></td>
<td>F286</td>
</tr>
<tr>
<td>Miller, PsyD.</td>
<td>Mike</td>
<td>273-9838</td>
<td>5226</td>
<td><a href="mailto:mimiller@umn.edu">mimiller@umn.edu</a></td>
<td>F294</td>
</tr>
<tr>
<td>Moen, Ph.D.</td>
<td>Richelle</td>
<td>273-9810</td>
<td>8541</td>
<td><a href="mailto:moen008@umn.edu">moen008@umn.edu</a></td>
<td>F293</td>
</tr>
<tr>
<td>Mueller, Ph.D.</td>
<td>Bryon</td>
<td>624-4778</td>
<td></td>
<td><a href="mailto:muell093@umn.edu">muell093@umn.edu</a></td>
<td></td>
</tr>
<tr>
<td>Murray, PsyD</td>
<td>Aimee</td>
<td>273-9850</td>
<td>9381</td>
<td><a href="mailto:murr0031@umn.edu">murr0031@umn.edu</a></td>
<td>F274-4</td>
</tr>
<tr>
<td>Nelson, M.D.</td>
<td>Kaz</td>
<td>273-9851</td>
<td>6391</td>
<td><a href="mailto:nels2286@umn.edu">nels2286@umn.edu</a></td>
<td>F247</td>
</tr>
<tr>
<td>Olson, M.D.</td>
<td>Stephen</td>
<td>273-9763</td>
<td>7512</td>
<td><a href="mailto:olson403@umn.edu">olson403@umn.edu</a></td>
<td>F274-3</td>
</tr>
<tr>
<td>Peterson, Ph.D.</td>
<td>Carol</td>
<td>273-9811</td>
<td></td>
<td><a href="mailto:peter161@umn.edu">peter161@umn.edu</a></td>
<td>F291</td>
</tr>
<tr>
<td>Pisetsky, Ph.D.</td>
<td>Emily</td>
<td>273-7789</td>
<td>3535</td>
<td><a href="mailto:episetsk@umn.edu">episetsk@umn.edu</a></td>
<td>F273-3</td>
</tr>
<tr>
<td>Raymond, M.D.</td>
<td>Nancy</td>
<td>273-9808</td>
<td>8227</td>
<td><a href="mailto:raymo002@umn.edu">raymo002@umn.edu</a></td>
<td>F290</td>
</tr>
<tr>
<td>Rittberg, M.D.</td>
<td>Barry</td>
<td>273-9813</td>
<td>7548</td>
<td><a href="mailto:rittb001@umn.edu">rittb001@umn.edu</a></td>
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<tr>
<td>Specker, M.D.</td>
<td>Sheila</td>
<td>273-9806</td>
<td>2366</td>
<td><a href="mailto:speck001@umn.edu">speck001@umn.edu</a></td>
<td>F292</td>
</tr>
<tr>
<td>Sponheim, Ph.D.</td>
<td>Scott</td>
<td>273-9815</td>
<td></td>
<td><a href="mailto:Sponh001@umn.edu">Sponh001@umn.edu</a></td>
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<tr>
<td>Vinogradov, M.D.</td>
<td>Sophia</td>
<td>273-9864</td>
<td></td>
<td><a href="mailto:svinogra@umn.edu">svinogra@umn.edu</a></td>
<td>F298</td>
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<tr>
<td>Zylowska, M.D.</td>
<td>Lidia</td>
<td>273-9859</td>
<td>4636</td>
<td><a href="mailto:lzylowsk@umn.edu">lzylowsk@umn.edu</a></td>
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<tr>
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<th>OFFICE #</th>
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<tbody>
<tr>
<td>Becker Wesley</td>
<td>Research Accountant</td>
<td>Barbara</td>
<td>626-3210</td>
<td><a href="mailto:becke001@umn.edu">becke001@umn.edu</a></td>
</tr>
<tr>
<td>Gross</td>
<td>Finance Manager</td>
<td>Harvey</td>
<td>626-3073</td>
<td><a href="mailto:gross042@umn.edu">gross042@umn.edu</a></td>
</tr>
<tr>
<td>Horsmann</td>
<td>Project Coordinator</td>
<td>Trisha</td>
<td>625-6111</td>
<td><a href="mailto:horsmann@umn.edu">horsmann@umn.edu</a></td>
</tr>
<tr>
<td>Meagher</td>
<td>Finance Director</td>
<td>Angela</td>
<td>626-3022</td>
<td><a href="mailto:ameagher@umn.edu">ameagher@umn.edu</a></td>
</tr>
<tr>
<td>Marshall</td>
<td>Admin. Center Director</td>
<td>Jeremy</td>
<td>625-8681</td>
<td><a href="mailto:mars0247@umn.edu">mars0247@umn.edu</a></td>
</tr>
<tr>
<td>Melander</td>
<td>HR Manager</td>
<td>Deb</td>
<td>625-0667</td>
<td><a href="mailto:melan007@umn.edu">melan007@umn.edu</a></td>
</tr>
<tr>
<td>Olson</td>
<td>Accountant II</td>
<td>Dan</td>
<td>626-3098</td>
<td><a href="mailto:olso6825@umn.edu">olso6825@umn.edu</a></td>
</tr>
<tr>
<td>O’Neill</td>
<td>Manager</td>
<td>Shawn</td>
<td>626-3072</td>
<td><a href="mailto:soneill@umn.edu">soneill@umn.edu</a></td>
</tr>
<tr>
<td>Peterson</td>
<td>Research Accountant</td>
<td>Bev</td>
<td>626-3074</td>
<td><a href="mailto:peter544@umn.edu">peter544@umn.edu</a></td>
</tr>
<tr>
<td>Cote</td>
<td>HR Representative</td>
<td>Maren</td>
<td>626-3021</td>
<td><a href="mailto:mmkpeters@umn.edu">mmkpeters@umn.edu</a></td>
</tr>
<tr>
<td>Sidla</td>
<td>Research Accountant</td>
<td>Katherine</td>
<td>626-3075</td>
<td><a href="mailto:sidla007@umn.edu">sidla007@umn.edu</a></td>
</tr>
<tr>
<td>Stork</td>
<td>HR Specialist</td>
<td>Elsa</td>
<td>625-6110</td>
<td><a href="mailto:ekstork@umn.edu">ekstork@umn.edu</a></td>
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<td>Main Department Head Office</td>
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<tr>
<td>Haro</td>
<td>Asst. to Dept. of Psychiatry</td>
<td>Chris</td>
<td>273-9879</td>
<td><a href="mailto:charo@umn.edu">charo@umn.edu</a></td>
</tr>
<tr>
<td>Bonnell</td>
<td>Administrative Manager</td>
<td>Leslie</td>
<td>273-9818</td>
<td><a href="mailto:lobonnell@umn.edu">lobonnell@umn.edu</a></td>
</tr>
<tr>
<td>Heemstra</td>
<td>Executive Assistant</td>
<td>Dan</td>
<td>273-9816</td>
<td><a href="mailto:dheemstra@umn.edu">dheemstra@umn.edu</a></td>
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<td>ADULT PSYCHIATRY</td>
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<tr>
<td>O’Gorman</td>
<td>Office Specialist</td>
<td>Mary</td>
<td>273-9802</td>
<td><a href="mailto:ogorm014@umn.edu">ogorm014@umn.edu</a></td>
</tr>
<tr>
<td>Cabral</td>
<td>Assistant Exec. Secretary</td>
<td>Laura</td>
<td>273-9881</td>
<td><a href="mailto:cabra004@umn.edu">cabra004@umn.edu</a></td>
</tr>
<tr>
<td>Allen</td>
<td>Exec Ofc &amp; Admin Spec</td>
<td>Bonnie</td>
<td>273-9715</td>
<td><a href="mailto:baallen@umn.edu">baallen@umn.edu</a></td>
</tr>
<tr>
<td>Laitinen</td>
<td>Exec Ofc &amp; Admin Spec</td>
<td>Lois</td>
<td>273-9803</td>
<td><a href="mailto:laiti001@umn.edu">laiti001@umn.edu</a></td>
</tr>
<tr>
<td>Johansson</td>
<td>Exec Ofc &amp; Admin Spec</td>
<td>Danielle</td>
<td>626-5956</td>
<td><a href="mailto:johann003@umn.edu">johann003@umn.edu</a></td>
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Program Policy & Procedure Manual

27
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<tr>
<th>PSYCHIATRY RESEARCH</th>
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<tr>
<td>Bockenstedt <em>Executive Assistant</em></td>
<td>Janet</td>
<td>273-9804</td>
<td><a href="mailto:bocke001@umn.edu">bocke001@umn.edu</a></td>
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<tr>
<td>Helmberger <em>Exec Ofc &amp; Admin Spec</em></td>
<td>Gregg</td>
<td>273-9714</td>
<td><a href="mailto:helmb008@umn.edu">helmb008@umn.edu</a></td>
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<tr>
<td>Johnson</td>
<td>Mahrya</td>
<td>273-9857</td>
<td><a href="mailto:mjohnso@umn.edu">mjohnso@umn.edu</a></td>
<td>F231</td>
</tr>
<tr>
<td>Carstedt</td>
<td>Tricia</td>
<td>273-9704</td>
<td><a href="mailto:triciac@umn.edu">triciac@umn.edu</a></td>
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<tr>
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<tr>
<td>Sherrell <em>Admin. Associate 1</em></td>
<td>Serena</td>
<td>273-9848</td>
<td><a href="mailto:ssherrel@umn.edu">ssherrel@umn.edu</a></td>
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</tr>
<tr>
<td>Janacek <em>Admin. Associate 2</em></td>
<td>Jennifer</td>
<td>273-9824</td>
<td><a href="mailto:janacek@umn.edu">janacek@umn.edu</a></td>
<td>F256</td>
</tr>
<tr>
<td>Iversen <em>Admin. Associate 1</em></td>
<td>Laurie</td>
<td>273-9712</td>
<td><a href="mailto:ivers047@umn.edu">ivers047@umn.edu</a></td>
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<td>Kranitz</td>
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<tr>
<td>Brozak <em>Clinic Manager</em></td>
<td>Kristen</td>
<td>273-8848</td>
<td><a href="mailto:kbrozak@umphysicians.umn.edu">kbrozak@umphysicians.umn.edu</a></td>
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<td><a href="mailto:psychiatryintake@umphysicians.umn.edu">psychiatryintake@umphysicians.umn.edu</a></td>
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**6.B University of Minnesota Holidays**

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<td>Tuesday, July 4</td>
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<td>Thursday, November 23</td>
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<tr>
<td>Monday, December 25</td>
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<td>Tuesday, December 26</td>
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<td>Monday, January 1, 2018</td>
<td>New Year's Day Holiday</td>
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<td>Monday, January 15</td>
<td>Martin Luther King, Jr. Day</td>
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<td>Friday, March 16</td>
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<tr>
<td>Monday, May 28</td>
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<tr>
<td>Unassigned</td>
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6.C Minneapolis VA Medical Center Holidays

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<tr>
<td>Columbus Day</td>
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<tr>
<td>Veterans Day</td>
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<tr>
<td>Christmas Day</td>
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<td>New Year’s Day</td>
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<tr>
<td>Birthday of Martin Luther King, Jr.</td>
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<td>Washington’s Birthday</td>
<td>Monday, February 19*, 2018</td>
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<tr>
<td>Memorial Day</td>
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***November 11, 2017 (the legal public holiday for Veterans Day), falls on a Saturday. For most Federal employees, Friday, November 10, will be treated as a holiday for pay and leave purposes. (See 5 U.S.C. 6103 (b).)

GOALS AND OBJECTIVES

ADOLESCENT DUAL DISORDER ROTATION (6A, INPATIENT, 4B, IOP)
Description of Rotation: This month long rotation is located on the inpatient dual disorder adolescent unit at M Health and the outpatient dual dx intensive outpatient program. The focus is on assessment of adolescents who present in crisis related to their substance use/psychiatric problem and development of a treatment plan which includes psychosocial, pharmacologic, and medical. Experiences with group therapy and family assessments and planning are core.

Goal and Objectives
The Addiction Medicine fellow will demonstrate competence in the assessment of substance use and co-occurring medical and psychiatric disorders in a population of adolescents admitted to the inpatient unit. Development of a treatment plan includes the family, the adolescent and incorporates pharmacological and non-pharmacological treatments. This is accomplished through working with a multi-disciplinary team.

Specific Competencies in knowledge and the ability to identify and manage are in these areas:
1. Normal growth and development and how substance use effects these milestones
2. The specific effects of the common and uncommon substances of abuse and their intoxication and withdrawal presentations.
3. Pharmacological agents prescribed for substance use and other psychiatric conditions in this population
4. Applicable state and federal laws including confidentiality an legal notification and involvement of parents as well as child protection involvement
5. The role of the family in the prevention, intervention, treatment and recovery processes.
6. Determination of levels of care for treatment

ALLTYR
1. The fellow will learn how to treat an employed, relatively functional population who nevertheless has significant substance use and mental health disorders.
2. The fellows will be able to observe and engage in screening, brief intervention and point of service treatment for early-stage alcohol and other drug use disorders.
3. The fellows will gain experience in providing cognitive behavior therapy for recovery skills, marital conjoint therapy, individual therapy, and cognitive behavioral therapy intervention for families of people who have addictive disorders, and cognitive behavior therapy for a combined anxiety and substance use disorders.
4. The fellows will gain in-depth knowledge of treating coexisting addictive and mental health disorders in an outpatient, primarily employed and functional population.
5. Fellows will participate in and learn how to provide Suboxone treatment group medication management format among patients who are primarily engaged in solid recovery

DETOXIFICATION ROTATION
Description: This month long block rotation at University-Riverside trains the fellow to recognize withdrawal syndromes from various substances of abuse and use appropriate treatment regimens to safely withdraw patients.

Specific Competencies:
1. Demonstrate ability to recognize the signs and symptoms of alcohol, sedative, opioid, and other drug withdrawal syndromes as well as their neurobiology and pathophysiology.
2. Recognize spontaneous and precipitated withdrawal and the actions of pharmacological antagonists and partial agonist.
3. Use of symptom-triggered and fixed dose detox as treatment approaches for alcohol withdrawal.
4. Use of buprenorphine and methadone in the management of opioid withdrawal—clinical, legal and regulatory aspects.
5. Use of nicotine replacement therapies and other approaches in the management of nicotine withdrawal.
6. Describe the DSM5 criteria for substance use disorders and various intoxication and withdrawal states.
7. Implement sedative tapers; describe various methods including phenobarbital, benzodiazepines, anti-convulsants.
8. Recognize the medical/psychiatric conditions that can mimic intoxication or withdrawal.
9. Determination of the next level of care after detox taking into consideration cost, coverage, patient preference, environment, severity level, medical and psychiatric needs.

HENNEPIN COUNTY
Outpatient Description of Rotation or Educational Experience:
There are two main experiences: 1) the outpatient management of addictions using pharmacotherapeutic interventions in combination with behavioral modalities and 2) inpatient addiction related consultations to primary hospital services.

Goal and Objectives
The Addiction Medicine resident will demonstrate competence in medical care of persons with SUD across a diverse spectrum of drugs, stages of use, and presentations, including care directed at reducing SUD-related harm. He/she shall be able to render patient care that is compassionate, appropriate, and effective for the prevention and treatment of problems related to the addiction disorders:
Specific Competencies in the outpatient setting:
1. Screen for and diagnose common medical problems related to the addiction disorders
   • Recognize psychological, social and functional indicators of subclinical addiction disorders
   • Conduct an accurate patient history

2. Conduct a clinical interview to collect a substance use history and addiction treatment history in a structured and non-judgmental manner

3. Assess stages of change and use motivational interviewing strategies to promote change in persons with problematic substance use

4. Perform an appropriate physical examination to detect physical signs of use, intoxication, and withdrawal, chronic use and sequelae of use for tobacco, alcohol, sedative-hypnotics, opioids, intravenous drug abuse. Ordering appropriate diagnostic tests and interpret results.

5. Formulating an abstinence-oriented or maintenance oriented treatment plan as appropriate.

6. Manage significant withdrawal from commonly used drugs.

7. Provide appropriate general medical care for persons in recovery.

8. Select indicated treatment medications including methadone, suboxone, naltrexone.

9. Function within a multidisciplinary treatment team to provide opioid agonist treatment. Understand and apply the pharmacology of opioid and agonist therapies, to dosing, administration, decision making, complications, indications and current research.

10. Provide addiction expertise to varied populations including obstetric

Specific Competencies in the Addiction Medicine Consultation Rotation


2. Conduct brief interventions,

3) Use medication management to treat substance withdrawal.


5. Work with nurses, physicians, social workers, drug and alcohol counselors, and other ancillary staff from the primary service and family members to evaluate and manage addiction related problems.

6. Develop competence in medical care of persons with SUD across a diverse spectrum of drugs, stages of use, and presentations, including care directed at reducing SUD-related harm.

7. Complete an assessment of co-occurring liver problems and understand treatment for these conditions
INFECTION DISEASE-ADDICTION MEDICINE ROTATION (ELECTIVE)
The emphasis of this elective rotation is on high-quality and efficient outpatient management of risky substance use and substance use disorders in adult and pediatric HIV and HCV infected patients. This training takes place at UMMC and the Youth and AIDS Project, under the direction of full-time academic clinicians.

Goals
The rotation focuses on prevention of secondary transmissions of HIV and viral hepatitis through reduction in risky behaviors and/or prophylactic therapy, biopsychosocial stabilization of patients with chronic infectious diseases, monitoring for medication interactions, diagnosis and management of infections in the outpatient setting, and medico-legal issues at the intersection of HIV, HCV, and addiction care.

Learner objectives:
Patient Care
- Perform a comprehensive history and physical with particular attention to risk factors for infection and resistant organisms
- Formulate a management plan for psychiatric and substance use disorders in patients with varying stages of HIV/AIDS and viral hepatitis
- Clearly document patient management in the medical record
- Use diagnostics appropriately

Medical Knowledge
- Recognize influence of substance use disorders on the epidemiology and management of HIV, HCV, and other infectious diseases
- Recognition and management of interactions and toxicities related to antiretrovirals, antivirals, antibiotics, common psychotropics, and anti-relapse medications

Practice-Based Learning and Improvement
- Be able to perform a literature search to answer clinical questions
- Facilitate team member education

Interpersonal and Communication Skills
- Communicate a plan of action and follow-up effectively to patients and other team members
- Communicate potential risks of therapy including antibiotic toxicities to patients and their caretakers

Professionalism
- Interact with patients, colleagues, and clinic staff in a respectful manner
- Maintain patient confidentiality according to HIPAA and 42 CFR part 2 guidelines

Systems-based Practice
- Recognize influence of patient insurance status and carrier on biopsychosocial management options
- Recognize federal and state programs that specifically support patients who have HIV/AIDS
- Explore impact of an HIV/AIDS diagnosis on treatment options for substance use disorders

MERIDIAN BEHAVIORAL HEALTH: BEAUTERRE RECOVERY INSTITUTE
By the completion of the rotation the fellow will demonstrate skills to be able to:

i. Know and apply the criteria for residential admission to this speciality program.
ii. Evaluate complicated patients with multiple medical, substance use, psychiatric, and social problems in the context of the multidisciplinary treatment team and be able to identify predisposing vulnerabilities, prognostic factors and protective factors.

iii. Recognize the intoxication, overdose and withdrawal syndromes from all major categories of substances, identify when higher level of detox is needed, and oversee the management of these syndromes.

iv. Devise appropriate management strategies for substance use disorders complicated by psychiatric disorders of mood, anxiety, organic, psychotic, eating, and personality disorders with attention to gender specific needs.

v. Demonstrate competence in conducting a cross-cultural evaluation in persons with various ethnic backgrounds.

vi. Recognize medical and psychiatric complications of substance abuse including psychosis, mood disturbances, anxiety, dementia, liver disease, hepatitis C and HIV.

vii. Choose appropriate pharmacotherapies for withdrawal management, SWD, and psychiatric so morbidities in a residential setting.

**MI-CD DAY HOSPITAL**
Description: This continuity experience occurs in the dual diagnosis intensive outpatient program at M Health. All patients have substance use and co-occurring psychiatric disorders and are referred from inpatient, community, and area clinics. The program is 15 hrs/week. The fellow provides leadership to the multi-disciplinary team under the supervision of the Medical Director (S Specker, MD) or other faculty (P Gonzales, MD).

Specific Competencies: The fellow must be able to:

1. Monitor and lead a multidisciplinary clinical team in the program which provides psychosocial treatments, psychoeducational experiences, and pharmacotherapy services.
2. Form a therapeutic relationship with patients which is non-judgemental, hopeful, accepting.
3. Perform a comprehensive addiction assessment addressing the six assessment dimensions of the ASAM Patient Placement Criteria.
4. Use rating scales to assist in the formulation of a diagnosis.
5. Conduct appropriate risk assessment of the patient, including suicide and self harm risk and risk of harm to others.
6. Use laboratory tests to provide ongoing monitoring of the patient’s addictive disease.
7. Co-facilitate group therapy which includes relapse prevention, cognitive behavioral strategies, and functional analyses.

**OUTPATIENT CLINIC – M Health**
Description: This continuity experience occurs in the Psychiatry Clinic and throughout the one year fellowship, thus providing a longitudinal perspective on the course and treatment of the disorder. Exposure to a diverse population: gender, socioeconomic, race, culture, age, co-occurring conditions.

Specific Competencies: The fellow must be able to:

1. Utilize screening tools in the assessment of the patient’s substance use.
2. Conduct motivational interviewing.
3. Teach relapse prevention skills.
4. Conduct a detailed addiction evaluation including psychiatric and medical assessments.
5. Assess and perform brief intervention as indicated
6. Conduct SBIRT
7. Perform inductions onto buprenorphine once it is determined that patient is an appropriate candidate.
8. Provide pharmacotherapies as indicated. This includes both psychiatric and addiction medications
9. Refer when appropriate to various levels of care; develop knowledge of referral patterns in this area geographically.
10. Provide consultation and evaluation and education to the medical students, residents, and child/adolescent psychiatry fellows on screening, diagnosis, and brief interventions

PAIN MANAGEMENT ROTATION FOR ADDICTION FELLOWS

Objectives: Trainees in addiction medicine are faced with patients who have the disease of addiction, but there is a very large co-occurrence of other psychiatric and medical conditions including chronic pain. Access to substances of abuse is often achieved through the medical system due to chronic pain. Recognizing and understanding chronic pain and the role and limitations of opioids and other drugs with abuse potential is essential to the trainee. Also, knowledge of and appreciation for non-opioid strategies in chronic pain allows abstinence from opioids to be part of the treatment plan for the chronic pain patient with the disease of addiction.

During this rotation the trainee will:
1. Learn a comprehensive approach to the patient with persistent pain and be able to make a diagnosis that includes contributing factors and barrier identification
2. Be able to identify and use several screening tools that screen for suitable and non-suitable candidates for opioid analgesia
3. Be able to formulate a treatment plan that encompasses a range of strategies for pain management including physical rehabilitation, behavioral approaches, complementary treatments (acupuncture and chiropractic), and interventional procedures
4. Be familiar with advanced pain interventional techniques from observation of at least 6 cases
5. Be able to identify and characterize somatoform disorders that present with pain and understand how to manage those conditions
6. Evaluate at least 6 patients with uncontrolled pain who are hospitalized for acute medical, psychiatric or surgical conditions; and understand the strategies used to manage the pain patient in an acute care setting

Location and facilities: The Comprehensive Pain Center at the Minneapolis VA Health Care System is a CARF-accredited pain center with an interdisciplinary staff working under one roof to provide comprehensive care to the veteran with persistent pain. Services include outpatient clinics, interventional pain procedures, Inpatient consultation for the hospitalized patient with uncontrolled pain, and a 4-week residential chronic pain rehabilitation program. Clinical staff includes physicians, chiropractors, psychologists, physical therapists, Occupational therapists, recreational therapists, nurses and medical assistants. The facility is housed on a 10,000 square foot unit in the Minneapolis VA Medical Center. It is administered by the Department of Physical Medicine and Rehabilitation. The faculty is engaged in education and research. The trainee will be working with other trainees including residents in physical medicine & rehabilitation, anesthesia, and with fellows in pain management.

Clinical faculty and staff:
Franz Macedo, DO, Medical Director, Comprehensive Pain Center
Miles Belgrade, MD Site supervisor for the Addiction Psychiatry rotation
Steven Knuff, DO
Peter Marshall, MD
Mark Paidin, DO
Richard Branson, DC
Schedule: The rotation is designed as a 4-week block with opportunities to observe or participate in the full spectrum of pain care. A sample weekly schedule is shown below. From week to week, the choices of experiences will vary.

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<td>Outpatient Clinic (Belgrade)</td>
<td>Didactic lecture (7AM) Outpt Clinic (Belgrade)</td>
<td>Psychology CPRP</td>
<td>Didactic (7AM) Interventional procedures Psychology</td>
<td>Physical therapy Psychology CPRP</td>
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<td>Inpatient consultation</td>
<td>Off-site continuity clinic</td>
<td>CPRP Inpatient consultation</td>
<td>Inpatient consultation Chiropractic</td>
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</tbody>
</table>

CPRP = Chronic Pain Rehabilitation Program
Confirmation of Receipt of Policy Manual

**Confirmation of Receipt of your Program Policy Manual for Academic Year ______**

By signing this document you are confirming that you have received and reviewed your Program Policy Manual for this academic year. This policy manual contains policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Fellow Name (Please print) ________________________________________________

Fellow Signature ________________________________________________________

Date __________________

Coordinator Initials ________________

Date ________________