

ADDICTION MEDICINE FELLOWSHIP PROGRAM



2026-2027

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

College of Medicine

Department of Psychiatry

ADDICTION MEDICINE FELLOWSHIP PROGRAM

MANUAL

2026-2027

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Program Description and Goals

Program's Mission Statement

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

Goals & Objectives

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

1. The program fosters fellow development as an expert in the full continuum of care for patients with substance use disorders and behavioral addictions by providing a broad variety of clinical experiences and didactic education. On completion of fellowship training, the physician is eligible to sit for the Board Certification Exam of the American Board of Preventive Medicine.
2. The training program provides exemplary ambulatory and inpatient clinical training as well as research opportunities in Addiction Medicine to support the Addiction Medicine physician's role as a clinician, educator, and researcher in conditions, such as substance use disorders, substance withdrawal/detoxification, and behavioral addictions.
3. The Addiction Medicine training program strives to train physicians with expertise and knowledge of opioid use disorders, including pharmacotherapy for opioid use disorder. On completion of fellowship training, the physician will have mastery, as a clinician and educator, regarding pharmacotherapy for opioid use disorder.
4. The program emphasizes a team based approach to substance use disorders as evidenced by ample opportunities for multidisciplinary collaborations with physicians, other members of the health care team (e.g., case management, drug and alcohol counselors, peer support specialists), patients, and families.

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

Participating Institutions

The Addiction Medicine Fellowship Program is sponsored by the University of Arkansas for Medical Sciences' (UAMS) College of Medicine (COM). The COM is one of six academic units of UAMS, the state's principal biomedical research center. It is the goal of the UAMS COM to help tomorrow's health-care professionals acquire not only the ultimate in medical skills but also professional and ethical standards that will aid them in their careers. The college's faculty members are on staff not only at the UAMS Medical Center but at Arkansas Children's Hospital, Arkansas State Hospital, the Central Arkansas Veterans Healthcare System, the Central Arkansas Radiation Therapy Institute, and the Area Health Education Centers around the state. The UAMS Department of Psychiatry Provides 75% of the funding for the fellowship.

Fellows spend nine months of their training during the program at the **UAMS Medical Center**, a major tertiary care medical center with a total of 437 hospital beds. As the primary adult teaching site for the only allopathic medical school in the state of Arkansas, this site is the home institution for this program. UAMS Medical Center is physically co-located with the UAMS COM and its GME administration. The clinical experience at UAMS includes both ambulatory and inpatient experiences. For four months, the fellow provides inpatient care for patients admitted to the inpatient co-occurring disorder unit in the morning and provides consultation and liaison to both the emergency room and inpatient wards in the afternoon. For three months, the fellow completes ambulatory rotations in alcohol recovery, women's mental health, adolescent substance use, transplant evaluations, methadone program, and pain medicine. UAMS is also the site for the fellow's continuity clinic where they provide care, such as diagnosis and treatment of substance-related problems and other addictions, for no more than 50 patients. The volume of patients varies by clinical rotation (e.g., the UAMS consultation liaison service has averaged more than 200 consults a month in 2022 and ambulatory rotations average eight to ten patients a day). The patient population is diverse in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical conditions.

Fellows spend three months of their training during the program at the **Central Arkansas Veterans Healthcare System (CAVHS)**, a flagship Department of Veterans Affairs healthcare provider. CAVHS is a two division (i.e., Little Rock and North Little Rock) tertiary facility with 576 inpatient bed. The Little Rock division is adjacent to UAMS and houses 181 beds (i.e., acute medicine and surgery); while, the North Little Rock Division is located seven miles from UAMS and houses 397 beds (e.g., acute psychiatry, substance abuse, rehab medicine, geriatrics, domiciliary). Primary care services are provided at both locations to 48,000 veterans per year. The Division of Mental Health operates 60 inpatient beds and 144 Domiciliary Residential Rehabilitation beds, including the Substance Abuse Residential Treatment Program (i.e., a 28, day residential treatment program serving veterans with substance disorders). About 55% of inpatients will have co morbid substance use disorders (SUDS). The clinical experience at CAVHS includes inpatient experiences. Ambulatory experiences are also available if the fellow participates in an ambulatory elective. The patient population includes veterans with diversity in age, gender, socioeconomic status, and comorbid medical and psychiatric conditions, including substance use disorders.

ACGME Competencies

Patient Care and Procedure Skills

1. Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Fellows must demonstrate competence in comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and substance use disorders along a continuum of care, including inpatient/residential, outpatient treatment, early intervention, harm reduction, and prevention.
3. Fellows must demonstrate competence in providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics.
4. Fellows must demonstrate competence in providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions.
5. Fellows must demonstrate competence in screening, brief intervention, and motivational interviewing.
6. Fellows must demonstrate competence in working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patients care.
7. Fellows must demonstrate competence in providing continuity of care to patients.
8. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

Medical Knowledge

1. Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
2. Fellows must demonstrate knowledge of the medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction.
3. Fellows must demonstrate knowledge of pharmacology of common psychoactive substances, including alcohol, nicotine, stimulants, sedative-hypnotics, depressants, opioids, inhalants, hallucinogens, and cannabinoids.

4. Fellows must demonstrate knowledge of epidemiology of substance use, SUDS, and the genetic and environmental influences on the development and maintenance of these disorders.
5. Fellows must demonstrate knowledge of the impact of substance use, including psychosocial and medicolegal complications, in diverse populations and cultures, such as in women, neonates, children, adolescents, families, the elderly, sexual and gender minorities, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, and persons involved in the criminal justice system.
6. Fellows must demonstrate knowledge in common behavioral addictions.
7. Fellows must demonstrate knowledge in prevention of SUDS, including identification of risk and protective factors.
8. Fellows must demonstrate knowledge in screening, brief intervention strategies appropriate to substance use risk level, and referral to treatment.
9. Fellows must demonstrate knowledge in comprehensive substance use assessment and reassessment, including diagnostic interview, use of standardized questionnaires, lab tests, imaging studies, physical examinations, mental status examination, consultative reports and collateral information.
10. Fellows must demonstrate knowledge in identification and treatment of co-occurring conditions, such as medical, psychiatric, and pain conditions.
11. Fellows must demonstrate knowledge in matching patient treatment needs with levels of intervention, including crisis services, hospitalization, and SUD treatment programs.
12. Fellows must demonstrate knowledge in pharmacotherapy and psychosocial interventions for SUDS across the age spectrum.
13. Fellows must demonstrate knowledge in intoxication and withdrawal management.
14. Fellows must demonstrate knowledge in the mechanism of action and effects of use and abuse of alcohol, sedatives, opioids, and other drugs, and the pharmacotherapies and other modalities used to treat these.
15. Fellows must demonstrate knowledge in the safe prescribing and monitoring of controlled medications to patients with or without SUDs, including accessing and interpreting prescription drug monitoring systems.
16. Fellows must demonstrate knowledge in the effects of substance use, intoxication, and withdrawal on pregnancy and the fetus, and the pharmacologic agents prescribed for the treatment of intoxication, withdrawal, and management, including opioid, alcohol, and sedative hypnotic withdrawal.

Practice-based Learning and Improvement

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

Interpersonal and Communication Skills

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

Professionalism

1. Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
2. Fellows must demonstrate competence in recognizing and appropriately addressing biases in themselves, others, and the health care delivery system.
3. Fellows must demonstrate maintenance of appropriate professional boundaries.
4. Fellows must demonstrate sensitivity and responsiveness to diversity in patients, including sex, age culture, race, religion, disability, and sexual orientation.
5. Fellows must demonstrate compassion, integrity, and respect for others.
6. Fellows must demonstrate the qualities required to unstained lifelong personal and professional growth, including

- a. Self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
- b. Healthy coping mechanisms to respond to stress.
- c. Conflict management between personal and professional responsibilities.
- d. Flexibility and maturity in adjusting to change with the capacity to alter one's behavior.
- e. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
- f. Leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
- g. Self-confidence that puts patients, families, and members of the health care team at ease.
- h. Utilization of appropriate resources in dealing with uncertainty, in recognition of ambiguity as part of clinical health care.

Systems-based Practice

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

Faculty

Addiction Medicine Key Faculty

Program Director

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

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

Faculty Roster

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

Srini Gokarakonda, MD serves as a key faculty member of the Addiction Medicine Fellowship. He is an Associate Professor within the Department of Psychiatry and board certified in both Psychiatry and Child & Adolescent Psychiatry. He supervises the fellows during the Adolescent Substance Use rotation.

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

Amy Grooms, MD serves as a key faculty member of the Addiction Medicine Fellowship program. She is an assistant professor within the Department of Psychiatry and board certified in Psychiatry and Consultation-Liaison Psychiatry by the ABPN. She is the primary supervising physician of the Inpatient Addiction Medicine Consultation rotation at UAMS.

Payton Lea, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is an Assistant Professor within the Department of Psychiatry. He is board certified in Psychiatry and in Consultation-Liaison Psychiatry by the ABPN. He supervises the fellows during the Transplant Evaluation rotation.

Michael Mancino, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is a Professor in the Department of Psychiatry and serves as the Program Director of the Center for Addiction Services and Treatment at UAMS. He is board certified in Psychiatry by the

ABPN and in Addiction Medicine by ABPM. He supervises the fellows during the Methadone Program rotation.

Margaret Pickhardt, MD serves as a key faculty member of the Addiction Medicine Fellowship program. She is a Staff Psychiatrist at CAVHS and board certified in Psychiatry. She serves as the primary supervising physician of the Outpatient Addiction Medicine and Substance Abuse Residential Rehabilitation Treatment Program rotations.

Doug Provaznik, MD serves as a key faculty member of the Addiction Medicine Fellowship program. He is a staff psychiatrist at the Central Arkansas Veterans Healthcare System and board certified in Psychiatry. He supervises the fellows during the VA Consultation Liaison/Emergency Psychiatry rotation.

Abigail Richison, MD serves as the Assistant Program Director of the Addiction Medicine Fellowship Program. She is an Assistant Professor within the Department of Psychiatry. She is board certified in Psychiatry and in Addiction Psychiatry by the ABPN. She supervises the fellows during the Co-Occurring Disorder Inpatient rotation.

Other Program Personnel

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Cheryl Shelton

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UAMS Housestaff Office
Dwana McKay, Director

501-686-5356

UAMS Center of Addiction Services and Treatment

501-526-8400

UAMS Walker Family Clinic

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UAMS Women's Mental Health Program

501-526-8201

Central Arkansas Veterans Healthcare System

501-257-1000

Block Diagram of Rotation Schedule

UAMS	CAVHS	UAMS	UAMS	UAMS	CAVHS	UAMS
2 months	2 months	2 weeks	2 months	2 weeks	1 month	4 months
Co-Occurring Disorder Inpatient	Substance Abuse Residential Rehab Treatment Program	Research Elective	Co-Occurring Disorder Inpatient	Research Elective	VA Consultation/ Emergency Psychiatry	Specialty Outpatient
Inpatient Addiction Medicine Consultation	VA Consultation/ Emergency Psychiatry		Inpatient Addiction Medicine Consultation			

Rotation Prospectuses

Adolescent Substance Use

Location: UAMS Center of Addiction Service and Treatment

Length: 2 months (0.5 day/week) & 2 months (1 day/week)

Supervising Faculty: Srin Gokarakonda, MD

Overview: The fellow provides comprehensive assessment, diagnosis, and management of adolescents with substance use disorders and comorbid psychiatric in an ambulatory setting. Treatment includes medication assisted treatment for substance use disorders.

Goal:

- Develop knowledge, skills and attitudes required to manage adolescents with a substance use disorders.

Objectives:

- Integrate multidisciplinary assessments to design and implement comprehensive treatment plans, including pharmacological and non-pharmacological management, for 5 or more adolescents with a substance use disorder.
- Perform “Stage of Change” assessment and utilize motivational interviewing to engage patients in treatment and provide appropriate treatment matching.
- Demonstrate effective communication and respectful behavior when counseling with patients and their families.

Co-morbid Pain/OD Clinic (Elective)

Location: North Little Rock- VA

Length: Variable

Supervising Faculty: Erica Hiett, MD

Overview: The fellow reviews the main principles of pain treatment in opioid use disorder and describe how these principles apply to the management of both acute pain and chronic non-terminal, non-cancer pain. Additionally, the fellow explores strategies to formulate a multimodal pain plan for managing chronic pain in patients with opioid use disorder, while working within an interdisciplinary team.

Goal:

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

Objectives:

- Analyze the complexities and foundational principles involved in managing pain among individuals diagnosed with opioid use disorder during the Pain and OUD elective.
- Identify strategies to enhance the management of chronic pain in outpatient settings for individuals with opioid use disorder.
- Work collaboratively on an interdisciplinary team in the OUD/pain management center
- Analyze the special problem of psychopharmacological management of patients with comorbid chronic pain and substance use disorders

Continuity Clinic

Location: UAMS

Length: 12 months

Supervising Faculty: Abigail Richison, MD

Overview: The fellow rotates one half-day per week for the 12 months in the Center for Addiction Services and Treatment at the University of Arkansas for Medical Sciences. The fellow provides comprehensive, specialty care for a patient panel that includes diagnosis and treatment of substance-related problems and other addictions. The continuity patient panel consists of less than 50 patients.

Goal:

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

Objectives:

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

Co-Occurring Disorder Inpatient

Location: UAMS

Length: 2 months

Supervising Faculty: Abigail Richison, MD

Overview: The fellow conducts comprehensive substance use diagnostic assessments and management plans on patients with substance use disorders who are admitted to an acute psychiatric unit at UAMS. The fellow is responsible for making recommendations regarding ongoing psychopharmacology issues as well as the development of an ambulatory treatment plan using a patient-centered care model with referrals to treatment at the appropriate substance use risk level.

Goal:

- Develop the skills, knowledge and attitudes necessary to provide expert management of acute and chronic mentally ill patients with substance use disorders who are being treated in inpatient psychiatry units.

Objectives:

- Perform comprehensive substance use diagnostic assessments and implement plan of care for patients with comorbid substance use and psychiatric disorders

- Perform “Stage of Change” assessment and utilize motivational interviewing to engage patients in treatment and provide appropriate treatment matching
- Work collaboratively with other professionals participating in the care of patients with substance use disorders (e.g., other medical specialist, nurses, pharmacist)
- Act as liaison between the patient and other physicians or treatment teams
- Demonstrate effective communication and respectful behavior when counseling with patients and their families

Inpatient Addiction Medicine Consultation

Location: UAMS

Length: 2 months

Supervising Faculty: Amy Grooms, MD

Overview: The fellow conducts consultations regarding comprehensive substance use diagnostic assessments on complicated substance abuse patients admitted to emergency department and the inpatient hospital at UAMS. The fellow is responsible for making recommendations regarding ongoing psychopharmacology issues on medical/surgical units and the emergency room where in medical issues is the primary focus of care. Additionally, the fellow is responsible for providing screening, brief interventions, and referrals to treatment at the appropriate substance use risk level.

Goal:

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

Objectives:

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

Methadone Program

Location: UAMS Substance Abuse Treatment Clinic

Length: 3 months (0.5 day/week)

Supervising Faculty: Michael Mancino, MD

Overview: The fellow performs addiction specific evaluations on opioid abusing patients and develop expertise in the management of methadone in an ambulatory setting. These assessments will include psychiatric, addiction, and physical evaluation. The fellow initiates and manages medication protocols for patients on these medications as well as participate in psychosocial programming. The fellow becomes familiar with government regulations and policies required to provide a methadone management

clinic.

Goal:

- Develop expertise in recognizing and managing the signs and symptoms of opioid use disorder and the various withdrawal phenomena that occur in this population
- Develop competency in the use of methadone for the treatment of opioid use disorder and the medicolegal aspects of a methadone clinic.

Objectives:

- Initiate methadone protocols for 3 or more patients with opioid use disorder
- Monitor and manage 5 or more protocols for patients maintained on methadone
- Prepare and provide 1 lecture on the clinical, epidemiological, and sociological issues (including government regulations) supporting or detracting from the use of opioid substitution as a treatment for opioid use disorder

Outpatient Addiction Medicine (Elective)

Location: CAVHS North Little Rock Campus

Length: TBD

Supervising Faculty: Margaret Pickhardt, MD

Overview: The fellow conducts addiction evaluations, co-leads recovery groups, and initiates and monitors anti-craving medications. Assessments include physical, psychiatric and addiction assessments. The fellow also develops detoxification protocol for 3 patients per week, supervises the screening process that determines the level of treatment for those patients, and gains experience in systems managements. The fellow has one hour per week of individual case based supervision and teaching with the supervising faculty member. There is additional less formal teaching that occurs on a continuing basis. This includes supervision in addiction psychiatric evaluation, psychopharmacologic treatments, and the use of psychological, neurodiagnostic and other testing. The fellow may also provide supportive or individual psychotherapy. The fellow is actively involved in leadership meetings and provides supervision to general psychiatry residents rotating on the services. The fellow also prepares and provides one teaching session per week on topics related to addiction medicine.

Goals:

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

Objectives:

- Demonstrate ability to perform complete assessments on 3 or more complicated patients
- Utilize standardized scales to assess severity of withdrawal symptoms from specific substances of abuse

- Utilize current literature to implement evidence based addiction pharmacotherapy
- Prepare and provide one teaching session per week to students or residents on topics related to biomedical or clinical consequences of substance use disorders

Pain Management

Location: UAMS Pain Management Center

Length: 3 months (0.5 day/week)

Supervising Faculty: Jonathan Goree, MD

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

Goal:

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

Objectives:

- Perform medical and neurological evaluations for 5 patients with chronic pain
- Perform a comprehensive assessment on at least 6 patients with comorbid chronic pain and substance use disorders
- Manage pain in a variety of medical conditions (e.g., muscular/skeletal problems, malignancies)
- Work collaboratively with pain management physicians and other providers (e.g., advance practice nurses) in the pain management center
- Analyze the special problem of psychopharmacological management of patients with comorbid chronic pain and substance use disorders

Research

Location: UAMS

Length: Variable

Supervising Faculty: Shona Ray-Griffith, MD

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

Goal:

- Complete all components of one research or quality improvement project during the course of the fellowship year

Objectives:

- Formulate one or more research or quality-improvement plan
- Complete the IRB approval process for one research protocol, if applicable

- Critically appraise and utilize scientific literature pertinent to addiction medicine
- Produce one product (e.g., poster, manuscript) suitable for presentation or publication describing original research or quality improvement project

Substance Abuse Residential Rehabilitation Treatment Program

Location: CAVHS North Little Rock Campus

Length: 1 month

Supervising Faculty: Margaret Pickhardt, MD

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

Goal:

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

Objectives:

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

Transplant Evaluation

Location: UAMS

Length: 2 months (1 day/week) and 2 months (0.5 day/week)

Supervising Faculty: Payton Lea, MD

Overview: In an ambulatory setting, the fellow is supervised in transplant evaluations for multiple organs. Working together, the fellow and supervising faculty member analyze the special problem of psychiatric illness, substance use disorders, and potential organ transplant recipients to develop an individualized treatment recommendation. The fellow will also participate in ongoing management, including psychopharmacology, of patients with a co-occurring organ transplant and substance use disorder. Additionally, the fellow is responsible for providing screening, brief

interventions, and referrals to treatment at the appropriate substance use risk level.

Goal:

- Develop the skills, knowledge, and attitudes necessary to provide expert consultation for acute and chronic medically ill patients with substance use disorders who are being recommended for an organ transplantation.

Objectives:

- Integrate multidisciplinary assessments to design and implement comprehensive treatment plans for 5 or more patients with substance use disorders who are in medical need of an organ transplant.
- Work collaboratively with other professionals participating in the care of patients with substance use disorders (e.g., other medical specialist, nurses, pharmacist).
- Act as liaison between the patient and other physicians or treatment teams.
- Demonstrate effective communication and respectful behavior when counseling with patients and their families.

VA Consultation Liaison/Emergency Psychiatry

Location: CAVHS Little Rock Campus

Length: 2 months

Supervising Faculty: Doug Provaznik, MD

Overview: The fellow conducts consultations regarding addiction specific diagnostic assessments on complicated substance abuse patients admitted to emergency department and the inpatient hospital at CAVHS Little Rock campus. The fellow is responsible for making recommendations regarding ongoing psychopharmacology issues on medical/surgical units and the emergency room where in medical issues is the primary focus of care.

Goal:

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

Objectives:

- Provide specific recommendations to referring physicians for patients with complicated withdrawal issues (e.g., liver disease, delirium)
- Work collaboratively with other professionals participating in the care of patients with substance use disorders (e.g., other medical specialist, nurses, pharmacist)
- Manage 3 or more overdose situations in the emergency room
- Act as liaison between the patient and other physicians or treatment teams
- Demonstrate effective communication and respectful behavior when counseling with patients and their families

Women's Mental Health Program

Location: UAMS Women's Mental Health Program

Length: 3 months (0.5 day/week)

Supervising Faculty: Shona Ray-Griffith, MD

Overview: The fellow provides comprehensive assessment, diagnosis, and management of preconception, pregnant, and postpartum women with substance use

disorders and comorbid psychiatric and medical disorders in an ambulatory setting. Treatment includes pharmacological treatment with buprenorphine. Additionally, the fellow may participate in the treatment of acute inpatient admissions for medical management of withdrawal from a variety of substances during the perinatal period. The fellow participates in group psychotherapy focused on relapse prevention.

Goal:

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

Objectives:

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

Scholarly Activity Requirement

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

Didactics

Addiction Medicine didactic seminars are on Wednesday afternoons. The fellowship participates in the National Addiction Medicine Didactic Curriculum from the American College of Academic Addiction Medicine (ACAAM) that has been mapped to the American Board of Preventive Medicine addiction medicine exam blueprint as well as the ACGME medical competencies. The fellow is provided with a membership to ACAAM to allow for participation in the virtual live and recorded sessions.

Journal Club

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

Patient Safety and Quality Improvement

The fellow participates in Patient Safety Conference nine times a year (Thursdays at 3PM) and is required to lead one case conference seminar annually. Physicians share responsibility for promoting patient safety and enhancing quality of patient care. Physicians must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. The clinical case conference setting is designed to identify areas for improvement and promotion of safe, interprofessional, team-based care. In order to promote these initiatives, the fellow and faculty participate in the case conference seminars. Clinical cases that provide an opportunity to evaluate safety or quality improvement efforts (i.e., reporting, investigating, and follow-up of adverse events, near misses, and unsafe conditions) are presented.

Grand Rounds

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

Clinical Competency Committee

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

Contractual Agreement

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

Evaluation and Promotion

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

twice a year to review evaluations and clinical rotations. A summary of the evaluations will be reviewed and signed by the fellow.

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

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

Fellows may appeal an unsatisfactory evaluation by submitting a written request to appear before the training program's CCC in a meeting called by the Program Director. The Committee reviews a summary of the deficiencies of the fellow, and the fellow has the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of this Committee is final.

At the completion of the training program, the Program Director prepares a final evaluation of the clinical competence for the fellows. This evaluation stipulates the degree to which the fellows have mastered each component of clinical competence—clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, and provision of medical care. This evaluation verifies fellows have demonstrated sufficient professional ability to practice competently and independently. This evaluation remains in the program's files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

Program Evaluation Committee

The Program Evaluation Committee will meet twice a year to conduct a review of the program. Briefly, the Committee plans, develops, and evaluates ongoing educational activities of the program. The Committee consists of the Program Director, Assistant Program Director, Fellow, and other faculty members.

Program and Faculty Evaluations

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

Objectives and Criteria for Graduation

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

Clinical Information

Work Hours

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

Duty Hours

In compliance with the University of Arkansas for Medical Sciences (UAMS) College of Medicine Graduate Medical Education (GME) Committee policies on duty hours and work environment (GME Policy 3.200, <https://gme.uams.edu/wp-content/uploads/sites/24/2020/02/3.200ClinicalExperienceandEducationFINAL.pdf>) and moonlighting (GME Policy 3.300, https://gme.uams.edu/wp-content/uploads/sites/24/2020/02/UAMS-GME-Moonlighting-Policy_2.19.2020.pdf) and considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

Duty Hours:

1. Duty hours are limited to 80 hours per week, averaged over a four-week period. If the fellow is called into the hospital from home, hours spent in-house count toward the 80-hour limit.

2. The fellow must have one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. The fellow should have 10 hours and must have eight hours off between all daily duty periods.
4. Duty periods must not exceed 24 hours of continuous duty. A fellow may stay an additional 4 hours to effect transitions in care. No new clinical duties can be assigned during these 4 hours.
5. The fellow will use New Innovation software to log his Duty Hours weekly during the annual mandatory work hours monitoring period as determined by the Graduate Medical Education Committee (GMEC).

On Call Activities:

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

Work Environment

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

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

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

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

Medical Records: Medical records system that document the course of each patient's illness and care are available at all time and are adequate to support quality patient care, the education of fellows, quality assurance and provide a resource for scholarly activity. Both participating sites offer an electronic medical records system for immediate access to medical records.

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

Professionalism, Personal Responsibility, and Patient Safety

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested

provider. Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

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

Teamwork: Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty.

Supervision

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

- a) Direct Supervision – the supervising physician is physically present with the fellow and patient.
- b) Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
- c) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

We foster progressive authority and responsibility, conditional independence, and a supervisory role in patient care by using graduated levels of supervision as the fellow progress through the 12 months of the fellowship. Initially, the fellow is supervised via direct supervision for the first 1-2 weeks of each clinical rotation. The privilege of progressive authority and responsibility, conditional independence, and a supervisory

role in patient care delegated to the fellow is assigned by the Program Director and Program Faculty members based on this initial assessment of the fellow's patient care skill, milestone evaluations, and competence and based on the needs of the patients. The fellow may progress to being supervised indirectly with direct supervision immediately available after demonstrating:

- a. The ability and willingness to ask for help when indicated
- b. The ability to gather an appropriate history and physical examination
- c. The ability to present these patient findings accurately to a supervising physician who has not, yet seen the patient

Also, the fellowship sets guidelines for circumstances and events in which the fellow must communicate with the supervising faculty members. It is anticipated that the fellow should progress fairly rapidly (within 1-3 months) to indirect supervision, since the fellow is more advanced in post-graduate education years. However, this time period of direct supervision initially ensures that the appropriate supervision is provided for the fellow and that the clinical duties assigned to the fellow are appropriate for their skill and knowledge level. Also, as the fellowship progresses, the fellow begins to provide direct supervision to medical students and psychiatry residents in recognition of their progression toward independence, with faculty member supervision available to both the fellow and other learners, fostering progressive authority and responsibility, conditional independence, and a supervisory role in patient care. In this program, the fellow gradually assumes the leadership role in teaching, medical decision-making, and forming plans of care in the outpatient clinic setting and while on the consultation service with the supervising faculty member assuming a facilitator role. It is expected that the supervising faculty discusses these roles with the fellow and notes any issues or knowledge gaps with patient care clinical tasks. If issues are identified, the supervising faculty discusses these with the fellow and the Program Director. If needed, the Program Director meets individually with the fellow on a case-by-case basis. The Fellowship Program Director also informs faculty members working with the fellow in the coming weeks/months if any areas of weakness or concern are identified so that the faculty member may provide the appropriate supervision for the fellow in those areas and begin to educate/remediate the fellow to address the knowledge gap(s).

In compliance with the University of Arkansas College of Medicine Graduate Medical Education Committee policy on Resident Supervision (GME Policy 3.100, <http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/3.100-Supervision.pdf>), the following guidelines are followed for supervision of the care of patients and backup support:

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

4. Rapid, reliable systems for communication with supervisory physicians are available.
5. The following procedure is followed to address immediate back-up support of the fellow:
 - a. The fellow or any faculty who recognizes a need for back-up support contacts supervising faculty.
 - b. Supervising faculty assists the fellow with clinical care needs. If needed, the supervising faculty enlists the assistance of other faculty to also help with clinical care needs.

Protocol for Handovers & Transfers of Patient Care

The fellow transfers patient care at the end of the work day and at the end of a clinical service. Primary responsibility for the patient care and safety always remains with the supervising attending and will be specific to each service. Fellow orientation includes education concerning the need for handoffs and the procedure at the beginning of each clinical service. For all ambulatory rotations, no daily transition of patient care is necessary. For the consultation liaison rotations (i.e., Inpatient Addiction Medicine Consultation, VA Consultation Liaison/Emergency Psychiatry), the fellow provides a written handoff, via email, to the on call psychiatrist for any potentially complicated cases daily. At the end of the work week, a written handoff is provided for all active patients seen by the fellow at that time to the on call psychiatrist. The on call psychiatrist is available for acute consultation needs after duty hours. For the inpatient rotation (i.e., Substance Abuse Residential Rehabilitation Treatment Program), the following hand off procedures are in place: a. End of day handoff: Fellow will discuss any potentially complicated cases with the psychiatrist on call for end of day. b. Transfer to higher level of care due to patient deterioration: Fellow will notify supervising attending of potential transfer and then contact receiving attending and give report including reason for the transfer. c. Off service notes with notification to the attending will be completed on all patients at the end of the service.

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

The following guidelines are followed for supervision of the care of patients and backup support:

1. Qualified faculty physicians supervise all patient care and their schedules are structured so that adequate supervision is available at all times.
2. Attending faculty physician supervision is provided appropriate to the skill level of the fellow on the service/rotations. Common circumstances requiring faculty involvement include but are not limited to, unexpected events such as patient suicidal behavior, missing patients, medical deterioration, need to transfer patients to higher level of care, patient abuse or severe drug interactions. High risk patients such as complicated medical or behavioral issues should also have attending involvement.

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

Fatigue

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

In the event a fellow experiences fatigue severe enough to interfere with his/her ability to function normally or to impair patient care or safety, the fellow or a faculty member will contact the Program Director. If the Program Director is not available, the report may go to the faculty member in charge of the rotation or the director of fellow education at that facility. The Program Director or faculty member will relieve the fellow of duty and arrange coverage if needed. If the fellow is too fatigued to safely drive home, call rooms are available. The fellow or faculty member will report the incident to the Program Director by e-mail or phone if the Program Director was not involved in the original report. The Program Director determines when the fellow should return to the education program and notifies the attending physician about these arrangements. In the event a fellow experiences recurrent problems with fatigue, the Program Director will refer the fellow for medical evaluation.

Issues of Concern

The fellow should follow these guidelines to raise and resolve issues of concern in a confidential and protected manner:

1. A fellow should discuss the concern with the attending physician or the fellow's assigned faculty advisor.
2. If the above discussion does not resolve the concern, the fellow should meet with the Program Director or his/her designee.

3. If the issue is of such a nature that it cannot be discussed at the program level or the fellow desires additional discussion, the fellow should contact a member of the Resident Council or the Associate Dean for Graduate Medical Education (GME). Members of the Resident Council can meet with the fellow and offer advice on how to resolve or handle the problem. Based on the discussion and advice at this meeting, the fellow may resolve the problem, and no further action is necessary. If the fellow's problem cannot be resolved or is of such a nature that further information is needed, the Resident Council members may discuss the problem with the Associate Dean for GME or the College of Medicine Graduate Medical Education Committee (GMEC).
4. For serious issues for which confidentiality is of the utmost importance, the fellow may seek assistance directly from the Department Chair and/or the Associate Dean for GME.
5. To further minimize the fear of intimidation or retaliation, fellows may also use iSafe to report unprofessional behavior on the part of a UAMS credentialed provider or other resident/fellow for investigation. iSafe is the confidential reporting system that supports implementation of the COM Professionalism Guideline. <https://apps.uams.edu/i-safe/default.aspx> Human Resources, working collaboratively with the Academic Affairs and Faculty Affairs offices, will manage this all-inclusive reporting system. The user-friendly online forms allow reporting of claims of the following categories:
 - a) Sexual Harassment or Gender Discrimination
 - b) Discrimination or Discriminatory Harassment
 - c) Professional Misconduct

Fellow Participation in Non-Departmental Activities/Public Service

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

General Information

Leave

Vacation

Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. This cannot be "carried over" from one year to the next. Fellows are generally expected to request leave 90 days prior to their leave start date.

Sick Leave

Residents have 12 days of sick leave (including weekend days) for medical reasons during each year of training. The sick leave cannot be "carried over". Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director. When using sick leave, the fellow must notify the attending physician as well as the Office of Education. If you have a planned medical leave or appointment, a standard leave form should be submitted prior to the leave for planning purposes.

Additional Leave

Fellows are allotted five (5) bonus days of leave per residency/fellowship.

Professional Leave

In addition to the annual vacation days, each fellow is allowed five (5) days of professional/educational leave for use by the fellow at their discretion during the entirety of the fellowship period at UAMS. Job or further educational training interview days may not be counted as professional/educational leave. Professional/educational leave may be used to take primary or subspecialty boards as well as USMLE exams. Special exceptions for more than 5 days per year will be considered by the Designated Institutional Official (DIO) under this policy. Those exceptions include but are not limited to: advance recognition, exceptional research or academic performance. Exceptions should be requested in advance of the registration deadline/leave date. A UAMS Request for Travel Authorization should document professional/educational leave. See UAMS Administrative Guide Policy 8.4.04.

Process:

It is the responsibility of the fellow to:

1. Notify the Program Director, Attending Physician, and the Program Coordinator in writing as soon as possible about the need to take leave for any reason;
2. Supply the necessary written information about the reason for any type of leave;
3. Gain a thorough understanding of the effect the leave will have on meeting the requirements of the fellowship program and board certification; and,
4. Once leave is approved, the fellow must log all leave in New Innovations, the fellowship management software.

Medical, Parental, or Caregiver Leave Policy

Per ACGME requirements, starting with their first day of employment, every resident and fellow in an ACGME-accredited residency program is entitled to six-weeks approved medical, parental, or caregiver paid leave at any one time during their residency or fellowship program. Medical, parental or caregiver leave may be requested in blocks or specific increments to total six weeks. During this leave period, trainees will be paid 100% of their salary. Health and disability insurance benefits for residents/fellows and their eligible dependents will continue. Medical, parental or caregiver leave must be approved by Program Director, DIO, and Assistant Dean for Housestaff prior to the start of this leave.

If any of the fellow's annual allotted paid time off (i.e., vacation or sick leave) is available at the time of the medical, parental or caregiver leave request, then this paid time off will be applied to and run concurrent to any approved leave. If paid time off (i.e., vacation or sick leave) has not been used in the academic year prior to this one-time medical, parental or caregiver leave, then the fellow will be provided with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved, medical, parental, or caregiver leave.

This medical, parental and caregiver leave is only available through the process outlined below. Unused weeks of medical, parental or caregiver leave are not considered part of a bank of vacation days to be used later. Some or all portions of medical, parental or caregiver leave may fall under the FMLA. Residents/fellows must follow UAMS and COM GME policies as related to FMLA.

Process:

1. The trainee will inform their Program Director in writing to request the use of their one-time approved paid six-week medical, parental or caregiver leave. Though the trainee may share the details of their request with their Program Director, they are only required to disclose the category of their leave (medical, parental, or caregiver). Trainee should outline plan for use of medical, parental or caregiver leave to include proposed dates of leave.
2. The program will complete the online UAMS COM GME Medical, Parental and Caregiver Leave Request Form. The trainee will complete the online Resident Acknowledgement of Use of Medical, Parental and Caregiver Leave. Both documents must be submitted to the Assistant Dean for Housestaff Affairs for review.
3. The Housestaff Office will provide written communication to program regarding approval of request and next steps.
4. Trainee must comply with all processes to include submission of FMLA paperwork and communication with Housestaff Office on a regular basis.
5. The Program Director will meet with the trainee, review their planned leave dates, and review potential impact on the trainee's ability to graduate on time and/or take certifying exams as outlined above. The Program Director will review clinical assignments the trainee will be required to make up, if any, as described above. All discussions will be documented by the Program Director and placed in the trainee's personnel file.
6. Program will ensure that leave is accurately logged in New Innovations, the residency management software.
7. At least one week before the end of an approved leave, the trainee must email their Program Director to confirm their return-to-work date and must additionally communicate with the Assistant Dean for Housestaff as required to ensure their process is properly completed. The Program Director will confirm the trainee's return to work with the Assistant Dean for Housestaff on their first day back in writing.

Effect of Leave on Completion of Training

Fellow physicians are in the unique position of having a role as students and employees. Although brief periods of leave can usually be accommodated, extended absences from the fellowship program for any reason may adversely affect both the fellow's completion of the educational program on schedule and the program's responsibilities for patient care, allocation of clinical teaching opportunities and funding

for resident stipends. Most specialty boards specify a minimum number of weeks of education (or training) that must be completed for a fellow to receive credit for the educational (or training) time. The fellow must take into account these factors when requesting extended periods of leave from the program.

ID Badges

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

Mailboxes

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

Pay Schedules

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

Parking

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

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

Moonlighting

Moonlighting is any activity, outside the requirements of the fellowship program, in which an individual performs duties as a fully licensed physician, receives direct financial remuneration and acts as an individual practitioner. *External moonlighting* is any voluntary, compensated, independent professional activity arranged by an individual fellow, which is outside the course and scope of the fellowship program, that is outside of the UAMS system or any of its related participating sites. 'Moonlighting' covered by this policy is 'external moonlighting'.

External Moonlighting Policy

The Addiction Medicine Fellowship allows external moonlighting. External moonlighting must be done in a safe manner with the clinical and educational needs of training remaining the priority. The fellowship has the following additions/clarifications:

1. A fellow must be in good standing within the program in order to engage in external clinical activity. This includes:
 - a. All documentation and certification requirements are up to date.
 - b. All UAMS health and safety requirements complete (e.g., TB testing, proof of vaccination).
 - c. The fellow is free of UAMS disciplinary actions or fellowship program probation restrictions.
2. As per GME policy, the fellow who wishes to engage in external clinical activity is responsible for obtaining/maintaining licensing, DEA registration, insurance, and credentialing independent of the UAMS institution.
3. It is the responsibility of the fellow to identify, apply for, and maintain external clinical opportunities. The Addiction Medicine Fellowship will not arrange or coordinate external clinical opportunities or external call shifts. Similarly, this fellowship bears no responsibility for arranging emergency coverage for a fellow who is unable to fulfill scheduled external clinical responsibilities. When performing moonlighting services, the fellow must appropriately document in the medical chart. For example, they can state that they are licensed to practice medicine in Arkansas, document the service was performed outside of their approved GME program, and describe the specific physician services furnished.
4. It is the responsibility of the fellow to complete/maintain all necessary certification and documentation to obtain/maintain credentialing at external clinical sites. Fellowship staff will not complete, fax, or mail paperwork on behalf of the fellow. In the case of paperwork that must be filled out by the Program Director or Program Coordinator specifically (e.g. statements of clinical ability, verification of enrollment in the fellowship), the office will have at least 10 business days to complete such documentation.
5. The fellow is required to specifically document all external duty hours in New Innovations. External duty hours must remain in compliance with all ACGME duty hour requirements.
6. Any fellow seeking approval for external clinical activity will need to demonstrate that the activity will not overlap with any fellowship-assigned clinical work and didactics. This includes the following restrictions:
 - a. The fellow cannot engage in external clinical work during any time during scheduled Fellowship-assigned clinical/didactic responsibilities. This absolutely includes weekday business hours.
 - b. The fellow may not engage in external clinical activities during “lunch breaks” or any other point in the regular workday. Note that there is no expectation that weekday work will cease by 5PM. It is reasonable to expect the fellow to work later (within duty hours) based on the service demands of a rotation. Therefore, the fellow is discouraged from scheduling external clinical work at any time that could overlap with reasonable expectations of a fellowship-assigned clinical shift.
 - c. At no time will a fellow be excused from any fellowship-assigned responsibilities due to the need to get to any external clinical activity.

- d. Moonlighting is not allowed for fellows during months that he/she is participating on a Central Arkansas Veterans Healthcare System (CAVHS) reimbursed clinical or research experience.
 - e. A fellow must not wear badges or other identifiers as a fellow in a UAMS COM fellowship training program.
7. Because outpatient clinics can have unexpected clinical demands in the form of emergency calls and medication refill needs, any outpatient clinical experiences need to be demonstrated to be clearly limited to off-hours. This means that the fellow will need to demonstrate that another clinician is responsible for both emergency and non-emergent phone calls during regular hours. Instructing patients to contact an ED, triage nurse, or answering service is not sufficient to meet this requirement.
8. The fellow may not engage in clinical activities which are outside their scope of practice.
9. The Clinical Competency Committee has the ability to limit authorization for external clinical activity at a specific clinical site if that site is felt to represent a dangerous clinical or legal situation for a fellow. Indicators of such risk include (but are not limited to):
- a. History of multiple malpractice lawsuits involving one or more fellows at that site.
 - b. Clinical demands in excess of the normal standards of practice or staffing practices that are inadequate for a safe clinical environment.
 - c. Compelling evidence that the clinical supervisor, or the overall culture of practice at the clinical site, is engaging in unethical/illegal clinical or business practice (e.g. billing fraud, selling prescriptions) or dangerously out of compliance with state or national requirements.
10. The fellow is required to report to their supervisor and the program director when clinical and business conflicts of interest arise during fellowship-related clinical work. These may include (but are not limited to):
- a. When a fellow is established as a treating clinician for a patient in both fellowship-related and external clinical practices.
 - b. Double-agency (when decisions made during residency-related work may positively or negatively impact an external clinical entity to which the fellow is beholden). This includes referrals of patients from the fellowship-based clinical system over to a moonlighting practice.
11. Failure to remain in compliance with these regulations and the GME policy on moonlighting will result in suspension of authorization for continuing external clinical activities. Any fellow who fails to comply with instruction to cease external clinical activities as directed will be subject to dismissal from the program.
12. J1 visa holders are not permitted to participate in moonlighting.
13. H1B visa holders will need program and immigration approval to participate in moonlighting.

14. A fellow's income from a state institution must not exceed state regulations, in particular, a fellow's compensation from UAMS, which includes fellowship stipend and all earnings from external moonlighting, may not exceed the state line-item salary maximum.

To demonstrate the above requirements are met, any moonlighting must be approved by completing the External Clinical Activity Authorization form. The fellow must meet with the Program Director for their approval of any external clinical experience. Once the External Clinical Activity Authorization form has been signed by the Program Director and the fellow, the Program Coordinator sends it to the Department Administrator and Chair for signatures which are returned to the Program Coordinator. The External Clinical Activity Authorization form, copies of the fellow's Arkansas Medical License, DEA number, Personal Liability Insurance, and appropriate hospital credentialing documentation are then sent to the GME office for the DIO to approve. Once approval has been given by the GME office, the fellow is notified they may now participate in Moonlighting. Each academic year, an External Clinical Activity Authorization Form must be completed and all approval obtained prior to the start of any moonlighting activity.

Website

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

Interview Season Websites

Why Choose UAMS Graduate Medical Education Programs 2021
<https://medicine.uams.edu/gme/about-us/why-choose-uams/>

What Makes UAMS So Special? Resident's Perspective 2021
<https://medicine.uams.edu/gme/about-us/what-makes-uams-so-special/>

About Little Rock for GME Applicants
<https://medicine.uams.edu/gme/applicants/about-little-rock/>