

Orientation to ACGME & ADM Fellowship

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and Community Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

The ACGME Site Visit

- What it is
 - Review of Program Requirements and what we do to meet them
- What it is NOT
 - QI
- Other pearls of wisdom from our GME Director
 - It's to your advantage to be affiliated with an accredited program.
 - Think of being “on the witness stand”

SOME IMPORTANT PROGRAM POLICIES

SUPERVISION POLICY

Supervision Policy

- All patient care supervised by appropriately credentialed & privileged faculty member
- Progressive fellow authority & responsibility for providing patient care assigned by PD & faculty

Supervision Policy

- The supervising physician should be contacted immediately under any of the following circumstances for their involvement in care and decision-making
 - Involvement in the care of a critically ill patient
 - Withdrawal and/or intoxication states with severe agitation
 - Challenging interaction with patient or family
 - Disagreements in care approach with primary team or other consulting services
 - Any situation in which the fellow has questions about care and decision making and are uncertain regarding level of urgency

FELLOW WELL-BEING

Well-Being

- Recent language shift from “fatigue and impairment” to “well-being”
- Resources
 - UW Health providers module (Sleep, Alertness, and Fatigue Education)
 - UWH Employee Assistance – LifeMatters
 - <https://uconnect.wisc.edu/pay/benefit-programs/employee-assistance-program/>

Program Well-Being Policy

- Fellows and faculty members have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours.
- There are circumstances in which fellows and faculty members may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. When these events occur, fellows and faculty can seek backup support without fear of negative consequences.



Fatigue & Impairment Policy

- Impairment = illnesses/conditions that may adversely affect ability to learn, provide safe and appropriate patient care, and/or compromise safety for self or others
 - May be caused by, but are not limited to, illness, fatigue, substance abuse and/or physical, mental, emotional, and/or behavioral factors.
- Faculty, fellows or staff who identify or learn of possible impairment are encouraged to notify the Program Director.
- Faculty, fellows or staff who observe incidents that adversely affect safe and appropriate patient care must report the incident to the Program Director.



Confidential Reporting of Concerns

- ACGME requires us to have a policy protective of fellows on this front
- PD often appropriate first contact for this
- Other appropriate resources
 - GME Chair (William Schwab)
 - DFMCH Chair (currently William Schwab; David Rakel as of July 1)
 - Ombuds Office of SMPH--(608) 265-9992;
<https://ombuds.wisc.edu/>

Future Directions: Incorporating Well-Being

- Investigating utility of Balint group w/ mindfulness training
- Annual retreat
- PD meetings

PATIENT SAFETY

Patient Safety & Culture of Safety in Fellowship

- Content required of UW Health clinicians
 - UW Health Compliance
 - Risk Management
- Clinical teaching
 - Inter-professional, team-based care
- Event reporting
 - In case of adverse event, program commits that faculty will assist fellow w/ entry into online portal-- Patient Safety Net system

<https://home.uwhealth.wisc.edu/>

UWHealth



Outlook Webmail



Directory



MyTime



U-Connect
for Everyone



U-Connect
for Physicians/APPs



U-Connect
for Nurses



U-Connect
for Managers

TOOLS

Clinical Tool Search

Health Link (Citrix Gateway)

Oracle Cloud

Paging

PSN

ServiceNow

SharePoint

WORK HOURS

Work Hours in Fellowship

- Our program has likely never had a Duty Hours/ Work Hours violation (no overnight or weekend call).
- Nonetheless, it's likely that the site reviewer will ask if you have received education about Clinical and Educational Work Hours requirements.

Work Hours in Fellowship

Key Work Hours Rules:

- Max of 80 hours per week, averaged over a 4-week period (includes in-house clinical and educational activities, clinical work done from home, and moonlighting)
- 8 hours off between shifts
- Clinical shifts cannot exceed 24 hours (up to 4 additional hours for transitions of care or education)
- 14 hours free of clinical work after 24 hours of in-house call
- Minimum of 1 day off in 7, averaged over 4 weeks

Work Hours in Fellowship

Exceptions:

- In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - to continue to provide care to a single severely ill or unstable patient;
 - Humanistic attentions to the needs of a patient or family;
 - To attend unique educational events/

EVALUATION

Work Hours in Fellowship

The Six ACGME Competencies:

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

Evaluation in Fellowship

Fellow Evaluation:

- Must assess competence in the six ACGME competencies
- We send rotation evaluations to preceptors at the end of rotations (or quarterly for ongoing rotations)
- The Clinical Competency Committee (CCC) must prepare a semiannual Milestone evaluation for each fellow
- The Program Director must provide a final summative evaluation upon completion of the program

Evaluation in Fellowship

Faculty Evaluation:

- We've used an open-ended form that is not confidential
- We need to also have a confidential annual evaluation, so we recently created one
- Since we are a small program, results won't be released to the faculty until at least 3 evals can be aggregated.
- The Program Director must review these evaluations with each faculty member annually.

Evaluation in Fellowship

Program Evaluation:

- Fellows and Faculty must complete an annual program evaluation
- The program must have an Program Evaluation Committee (PEC)
- The program must complete an Annual Program Evaluation (APE)

LOGISTICS OF THE SITE VISIT DAY

May 18, 2021

Logistics of the Site Visit Day:

- 7:30-9:00am – Program Director and Coordinator
 - 9:15-10:15am – Fellows
 - 10:30-11:15am – Faculty
 - 11:30-12:00 – DIO/Department Chair
 - 12:15-12:45 – Concluding Meeting
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- Will occur over Zoom
 - Each participant should be on a separate computer
 - Bring your list of 5 strengths and 5 areas for improvement
 - Your responses are confidential
 - Arrive on time

QUESTIONS/DISCUSSION



BASIC ACGME PROGRAM REQUIREMENTS

Program Director

- 0.2 FTE
- Certified in Addiction Medicine (ABPM)
 - or subspecialty qualifications acceptable to the Review Committee (*until June 2021*)
 - ABAM
 - ABMS Addiction Psychiatry, Medical Toxicology, Pain Medicine
 - AOA Addiction Medicine, Medical Toxicology, Pain Management, Pain Medicine



Faculty

- At least 1 faculty (in addition to Program Director) certified in Addiction Medicine
- At least 1 faculty certified in Psychiatry
- At least 1 faculty from:
 - Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Ob-Gyn, Pediatrics, Preventive Medicine, or Surgery
 - This could be the Program Director



Other Personnel

- Multiple disciplines encouraged but Program Requirements are general
 - “There must be professional personnel available to the program from clinical disciplines, such that educational goals of the program can be met”
 - For example:
 - Clinicians with expertise in adolescents, women’s health, etc
 - Psychologists, counselors, social workers, nurses, etc

Clinical Training Sites

- Inpatient
 - Addiction-focused facility
 - Inpatient treatment program, hospital-based rehab program, medically managed residential program
 - General medical facility
 - Acute care hospital, academic medical center, VA, etc.

Clinical Training Sites

- Outpatient
 - Addiction-focused
 - Opioid treatment program, intensive outpatient program, partial hospitalization
 - General medical
 - Health system clinic, community health center, etc.

Patient Population

- Diversity in age, gender, socio-economic status, culture, and co-occurring medical and psychiatric conditions... for example:
 - Children, adolescents, young adults
 - Women
 - Justice-involved
 - Dual-diagnosis
 - Uninsured
 - Professionals

Rotations

- 9 Months Clinical: Block and/or longitudinal
 - Inpatient: minimum 3 months (about 480 hours)
 - Should include 1 month consultation experience
 - Outpatient: minimum 3 months (about 480 hours)
 - Continuity outpatient: ½ day per week
 - Patient panel over 12 months
 - Remainder in clinical electives

Rotations

- Equivalent of $\frac{1}{2}$ day per week longitudinal learning
 - Weekly conference
 - Journal club
 - Self-directed learning
 - Tutoring/mentoring sessions

Curriculum: Educational Objectives

- Assessment, Screening and Brief Intervention
- Family Aspects and Impacts of Substance Use and Addiction
- Medical Comorbidities and Complications
- Psychiatric Comorbidities and Complications
- Medically Managed Withdrawal (Detoxification)
- Pain Medicine
- Pharmacologic Therapies
- Prevention, Public Health, and Administration
- Psychosocial Therapies