

**Medical University of South Carolina
Addiction Psychiatry Fellowship Program
Duties, Goals & Objectives Handbook**



TABLE OF CONTENTS

DESCRIPTION	PAGE
<i>Introduction.....</i>	<i>1</i>
<i>Charleston Center (Dept. of Alcohol & Drug Services).....</i>	<i>2</i>
<i>Charleston Center Methadone Maintenance Clinic.....</i>	<i>5</i>
<i>MUSC Child and Adolescent Clinic</i>	<i>7</i>
<i>MUSC Inpatient Unit</i>	<i>9</i>
<i>MUSC Outpatient Psychopharmacology Clinic (CDAP).....</i>	<i>12</i>
<i>MUSC Pain Management Clinic</i>	<i>14</i>
<i>MUSC Consult-Liaison.....</i>	<i>16</i>
<i>VAMC Substance Treatment and Recovery (STAR).....</i>	<i>18</i>
<i>Multiple Pathways of Recovery.....</i>	<i>21</i>
<i>Artificial Intelligence (AI) for Healthcare.....</i>	<i>23</i>

The Addiction Psychiatry Fellowship Program at the Medical University of South Carolina (MUSC) in historic Charleston, South Carolina, provides psychiatrists with advanced training in the diagnosis and treatment of substance use disorders with and without co-occurring psychiatric disorders. Upon successful completion of the one year ACGME- accredited program, graduates will be eligible to test for the ABPN subspecialty board certification in addiction psychiatry. Fellows have access to internationally recognized experts in the field of addiction psychiatry, and the unique opportunity to engage in a variety of research activities that constitute the cutting edge of substance abuse research. The diverse expertise of our core faculty offers fellows an opportunity to identify areas of particular interest to them and to develop rotations permitting more in- depth knowledge of those areas of interest. Additionally, the MUSC Addiction Psychiatry Fellowship Program offers fellow training in three distinctive clinical environments: 1) the Charleston Center, a substance abuse prevention, intervention, education and treatment center; 2) the Ralph H. Johnson VAMC, which proudly serves more than 67,000 Veterans in 21 counties; and 3) the MUSC Medical Center, including inpatient and outpatient experiences.

Contacts

Karen Hartwell, MD
Addiction Psychiatry Fellowship Director
Professor of Psychiatry, MUSC
843.792.4606
hartwellk@musc.edu

Amanda Wagner, MA, LPC Program
Administrator, MUSC
843.792.0484
wagne@musc.edu

Charleston Center Longitudinal Clinic

Charleston Center Longitudinal Clinic STAR is a required twelve- month, part-time rotation. During this rotation, fellows participate in a longitudinal psychopharmacology clinic (four hours per week) providing psychiatric evaluation and follow-up, as well as providing individual therapy. Fellows perform these initial evaluations and follow patients referred from the methadone maintenance clinic, the 28-day residential unit and "A New Life Program for Women" (a program for pregnant women and women with children up to the age of two years who are struggling with substance use disorders). Fellows are provided the opportunity to practice independently during this rotation.

Patients have a wide array of substance use disorders and a substantial number also have comorbid psychiatric disorders. The specialization is primarily focused on dual diagnosis, but the fellow will also see patients with substance use disorders only. In addition, the fellow has the unique opportunity to work with pregnant, postpartum, and lactating women struggling with dual diagnosis disorders.

Fellows are supervised by an attending psychiatrist with specialization in addiction. The medical director of the Charleston Center (family practitioner with ASAM certified addiction specialization) is also available and provides supervision to the fellows.

1. Patient Care

1.1 To demonstrate competency in assessment and accurate diagnosis of patients with substance use disorders.

1.2 To demonstrate competency in accurate diagnosis of patients with comorbid psychiatric and substance use disorders.

1.3 To demonstrate competency in management of intoxication and withdrawal signs and symptoms related to addictive substances.

1.4 To demonstrate competency in management of relapse prevention using individualized multimodal treatment plans.

1.5 To demonstrate competency in management of comorbidities associated with substance use disorders.

1.6 To demonstrate competency in effectively managing patients with substance use disorders and associated behaviors.

1.7 To demonstrate competency in effectively managing women with addictive disorders who are currently pregnant, postpartum, and lactating.

1.8 To demonstrate competency in effectively and safely treating comorbid psychiatric disorders in patients receiving methadone maintenance (give potential side effects, risks and medical interactions of methadone maintenance).

2. Medical Knowledge

2.1 To demonstrate an understanding of DSM 5 diagnostic criteria for substance use disorders and related comorbid medical and psychiatric disorders.

2.2 To demonstrate competencies in psychopharmacology related to substance use disorders.

2.3 To demonstrate an understanding of pharmacological interactions between methadone and other medications.

2.4 To demonstrate an understanding of the safety of various psychopharmacological agents in pregnant and lactating women.

2.5 To demonstrate an understanding of evidence-based practice of Addiction Psychiatry.

2.6 To demonstrate an understanding of urine and plasma toxicology screens and GCMS confirmations.

3. Practice-Based Learning and Improvement

3.1 To assess one's knowledge base and initiate the acquisition of new knowledge and skills.

3.2 To demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

4.1 For pregnant, postpartum and lactating women, effectively communicate and coordinate care with the patient's obstetrician and/or pediatrician.

4.2 To be courteous to patients, families and staff.

4.3 To present cases clearly, concisely and accurately.

4.4 To timely and thoroughly complete patient charts.

4.5 To communicate effectively with staff and faculty.

5. Professionalism

5.1 To be courteous and respectful to patients and their family members.

5.2 To be courteous and respectful to colleagues and other staff members.

5.3 To follow Charleston Center privacy policy.

6. Systems-Based Practice

6.1 To demonstrate competency in working with various agencies involved in treating patients with substance use disorders (e.g., Drug Courts, DSS, High Risk Obstetrics Clinic, Community Mental health centers).

6.2 To be familiar with self-help groups (e.g., Alcoholic Anonymous, Narcotics Anonymous).

6.3 To be familiar with different treatment settings (e.g., residential programs, intensive outpatient programs).

6.4 To demonstrate the ability to work as a part of multidisciplinary team in the treatment of addictions.

6.5 To demonstrate an understanding of third-party reimbursement issues.

Charleston Center Methadone Maintenance Clinic Rotation

The Methadone Maintenance Clinic rotation at the Charleston Center is a required part-time, six-week rotation. This rotation is designed to give the addictions fellow knowledge and practical experience in diagnosing and treating opioid addiction using an opioid replacement modality. The patient population is that of Charleston Center's opioid treatment program (OTP). Most of these patients have other substance use problems also. Many have psychiatric co-morbidities that must be addressed at the same time.

Supervision is provided by an ASAM certified family practitioner with more than thirty years of experience in treating this patient population. Additional support is available through interaction with the physician assistant, nurse practitioner, and clinical counselors who staff the program.

1. Patient Care

1.1 To demonstrate an ability to diagnose opioid use disorders and outline appropriate treatment options by obtaining a complete history and performing a thorough physical exam.

1.2 To diagnose other substance use problems and recommend a treatment plan in light of opioid dependence.

1.3 To diagnose psychiatric problems and suggest treatment strategies.

2. Medical Knowledge

2.1 To demonstrate an understanding of the theory and practice of using methadone in opiate use disorder, both through reading and interacting with patients and members of the treatment team.

2.2 To understand dosing issues for maintenance, detoxification, and supervised gradual withdrawal, including the role of urine screening and serum drug levels.

2.3 To understand the potential use of buprenorphine in medically supervised withdrawal and maintenance.

2.4 To understand the need to address other addiction problems and that methadone/buprenorphine are not expected to improve "other drug" use.

3. Practice-Based Learning and Improvement

3.1 To demonstrate understanding and practice of evidence-based medicine.

3.2 To demonstrate the ability to obtain and evaluate up-to-date information from emerging research and critical reviews of existing medical information.

3.3 To demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

4.1 To demonstrate the ability to be an active member of the treatment team, sharing appropriate information as necessary.

4.2 To demonstrate the ability to actively engage patients in this form of treatment using non-judgmental and motivational/educational techniques in order to encourage compliance.

4.3 To understand the particularly challenging nature of the therapeutic relationship with patients with opioid use disorder and exhibit appropriate and ethical behaviors in the patient's best interest.

5. Professionalism

5.1 To be courteous and respectful to patients and their family members.

5.2 To be courteous and respectful to colleagues and other staff members.

6. Systems-Based Practice

6.1 To demonstrate an understanding of the coordination of care with other Charleston Center treatment programs from which the patient may benefit.

6.2 To demonstrate an understanding of the coordination of care with other local agencies and providers, and advocate for the patient in cases where the use of methadone maintenance may not be understood/accepted.

6.3 To demonstrate the ability to actively engage patients in this form of treatment using non-judgmental and motivational/educational techniques in order to encourage compliance.

6.4 To understand the particularly challenging nature of the therapeutic relationship with patients with opioid use disorder and exhibit appropriate and ethical behaviors in the patient's best interest.

MUSC Child and Adolescent Addiction Psychiatry Rotation

The Child and Adolescent Addiction Psychiatry rotation is a required, part-time, twelve-month rotation via the Family Tree program, an outpatient adolescent substance use treatment program that offers therapy to children ages 12-18 who reside in the Berkley, Charleston, and Dorchester counties. The adolescents may also present with co-occurring mental illness such as anxiety, depression, ADHD, trauma or post-traumatic like symptoms, etc. They will receive therapeutic interventions such as psychoeducation, cognitive behavioral therapy, and motivational enhancement as part of the treatment included within their time at Family Tree. During this rotation, fellows participate in outpatient treatment of adolescents with substance use disorders in clinical and research settings. They receive training in and provide evidence-based psychosocial treatments specific to this age group. Fellows will also gain experience in clinical assessments with adolescents and their caregivers.

1. Patient Care

- 1.1 To perform a diagnostic interview and gather data from various sources in order to arrive at a differential diagnosis and develop a treatment plan.
- 1.2 To gain familiarity in interviewing children and adolescents and to understand how the technique of interviewing this population differs compared to adults.
- 1.3 To develop an integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in diagnosis and management.
- 1.4 To evaluate child and adolescent patients' risk of suicide and/or violence.
- 1.5 To formulate a comprehensive and multimodal plan appropriate to each individual patient's needs.

2. Medical Knowledge

- 2.1 To understand the application of diagnostic criteria for substance use disorders within the adolescent population.
 - a. Develop a working knowledge of the diagnostic criteria of substance use disorders which are most common in the adolescent population, including cannabis, nicotine, alcohol, and opioid use disorder.
- 2.2 To understand the more common comorbid psychiatric disorders with substance use disorders in the adolescent population, including Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, and mood and anxiety disorders.
- 2.3 To understand appropriate evidence-based treatments for adolescents with substance use disorders including:
 - a. Group-based prevention interventions
 - b. Cognitive-behavioral therapy
 - c. Motivational enhancement therapy
 - d. Family therapy
 - e. Contingency management

f. Pharmacotherapy

2.4 To develop an understanding of emerging research literature.

3. Practice-Based Learning and Improvement

3.1 To assess one's knowledge base and initiate the acquisition of new knowledge and skills.

3.2 Demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

4.1 To present a case in a clear, concise, and complete manner in oral and written forms.

4.2 To build a therapeutic alliance with child and adolescent patients.

4.3 To appropriately involve families in the patient evaluation process and recognize family adjustment to, or role in, the patients' disorders.

4.4 To develop the skills to communicate with cooperative and non-cooperative parents.

5. Professionalism

5.1 To develop respectful, ethical, and professional attitudes with regard to patient care and interaction with colleagues.

6. Systems-Based Practice

6.1 To integrate ancillary information, such as school reports and psychological testing, into the diagnostic evaluation.

6.2 To coordinate clinical care with other providers, relevant agencies, and other organizations.

MUSC Inpatient Unit Rotation

The Inpatient rotation at the MUSC Institute of Psychiatry Center for Drug and Alcohol Programs (CDAP) is a required part-time, three-month rotation. On this rotation, fellows spend their time learning to manage detoxification, learning about the evaluation of individuals with dual disorders, and developing proficiency in the following therapeutic modalities: individual psychotherapy, cognitive behavioral and brief motivational strategies, family therapy, group therapy, milieu therapy, behavior modification, and psychopharmacology. Dr. Thomas Lewis, who is board certified in both general adult psychiatry and addiction psychiatry, as the Medical Director of the IOP oversees all inpatient units including addiction. An average inpatient caseload will be eight patients. The fellows are responsible for supervising and coordinating care, and provide psychiatric evaluation, medical stabilization, and treatment planning. The fellows supervise medical students and residents, working closely with nursing and social work staff in provision of patient care. Caseloads are reviewed to ensure the appropriate breadth of experience.

The inpatient service patients are approximately 54% male, 46% female, 58% African- American, and 42% Caucasian, with an age range from 18- 70. Diagnoses include substance use disorder (alcohol / cocaine / methamphetamine / opioid / sedative hypnotics), with or without psychiatric disorder [primarily bipolar disorder, major depression, schizophrenia, PTSD, anxiety disorders (generalized anxiety disorder, panic disorder, social phobia, obsessive compulsive disorder) and personality disorders]. The unit is managed using principles of behavior modification, medication-assisted treatment, and motivational enhancement. The specialization is dual diagnosis evaluation and treatment, but some patients have only substance use disorders without comorbidity.

All fellows have one hour of individual supervision and one hour of additional supervision (individual or group) each week with the team attending Thomas Lewis MD or his designee. Additional supervision will be provided as needed.

1. Patient Care

- 1.1 To perform a diagnostic interview and examination, synthesize the available information, and arrive at a differential diagnosis.
- 1.2 To manage intoxication and withdrawal syndromes.
- 1.3 To evaluate patients for risk of suicide and/or violence.
- 1.4 To recognize criteria for assignment of patients' clinical needs along a stepped- care continuum and to formulate a comprehensive and multimodal plan appropriate to individual patients' needs.
- 1.5 To effectively and appropriately use pharmacotherapy for detoxification.
- 1.6 To appropriately diagnose and treat comorbid psychiatric conditions.
- 1.7 To build a therapeutic alliance with patients with substance use disorders.
- 1.8 To understand the issues of informed consent in the the treatment of patients with substance use disorders.

1.9 To consider and recognize the benefits, risks, and challenges of treating patients with substance use disorders in the context of involuntary hospitalization and/or mandated outpatient treatment.

1.10 To understand the indications, contraindications, and procedures for initiation of medication-assisted maintenance treatments for opioid dependence.

2. Medical Knowledge

2.1 To understand the diagnostic criteria for major Axis I and Axis II disorders and generate a differential diagnosis applicable to the patient with active and/or remitted addiction.

2.2 To understand the use of pharmacotherapy for the inpatient treatment of substance use disorders, including the indications, side effects, and following medications:

- a. Antipsychotic medications (1st and 2nd generation)
- b. SSRI's
- c. Other new antidepressants
- d. Tricyclic antidepressants
- e. Monoamine Oxidase Inhibitors
- f. Benzodiazepines and other sedatives
- g. Lithium
- h. Anticonvulsants
- i. Psychostimulants
- j. Medications for Opioid Use Disorders (MOUD)
- k. Anti-craving medications
- l. Aversive medications (e.g. disulfiram)
- m. Other medications used in the management of psychiatric illness

2.3 To understand the clinical risk factors, signs, symptoms, and management of withdrawal syndromes, including prevention and treatment of withdrawal seizures and delirium.

2.4 To understand the role of medical comorbidity in psychiatric illness.

2.5 To understand non-pharmacologic treatment modalities, including:

- a. Relapse prevention
- b. Motivational enhancement
- c. Group therapy
- d. Occupational therapy
- e. Supportive psychotherapy
- f. Recreational therapy

2.6 To understand components of a therapeutic milieu.

2.7 To learn standards for seclusion and restraint.

2.8 To interpret laboratory data related to substance use disorders, including urine drug screening and use of state of the art biomarkers of alcohol use.

3. Practice-Based Learning and Improvement

3.1 To demonstrate understanding of evidence-based medicine and its limitations.

3.2 To assess one's knowledge base and initiate the acquisition of new knowledge and skills.

3.3 To demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

4.1 To present a case in a clear, concise and complete manner in oral and written forms.

4.2 To build a therapeutic alliance with patients with substance use disorders.

4.3 To effectively communicate with ancillary staff regarding patient care.

4.4 To demonstrate competency in taking a leadership role with the treatment team and display appropriate interactions with staff and patients.

5. Professionalism

5.1 To develop respectful, ethical, and professional attitudes with regard to patient care and interaction with colleagues.

6. System-Based Practice

6.1 To understand the role payors play in determining the length of stay, treatments rendered, and the process of authorization of treatment on an inpatient unit.

6.2 To become familiar with and be able to utilize adjunctive treatment programs, including:

- a. Alcoholics Anonymous and other 12-step groups
- b. Inpatient treatment – medically supervised withdrawal vs. rehabilitation
- c. Recovering Physicians programs
- d. Community-based treatment
- e. Residential care facilities

6.3 To recognize and understand the impact and challenges of homelessness and lack of health insurance for patients with substance use disorders.

MUSC Psychopharmacology Outpatient Rotation

The Psychopharmacology Outpatient rotation at the MUSC Institute of Psychiatry Center for Drug and Alcohol Programs (CDAP) is a required part-time twelve-month rotation. During this rotation, fellows participate in a longitudinal psychopharmacology clinic (four hours per week) managing outpatient detoxification, providing psychiatric evaluation and follow-up, and providing individual therapy. This rotation allows the fellow to follow patients for psychopharmacology and individual therapy for the entire year of fellowship.

Patients have substance use disorders with or without other psychiatric disorders. The specialization is dual diagnosis, but many patients have substance use disorders only. Patients are also seen for opioid replacement therapy (buprenorphine) and fellows will manage initiation and maintenance of buprenorphine. They may also experience outpatient buprenorphine detoxification.

An average caseload for a resident is 20 psychopharmacology management cases, one to two outpatient detoxifications, five buprenorphine cases, and one psychotherapy case. Fellows are supervised by an attending psychiatrist with specialization in addiction.

1. Patient Care

- 1.1 To demonstrate competency in assessment of patients with substance use disorders.
- 1.2 To demonstrate competency in accurate diagnosis of patients with substance use disorders.
- 1.3 To demonstrate competency in accurate diagnosis of patients with comorbid psychiatric and substance use disorders.
- 1.4 To demonstrate competency in management of intoxication and withdrawal signs and symptoms related to addictive substances.
- 1.5 To demonstrate competency in management of relapse prevention using individualized multimodal treatment plans.
- 1.6 To demonstrate competency in management of comorbidities associated with substance use disorders.
- 1.7 To demonstrate competency in effectively managing patients with substance use disorders and associated behaviors.

2. Medical Knowledge

- 2.1 To demonstrate understanding of DSM 5 diagnostic criteria for substance use disorders and related medical and psychiatric comorbidities.
- 2.2 To demonstrate competencies in psychopharmacology related to substance use disorders.
- 2.3 To demonstrate competency in initiating and following patients on office-based opioid replacement therapy, specifically buprenorphine.

2.4 To demonstrate understanding of evidence-based practice of addiction psychiatry.

2.5 To demonstrate understanding of urine and plasma toxicology screens and GCMS confirmations.

2.6 To demonstrate understanding of alcohol breathalyzer testing.

3. Practice-Based Learning and Improvement

3.1 To assess one's knowledge base and initiate the acquisition of new knowledge and skills to effectively treat patients with comorbid psychiatric and substance use disorders.

3.2 To demonstrate use of best practices through practice guidelines or clinical pathways.

3.3 To demonstrate understanding of third party reimbursement issues.

3.4 To demonstrate understanding and practice of evidence-based medicine.

4. Interpersonal and Communication Skills

4.1 To be courteous to patients, families and staff.

4.2 To provide clear, concise and accurate case presentations.

4.3 To provide timely and thorough completion of patient charts.

4.4 To communicate effectively with staff and faculty.

5. Professionalism

5.1 To be courteous and respectful to patient and their family members.

5.2 To be courteous and respectful to colleagues and other staff members.

5.3 To follow MUSC privacy policy.

6. Systems-Based Practice

6.1 To demonstrate competency in working with various agencies involved in treating patients with substance use disorders (e.g., Charleston Center, Drug Courts).

6.2 To be familiar with self-help groups (e.g., Alcoholic Anonymous, Narcotics Anonymous).

6.3 To be familiar with different treatment settings (e.g., residential programs, intensive outpatient programs).

6.4 To demonstrate the ability to work as a part of multidisciplinary team in the treatment of addictions.

MUSC Pain Management Clinic

This is a required part-time one-month rotation at MUSC. During their rotation, fellows will work closely with team members (Anesthesiology, Psychology, Nursing, and Pharmacy) as well as providers associated with patient care in the assessment and treatment of patients referred to the clinics. Patients are typically referred to the pain clinic by their primary care provider for the assessment and treatment of chronic non- cancer pain. The following services are available through the clinic: patient education, medical examination, psychosocial assessment, interventional procedures, medication management, pharmacy counseling and rational polypharmacy, acupuncture, cognitive- behavioral therapy, mindfulness-based stress reduction, assessment for implantable devices, and biofeedback. The rotation will consist of participation in the diverse clinical activities of the pain clinics during which the fellows will see patients under the supervision of the clinic faculty. The primary supervisor of this rotation is Meron Selassie, MD. Dr. Selassie and other pain specialists will provide the fellow the experience of working with a multidisciplinary team to offer comprehensive treatment to individuals struggling with chronic non-cancer pain.

1. Patient Care

1.1 To demonstrate proficiency in evaluation of new patients with chronic pain problems based on a directed history and physical examination.

1.2 To demonstrate an ability to put together an integrative case formulation that includes neurobiological, psychological, and sociocultural issues involved in the diagnosis and treatment options for the patient.

1.3 Following presentation to the supervising faculty member, the fellow will formulate a differential diagnosis for new patients and suggest treatment options for those patients.

1.4 To evaluate returning patients on chronic opioid treatment for response to treatment, benefits from treatment, and appropriateness for continued medical management.

1.5 To develop an understanding of non-opioid interventions for the management of chronic pain and make appropriate referrals for these interventions when evaluating patients for chronic pain.

2. Medical Knowledge

2.1 To learn the basics of pain management including definition of pain, classification of pain, anatomy and physiology of pain, evaluation of pain, specific pain syndromes, and treatments for several types of pain.

2.2 To gain an understanding of the pharmacology, indications and side effects of drugs commonly used in pain management.

2.3 Toward these goals, the fellow will participate in both didactic lectures and one- on-one teaching as offered by the attending faculty.

2.4 To learn cognitive behavioral therapy techniques specifically geared toward the management of chronic pain. This will occur both within individual and group therapy settings.

2.5 To learn other non-pharmacologic treatments for chronic pain, including but not limited to acupuncture and biofeedback.

3. Practice-Based Learning and Improvement

3.1 To be able to effectively search the literature for relevant evidence and be able to describe/understand study designs and limitations.

3.2 To be able to describe how to apply the evidence to the patient population or individual patient seen in the clinic and discuss what future studies would be helpful in the management of this patient population.

3.3 Through weekly discussion of patient care, history-taking, and documentation, the fellow's clinical progress will be measured and discussed regularly so that improvement in any areas can be made.

3.4 To demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

4.1 To be courteous to patients, families and staff.

4.2 To perform clear, concise and accurate case presentations.

4.3 To demonstrate the ability to function effectively in a multidisciplinary team and demonstrate skill in communicating and working with the members of the team, as well as the patient and family members involved in their care.

4.4 To demonstrate clinically appropriate and ethical therapeutic relationships with patients.

4.5 To demonstrate the ability to educate patients and their families about medical, psychosocial, and behavioral aspects of pain syndrome as well as potential treatment options.

treatment options.

5. Professionalism

5.1 To demonstrate adherence to the ethical principles of medical care.

5.2 To continuously demonstrate empathy and respect in all patient interactions.

5.3 To demonstrate sensitivity to issues of each patient's age, gender, culture, and disabilities and make appropriate modifications to the patient's treatment plan with regard to any of the above factors.

6. Systems-Based Practice

6.1 To learn the roles of the primary care physician, addiction specialists, pain management specialists and pain psychologists as well as other health care professionals in the management of pain.

6.2 To gain an understanding of the indications for referral to a pain management specialist.

6.3 To gain an understanding of the function and effectiveness of an interdisciplinary pain team in addition to the specific team members' roles.

MUSC Consult-Liaison Rotation

This is a required part-time, one month rotation at MUSC. Fellows perform consultative evaluations with patients who are primarily on the inpatient medicine and surgery services but could also be in the Emergency Department or medical outpatient clinics. Learning takes place through supervised clinical experiences and case presentations and discussions, as well as via guided readings, didactic lectures, and self-directed learning. Prevalent diagnostic groups in addition to substance use disorders include PTSD, Delirium, Neurocognitive Disorders, Mood Disorders, Anxiety Disorders, Schizophrenia, and Personality Disorders. The addiction psychiatry fellows preferentially evaluate and follow those patients presenting with acute substance intoxication or withdrawal, or those patients with direct medical or psychiatric complications of substance use.

1. Patient Care

- 1.1 To effectively assess patients with substance use disorders in patients with serious medical or surgical health problems.
- 1.2 To be able to evaluate patients for risk of suicide and/or violence, especially when intoxication is involved.
- 1.3 To be able to evaluate patients in acute intoxication or withdrawal states and offer appropriate treatment recommendations.
- 1.4 To recognize and manage psychiatric symptoms arising as a consequence of substance use or as part of the disease process in the acute medical/surgical setting.
- 1.5 To evaluate patients' capacity to consent to or refuse treatment.

2. Medical Knowledge

- 2.1 To understand the interplay between acute intoxication and withdrawal syndromes and psychiatric illnesses.
- 2.2 To understand DSM 5 diagnostic criteria for substance use disorders and related medical and psychiatric comorbidities.
- 2.3 To know how to appropriately use psychiatric medications in the medical/surgical setting, and describe common drug-drug interactions and changes in drug disposition in the medically ill patient.
- 2.4 To know how to appropriately manage acute intoxication and withdrawal processes and utilize the appropriate psychopharmacology associated with them.

3. Practice-Based Learning and Improvement

- 3.1 To assess one's knowledge base and initiate the acquisition of new knowledge and skills.
- 3.2 To demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills

- 4.1 To effectively assimilate information from patients, family, and staff in order to develop a comprehensive understanding of the patient's substance use history, and to do this in a courteous and empathic manner.

- 42 To present cases in a clear, concise, and complete manner in oral and written forms, including clear recommendations for the treatment team.
- a. Develop skills in working and communicating with other professionals providing care to the patient.
 - b. To provide a distinct opportunity within which to perform a board-style interview.

5. Professionalism

51 To develop respectful, ethical and professional attitudes with regard to patient care and interaction with colleagues.

6. Systems-Based Practice

61 To demonstrate the ability to coordinate care with physicians and ancillary staff.

62 To effectively assist with the development of post-discharge plans, including connecting patients to appropriate care and support services available in the community.

63 To demonstrate use of best practices through practice guidelines or clinical pathways.

VAMC Substance Treatment and Recovery (STAR) Rotation

The Substance Abuse Treatment Center is a required part-time, twelve-month longitudinal rotation at the Ralph H. Johnson VA Medical Center. The clinical duties for the addictions fellow at the STAR involve the provision of patient care in a weekly outpatient substance abuse clinic. The patient population for the fellow's clinic is derived from patients who have significant psychiatric comorbidity and will benefit from both pharmacotherapy and/or psychotherapy provided by the fellow. These patients are specifically selected by the STAR medical director and other STAR attending psychiatrists/clinical supervisors to ensure a diverse clinical experience.

The goal of the clinic is to provide an opportunity for the fellow to deliver longitudinal care (pharmacological management, brief therapy, monitoring for relapse) for veterans in a team setting. A significant number of these patients are initially stabilized through their participation in the 28-day intensive outpatient program. The patient population includes a wide variety of substance use disorders including alcohol, opioids, cocaine, cannabis, tobacco and combination disorders. By design, a majority of the patients in the fellows' clinics have co-morbid psychiatric disorders that require longitudinal treatment. A primary focus of the clinic is the identification and treatment of these co-morbid disorders in patients with substance use disorders in various degrees of ongoing use and recovery.

1. Patient Care:

- 1.1 Demonstrate proficiency in the formulation of a differential diagnosis and treatment plan for a patient with substance use disorder(s) and co-morbid psychiatric illness (other than substance use disorder).
 - a. The fellow will refine their skills in obtaining a complete substance use history during initial patient encounters.
 - b. Formulate a comprehensive and multimodal plan appropriate to the individual patient's needs.
- 1.2 Demonstrate effective application of therapeutic tools and proficiency in the use of psychopharmacology will be demonstrated.
- 1.3 Demonstrate effective communication with patients regarding their treatment and diagnoses, and provide education when necessary.
- 1.4 Manage intoxication and withdrawal syndromes on an outpatient basis.
- 1.5 Evaluate patients for risk of suicide and/or violence. Develop appropriate interventions based on the assessment including the development of a mental health safety plan.
- 1.6 Build therapeutic alliances with patients with substance use disorders.
- 1.7 Effectively communicate with ancillary staff regarding patient care.
- 1.8 All of the above will be done with an aim at treating symptomatic features of an illness as well as targeting the prevention of relapse and recurrence of previous psychiatric symptoms.

2. Medical Knowledge:

- 21 Demonstrate an understanding of the medical literature supporting the use of various treatments for substance use disorders.
- 22 Demonstrate a familiarity with the evidence for different treatment options employed for other Axis I and II disorders in the context of current, recent, or past substance use.
- 23 Understand the use of pharmacotherapy for the treatment of substance use disorders including the indications, side-effects, and potential risks of the following:
- a. Antipsychotic Medications (1st and 2nd generations)
 - b. SSRI's
 - c. Other new antidepressants
 - d. Tricyclic Antidepressants
 - e. Monoamine Oxidase Inhibitors
 - f. Benzodiazepines and other sedatives
 - g. Lithium
 - h. Anticonvulsants
 - i. Psychostimulants
 - j. Replacement therapies
 - k. Anti-craving/relapse prevention medications
 - l. Aversive medications (e.g., disulfiram)
 - m. Other medications used in the management of psychiatric illness
- 24 Understand and become proficient in the use of clinic-based opioid replacement therapies (buprenorphine/naloxone, buprenorphine, naltrexone for extended-release injectable suspension, and when to refer for methadone replacement therapy).
- 25 Become familiar with the appropriate use of and indications for laboratory testing for monitoring substance use and medications.
- 26 Understand the role of medical comorbidity in substance use and psychiatric illness.
- 27 To understand non-pharmacologic treatment modalities, including:
- a. Relapse prevention
 - b. Motivational enhancement
 - c. Group therapy
 - d. Vocational rehabilitation
 - e. Supportive psychotherapy
 - f. Recreational therapy

3. Practice-Based Learning and Improvement:

- 31 With regard to the above, the fellow will be able to effectively search the literature for relevant evidence and be able to describe/understand the study designs and limitations.
- 32 Describe how to apply the evidence to the patient population or individual patient seen in the clinic and discuss what future studies would be helpful in the management of this patient population.

33 Through a weekly discussion of patient care, history taking, and documentation, the fellow's clinical progress will be measured and discussed regularly so that improvement in any necessary areas can be made.

34 Demonstrate use of best practices through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills:

4.1 As a member of a multidisciplinary team and will demonstrate skills in communicating and working with the members of the team, as well as the patient and family members involved in the patient's care.

4.2 Develop clinically appropriate and ethical therapeutic relationships with his/her patients.

4.3 Present patient cases in a clear, concise and complete manner in oral and written forms.

5. Professionalism:

5.1 Demonstrate adherence to the ethical principles of medical care.

5.2 Continuously demonstrate empathy and respect in all patient interactions.

5.3 Demonstrate sensitivity to issues of each patient's age, gender, culture, and disabilities and make appropriate modifications to the patient's treatment plan with regard to any of the above factors.

6. Systems-Based Practice:

6.1 Demonstrate an understanding of the coordination of substance abuse treatment and mental health treatment in the VA MHC and identify areas of strength and weakness in this regard in an effort to improve patient care.

6.2 Demonstrate the ability to utilize appropriate consultation for the treatment of other medical disorders, especially Hepatitis C, HIV, and chronic pain in patients with substance use disorders.

6.3 Gain an understanding of the VHA healthcare system and the resource allocation for mental health, substance use disorders, and the homeless veteran population via the HCHV program.

Multiple Pathways of Recovery

Addiction is a complex disease, and thankfully, there's no one-size-fits-all approach to recovery. As an addiction psychiatry fellow, you'll encounter a diverse range of patients, each needing an individualized treatment plan. Understanding the multiple pathways of recovery will equip you to create the most effective interventions for your patients. In this rotation you will explore non-clinical options such as mutual support groups, faith-based programs, and family support groups. By understanding these various pathways, you'll be well-positioned to guide your patients on their unique journeys to lasting recovery.

In the world of addiction treatment, 12-step programs like *Alcoholics Anonymous (AA)* and *Narcotics Anonymous (NA)* hold a significant place. As an addiction psychiatry fellow, familiarizing yourself with these programs is crucial. These peer-support groups, based on a set of guiding principles, offer a powerful sense of community, accountability, and shared experience for individuals struggling with addiction. We'll delve into the core concepts of 12-step programs, explore their potential benefits and limitations, and understand how they can be integrated into a comprehensive treatment plan alongside clinical interventions. *Medication-Assisted Recovery Anonymous (MARA)* offers a unique support system specifically for individuals utilizing medications to assist with recovery. *Celebrate Recovery* utilizes a 12-step approach from a Christian perspective. *Dual Diagnosis Anonymous (DDA)* is a 12-step program for individuals struggling with both addiction and a mental health disorder.

In the realm of mutual support groups for addiction recovery, *SMART Recovery (Self-Management and Recovery Training)* offers a unique, science-based approach. Unlike traditional 12-step programs, SMART Recovery emphasizes empowerment and self-reliance. This program is a valuable tool for your patients seeking a structured, yet non-hierarchical support system. We'll explore the core principles of SMART, including building motivation, managing urges, and developing healthy coping skills. Understanding SMART Recovery equips you to effectively recommend and integrate this approach into your patients' personalized recovery plans.

Dharam Recovery is a unique program that integrates Buddhist principles into the recovery process. *Ben's Friends*, specifically supports recovery in the hospitality industry.

Family mutual support groups include Al-Anon, NarAnon, Alateen, Families Anonymous Recovery, National Association for Children of Alcoholics (NCOA) Fellowship, Adult Children of Alcoholics and Dysfunctional Families (ACA), SMART Recovery Family & Friends, GRASP (Grief Recovery After Substance Passing), NAMI Family Support Groups.

Local support groups and access to peer support can be found through Wake-Up Carolina and FAVOR Low Country.

During the rotation you will have the opportunity to learn more about these psychosocial interventions and sample meetings.

1. Patient Care:

- 1.1. Demonstrate proficiency in appropriate referrals to community psychosocial support.
- 1.2. Formulate a comprehensive and multimodal plan including multiple pathways appropriate to the individual patient's needs.

1.3. Demonstrate effective communication with patients regarding adjunctive supports for recovery and provide education when necessary.

2. Medical Knowledge:

2.1. Demonstrate an understanding of the medical literature supporting the use of ancillary support for substance use disorders.

2.2. Demonstrate a familiarity with the evidence for different psychosocial options.

2.3. Understand the role of psychiatric comorbidity in substance use and utilization of recovery meetings.

3. Practice-Based Learning and Improvement:

3.1. With regard to the above, the fellow will be able to effectively search the literature for relevant evidence for multiple pathways and examine research methods used in relevant studies.

3.2. Demonstrate use of best practices regarding psychosocial interventions through practice guidelines or clinical pathways.

4. Interpersonal and Communication Skills:

4.1. Will demonstrate skills in communicating and working with patients and family members involved in the patient's care.

4.2. Discuss unbiased multiple pathways of recovery of with patients and families.

5. Professionalism:

5.1 Demonstrate adherence to ethical principles of medical care.

5.2 Continuously demonstrate empathy and respect in all patient interactions.

5.3 Demonstrate sensitivity to issues of each patient's age, gender, culture, and disabilities and make appropriate modifications to the patient's treatment plan with regard to any of the above factors.

6. Systems Based Practice:

6.1. Understand the value of incorporating multiple pathways of recovery into systems of care.

6.2. Explore barriers and possible strategies to include in both the office and inpatient settings.

Artificial Intelligence for Healthcare

The purpose of this rotation is to provide the opportunity to learn more about advances in artificial intelligence (AI) and AI's potential role in healthcare, education, and personal management. AI is making waves in the practice of medical care, from analyzing medical scans for diseases to helping doctors with prior authorizations, record keeping and treatment plans. AI can improve accuracy and speed up processes, potentially leading to better patient outcomes. However, there are ethical and practical considerations to be addressed. This self-guided rotation will give you the opportunity to explore various AI platforms, learn more about the use of AI in health, education, and personal management.

1. Patient Care:

- 1.1. Describe areas where AI is currently being used in healthcare and potential uses.
- 1.2. Identify limitations and ethical concerns in the use of AI.
- 1.3. Demonstrate effective communication with patients, colleagues and trainees about the use of AI.

2. Medical Knowledge:

- 2.1. Demonstrate an understanding of the medical literature supporting the use of AI.
- 2.2. Demonstrate a familiarity with the benefits and cautions about the use of AI.
- 2.3. Explore use of AI in psychiatric practice.

3. Practice-Based Learning and Improvement:

- 3.1. With regard to the above, the fellow will be able to effectively search the literature for relevant information about AI in healthcare.
- 3.2. Demonstrate facility in the use of AI to prepare a 20 minute didactic lecture.

4. Interpersonal and Communication Skills:

- 4.1 Will demonstrate skills in communicating with working with patients and family members involved in the patient's care.
- 4.2 Discuss unbiased multiple pathways of recovery with patients and families.

5. Professionalism:

- 5.1 Demonstrate adherence to the ethical principles of medical care including the use of AI.
- 5.2 Continuously demonstrate empathy and respect in all patient interactions.

6. Systems Based Practice:

- 6.1 Understand the value of incorporating AI into systems of care.
- 6.2 Explore barriers and possible strategies to utilize in both the office and inpatient settings.
- 6.3 .