



2023 ACAAM Annual Meeting Concurrent Workshops

Wednesday, April 12, 11:15 am – 12:30 pm

Assessing Addiction Fellows Working in Interprofessional Healthcare Teams using an Entrustable Professional Activity (EPA)

Jeanette M. Tetrault, MD; Kenneth L. Morford, MD, Rebecca Minahan-Rowley, MSW, Peter Barelli, MD, Anne Dowton, MD
Yale School of Medicine

Successful approaches to caring for patients who use substances requires collaboration among healthcare professionals from diverse backgrounds. Interprofessional collaboration occurs when two or more professions work together to achieve common goals. Training addiction medicine fellows to work in interprofessional teams is vital to preparing an addiction workforce that can adequately respond to the unique, intersecting needs of people who use substances. The addiction medicine milestones of systems-based practice (SBP1, 2), interprofessional and communication skills (ICS 2) and professionalism (PROF1, 2) all touch on interprofessional skills. However, implementing the milestones to assess specific trainee skills may miss opportunities for improvement. Addiction medicine faculty need tangible assessment tools to adequately evaluate interprofessional collaboration to frame specific and actionable feedback for fellows. An entrustable professional activity, or EPA, is an essential task of a specialty or subspecialty that an individual can be trusted to perform without direct supervision, once sufficient competence has been demonstrated by the individual performing that task. Essentially, EPAs can be used to assess specific activities rather than broad content areas. We developed an EPA to assess addiction medicine fellow skills in interprofessional team-based care. Through case-based learning, workshop participants will learn the value of applying EPAs for the assessment of graduate medical trainees and apply an EPA to assess cases where an addiction medicine fellow is working in interprofessional teams.

Category: Teaching/Education/Curriculum Development

Intended Audience: Junior Faculty, Senior Faculty

Structured, Values-Based Interviews to Reduce Bias and Diversify Recruitment in Addiction Medicine Fellowships

Alyssa F. Peterkin, MD, Alexander Y. Walley, MD MSc, Linda Neville C-TAGME
Boston Medical Center

ACAAM's 2020 anti-racism, diversity, equity, and inclusion plan commits fellowships to recruiting fellows from groups under-represented in medicine. Recruiting diverse addiction medicine fellows is crucial to providing high-quality equitable care and developing a welcoming, rewarding, and sustainable work environment. Both conscious and unconscious biases impact decision making and inequitably influence application processes. One in four healthcare professional school applicants experienced discrimination related to race, age, religion, socio-economic status, and gender (Chatterjee et al 2020). Applicants from underrepresented groups, lower socioeconomic status and those speaking English as a second language are disproportionately impacted (Chatterjee et al 2022). The American Association of Medical Colleges recommends structured interviews and evaluations to help reduce bias and subjectivity in residency interviews. Structured interviews include standardized job-related situational questions focused on themes and competencies that represent core program values (Bergelson, Tracy, Takacs 2022, Gonzaga et al 2020). Additionally, a structured evaluation rubric increases rating reliability and individual interviews reduces opportunity for interviewer

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influencing one another. Improving fellow diversity requires evaluating current application review processes, intentionally developing procedures that mitigate biases and promoting transparency and inclusion. In this workshop, we review strategies for eliminating bias in the addiction medicine fellowship interviews, including lessons learned from our experience in the Grayken Addiction Medicine fellowship at Boston Medical Center implementing structured interviews.

Category: Competencies

Intended Audience: Trainees, Junior Faculty, Senior Faculty, Program Administrators

Diversifying Services and Funding to Establish and Sustain Addiction Medicine Fellowships

Fred Rottnek, MD MAHCM, Amanda Hilmer, MD, Sheryl Lyss, MD MPH (Trainee Status)
Saint Louis University

Fellowships in graduate medical education are difficult to fund without existing billable service lines in which the fellows can see patients. Since addiction medicine is a new American Board of Medical Specialties specialty, many systems have no established service lines within their healthcare systems. External funding can bridge the years between fellowship establishment and institutional development of inpatient, ambulatory, and contract services. External programmatic funding allows more time for the fellow to engage in teaching, community programming, and advocacy that is not readily reimbursable. And while many addiction medicine fellowships have taken advantage of federal funding to develop programs, a diversified funding stream is essential to create and sustain robust training experiences, protect faculty time, and maintain a vibrant program culture. In a mixed presentation/discussion/large group active-learning session for Leadership/Administrative Development, presenters will tell the story of their start-up fellowship with the use of PowerPoint slides and direct participants to web search in real time for potential funding resources in their health systems, community providers, local universities, law schools and legal practices, state resources, and public and private foundations. Presenters will work with participants during the workshop to identify potential collaborators.

Category: Teaching/Education/Curriculum Development

Intended Audience: Trainees, Junior Faculty, Senior Faculty

Wednesday, April 12, 1:45 – 3 pm

Specialized Tracks in Addiction Fellowships: Women's Health, OB/Gyn, and Infectious Disease

Cecily M. Barber, MD MPH (Trainee Status), Ghulam K. Khan, MD, Alyssa F. Peterkin, MD, Alexander Y. Walley, MD MSc
Boston Medical Center

ACAAM is dedicated to training and supporting the next generation of academic addiction medicine leaders who can meet the health challenges arising from substance use. Addiction medicine leaders are needed who can meet the care needs of people with substance use and intersecting health challenges, such as women, pregnant people, and people with infections, like HIV, hepatitis C, and bacterial infections. Women and pregnant people are known to experience more severe adverse consequences of substance use, including higher risks of psychiatric disorders, intimate partner violence, and stigma and oppression related to substance use while pregnant or parenting. People who inject drugs are at increased risk of HIV, hepatitis C, and invasive bacterial infections. Physicians who specialize in addiction among these populations can integrate and elevate patient care to improve the efficiency and to reduce the fragmentation of care that patients regularly face. Their multi-specialized perspectives and skills position them well to advocate for patients that frequently face intersectional stigmatization by the health system and wider culture. In this workshop, we will describe the development of structured, specialized tracks and joint fellowships within an addiction medicine fellowship program, including a Women's Health track, an Ob/Gyn Health Addiction Fellowship, and a dual Infectious Disease and Addiction Medicine fellowship. These experiences offer a roadmap for fellows and fellowship faculty seeking to strengthen specialized addiction clinical training, education, and research training to meet the needs of diverse patient groups.

Category: Teaching/Education/Curriculum Development

Intended Audience: Trainees, Junior Faculty, Senior Faculty, Program Administrators

Policy and Advocacy Skills for Addiction Specialists and Trainees

Stephanie Stewart, MD MPH FASAM MRO, Kaylin Klie, MD MA FASAM

University of Colorado Anschutz Medical Campus

Policy and advocacy literacy is essential as addiction professionals as policy impacts our patient population extensively (eg, legal system, insurance coverage). The ASAM's Advancing Racial Justice public policy statement is explicit that "addiction medicine professionals should advocate for policies" that ensure equitable access to addiction care. Additionally, COVID-19 protocols have allowed for virtual testimony, presenting additional opportunities to directly participate in the legislative process. Physicians actively involved in advocacy note that training facilitated their involvement. A majority of medical trainees report that physicians have a duty to advocate for health issues; few report receiving adequate training (Garg et al 2019). Lack of formal curriculum and mentorship are identified as barriers to physician advocacy (Law et al 2016, Mu et al 2011). Developing trainee-specific advocacy curriculum is essential to engage physicians in policy advocacy work. The University of Colorado Addiction Medicine Fellowship and Preventive Medicine Residency programs have developed a longitudinal policy and advocacy experience for trainees, including an overview of the Colorado legislative process/opportunities for physician advocacy. Trainees engage in practice-based learning by submitting written or oral testimony and/or an op-ed on behalf of a bill of their choice that impacts public health. Faculty with extensive policy/advocacy experience facilitate these efforts by connecting trainees with relevant legislators, stakeholders, Governor's office, newspapers, etc. Participants surveyed agreed that, after this experience, they were able to identify opportunities for physician advocacy and engage in healthcare policy development. All agreed that the experience increased their commitment to engage in advocacy in the future.

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How to Learn and Teach at the Same Time: Developing an Addiction Medicine Fellowship Curriculum

Orman Trent Hall, DO, Julie Teater, MD

The Ohio State University Wexner Medical Center

This workshop will discuss ways to optimize the learning experience of Addiction Medicine fellowship while also growing as an educator in an evolving field of medicine. Special focus will be on longitudinal Motivational Interviewing skill development, gamification of didactic content, making research fun and accessible and ways to emotionally support learners through thoughtful reflection on difficult cases. Presenters will explain their current curriculum which includes diverse inpatient and outpatient clinical rotations as well as over 90 hour-long didactics falling into the following series: Motivational Interviewing Series; State of the Art Series; Guest Lecture Series; Journal Club; Quality Improvement; Read, Write, Research! Series; Case Reflections; and the gamified Medical Comorbidity Drill Down. The presenting team is unique in that it includes a Program Director and a junior faculty member who was recently a trainee in the program. The two will discuss what it has been like to transition from their trainer-trainee relationship to continue to work together to innovate in the academic Addiction Medicine space. The workshop will go beyond simple presentation of the curriculum they have developed together to facilitate creative problem solving among teams of workshop participants. This interactive process will simultaneously engage and affirm participants' own inner strengths and resources as educators and model effective and supportive teaching practices.

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