



# Maine Rural GME Education (MERGE) Collaborative

## GME Elective Rotation Description

**Elective Name and Site Location** Western Maine Comprehensive Addiction Medicine; Primary Care Family Medicine  
**Sponsoring Institution** MaineHealth

Duration of Elective (2 week or 4 week intervals):            4 weeks      

Pre-requisite for elective (if any):    Open to Family Medicine residents at the PGY2 or above level (example)

**Elective Educational Objective:**

*To Provide the GME learner with a rural addiction medicine outpatient and inpatient practice experience embedded in a multi-physician and nurse practitioner primary care practice. Western Maine Comprehensive Addiction Medicine (CAM) Program is a specialty consult service located in Western Maine. Western Maine Primary Care is an opioid health home, a level three patient centered medical home (PCMH) and a designated Rural Health Center.*

**Educational Experiences**

- *Our service, which consists of one physician, one advance practice professional, a behavioral health clinician and two peer support specialists, is committed to providing evidenced based quality care; advancing education of health care providers including residents and medical students; and participating in translational research*
- *Work with a fellowship trained and dual boarded family and addiction medicine physician providing consults on patients that include comprehensive assessments and development of treatment plans for all substance use disorders (opioid, stimulant, alcohol, cannabis, nicotine)*
- *Provide Hepatitis C treatment and follow up*
- *Provide perinatal substance use treatment partnering with the Maine MOM program*
- *Provide inpatient consults for substance use disorder and related complications for patients admitted at Stephen’s Memorial Hospital; a 32 bed critical access hospital*
- *Initiate and sustain preventative care for patients with complex substance use disorders*
- *Attend recovery groups that occur on site multiple times per week*
- *Learn about and coordinate higher level of care referrals ie to inpatient withdrawal management, intensive outpatient programming (IOP), partial hospitalization programming, psychiatry and/or methadone*
- *Manage opioid use disorder through the use of long acting medication options including naltrexone and long acting injectable buprenorphine*
- *Work with several family medicine physicians who provide medication for opioid use disorder (MOUD) services to patients with opioid use disorder prescribing and monitoring Suboxone (buprenorphine-naloxone) treatment*
- *Incorporate preventative/primary care and chronic disease management into the overall care of those patients with complex substance use disorders*

**Goals and Objectives of the Elective:**

Patient Care Competencies:	
Objectives	ACGME FM Milestone
<i>Example: Competently perform bone marrow transplants</i>  1. Screening, Evaluation, Differential Diagnosis, and Case Formulation of the Patient with or at Risk of Substance Use, Addictive Disorders, and Comorbidities	PC-1  PC-2



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2. Pharmacologic and Non-Pharmacologic Treatment for Substance Use and Addictive Disorders	PC-3
<b>Medical Knowledge Competencies:</b>	
<b>Objectives</b> <i>Example: Understand the physiology of complex congenital heart disease</i>	<b>ACGME FM Milestone</b>
1. Neuroscience of Substance Use and Addictive Disorders; understand and describe the basic neuroanatomy and neurophysiology	MK-1
2. Epidemiology and Clinical Presentation of Substance Use and Addictive Disorders	MK-2
3. Treatment Modalities and Interventions in Diverse Patient Populations	MK-3
<b>Communication Competencies:</b>	
<b>Objectives:</b> <i>Example: Demonstrate professional communication in complex and stressful situations around addiction</i>	<b>ACGME FM Milestone</b>
1. Identifies complex barriers to effective communication using non stigmatizing language (e.g., health and cultural literacy)	ICS-1
2. Reflects on personal biases while attempting to minimize communication barriers	ICS-2
3. Demonstrates efficiency in documenting patient encounters and updating record	ICS-3
<b>Professionalism Competencies</b>	
<b>Objectives</b> <i>Example: Analyze ethical cases in Reproductive Endocrinology and infertility</i>	<b>ACGME FM Milestone</b>
1. Demonstrates professional behavior in complex or stressful situations	Prof-1
<b>Practice-based Learning and Improvement Competencies:</b>	
<b>Objectives</b> <i>Example: Engage in self-reflection around implicit bias to inform care of marginalized patients</i>	<b>ACGME FM Milestone</b>
1. Locates and applies the best available evidence, integrated with patient preference, to the care of patient in the rural setting	PBLI – 1
2. Consistently seeks performance data with adaptability and humility	PBLI - 2
<b>System Based Practice Competencies:</b>	
<b>Objectives</b>	<b>ACGME FM Milestone</b>
1. Patient Safety, Confidentiality and Quality Improvement in Addiction Medicine	SPB-1
2. System Navigation for Patient-Centered Care in Addiction Medicine	SBP-2
3. Uses local resources effectively to meet the needs of a patient population and community	SBP-3
4. The Addiction Medicine Physician Role in Health Care Systems (Advocacy)	SBP-4



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## Recommended Reading and Resources for Elective:

1. De Aquino JP, Parida S, Sofuoglu M. The Pharmacology of Buprenorphine Microinduction for Opioid Use Disorder. *Clin Drug Investig.* 2021;41(5):425-436. doi:10.1007/s40261-021-01032-7
2. Sokolski E, Skogrand E, Goff A, Englander H. Rapid Low-dose Buprenorphine Initiation for Hospitalized Patients With Opioid Use Disorder [published online ahead of print, 2023 Jan 17]. *J Addict Med.* 2023;10.1097/ADM.0000000000001133. doi:10.1097/ADM.0000000000001133
3. [ASAM eLearning: Buprenorphine Mini Course: Building on Federal Prescribing Guidance](#)
4. [Rural Health Equity Toolkit - RHHub \(ruralhealthinfo.org\)](#)
5. [Social Determinants of Health in Rural Communities Toolkit - RHHub Toolkit \(ruralhealthinfo.org\)](#)
6. ["Lighter Reading"](#): No pressure or requirement, just might provide some insight.
  - a. Chasing the Scream, Johann Hari
  - b. In the Realm of Hungry Ghosts, Gabor Mate
  - c. Dreamland, Sam Quinones
  - d. The Big Fix, Tracey Helton Mitchell
  - e. Beautiful Boy, David Sheff
  - f. The Least of Us, Sam Quinones

## Trainee Responsibility for Evaluation:

### Examples:

1. Complete an anonymous evaluation of the rotation ([link](#))
2. Solicit 2 evaluations from 2 faculty members you have worked closely with ([link](#))
3. Solicit 1 evaluation from an inter-professional team member you have worked closely with ([link](#))
4. Provide a reflection journal entry of how this elective impacted your education and understanding of rural medicine

## Faculty Responsibility for Evaluation:

### Examples:

1. Complete a faculty evaluation of the learner within 2 weeks of end of rotation in New Innovations
2. Provide formative evaluation weekly, verbally

## Housekeeping:

Vacation allowed? (Y/N): \_\_\_\_\_ Y \_\_\_\_\_

Housing Available (Y/N), details Y (one bedroom apartments or 2 bedroom house just 1 mile away from outpatient primary care building and across the street from inpatient units)

Parking Available (Y/N): \_\_\_\_\_ Y free, onsite \_\_\_\_\_

EMR at rotation site (specify): \_\_\_\_\_ EPIC \_\_\_\_\_

EMR training provided if needed? (Y/N): \_\_\_\_\_ Y \_\_\_\_\_

For more information contact:

Elective site Administrative contact:

Laura LaRosa MD: [Laura.LaRosa@mainehealth.org](mailto:Laura.LaRosa@mainehealth.org)



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Rotation Director name and contact:

Lisa Miller, MD: [Lisa.Miller@mainehealth.org](mailto:Lisa.Miller@mainehealth.org)