

ST3-ADD-AOP-EPA11 – Comorbid substance use and physical health problems

Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA11	
Stage of training	Stage 3 – Advanced	Version	v0.3 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Assess and manage complex comorbid substance use and physical health problems, including tobacco use.			
Description Maximum 150 words	Integrated assessment and management of complex comorbid substance use and physical health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses and implement integrated management strategies. They must be able to explain the relationship between the person's substance use and physical health problems to patients, family and staff. The trainee demonstrates awareness of the challenges posed by comorbidity.			
Fellowship competencies	ME	4, 5, 6, 7, 8	HA	1
	COM	1, 2	SCH	2
	COL	1, 2, 3	PROF	1, 2, 5
	MAN	1, 2, 4		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Current theories explaining comorbid substance use and physical health problems and how they impact on each other, eg. chronic liver disease due to alcohol dependence complicated by hepatitis C, physical health complications from smoking. • Knowledge of the common physical health problems present in patients with substance use problems: hepatitis B, hepatitis C, HIV and other blood-borne disorders, local and systemic infections (eg. thrombophlebitis, septicaemia, endocarditis), neurotoxic syndromes, (eg. serotonergic toxicity and neuroleptic malignant syndrome [NMS]), cognitive disorders (eg. acquired brain injury, dementias, Wernicke's and Korsakoff's syndromes), chronic liver disease. • Awareness of the health risks and lifestyle problems associated with injecting drug use. <p>Skills</p>			

	<ul style="list-style-type: none"> • Ability to obtain appropriate medical history and conduct an appropriate physical examination in the substance-dependent person: signs of intoxication, withdrawal, injection sites, evidence of chronic use and effects on end organs and specific systems especially central nervous system, peripheral nervous system and abdomen. Ability to interpret relevant laboratory investigations: blood tests, imaging and urine drug screens/GCMS. • Identify the impact of hepatitis B, hepatitis C, HIV and other blood-borne disorders on the management of patients with alcohol and other drug problems. • Provide education to patients on reducing harms related to injecting drug use and prevention of hepatitis B, hepatitis C, HIV and other blood-borne disorders. • Provide pre- and post-test counselling for blood-borne viruses in a sensitive manner and notify authorities where required. • Provide treatment for smoking cessation in patients with physical health problems, eg. respiratory disease. • Screen patients for alcohol-related brain injury. • Appropriate engagement of family and others in assessment and management. • Management plan shows appropriate use of services available to persons with comorbid problems, eg. identify and refer patients that are suitable and stable to receive hepatitis B, hepatitis C and HIV treatments, alcohol-related brain injury services. • Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid substance use and physical health problems. <p>Attitude</p> <ul style="list-style-type: none"> • Welcoming engagement of persons with physical illness and substance use disorder regardless of service setting. • Advocates for persons with comorbid substance use and physical health problems who are often marginalised or excluded from services. • Patient-centred approach to care.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<p>At least one WBA should be either an Observed Clinical Activity (OCA) or a Mini-Clinical Evaluation Exercise.</p> <ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS). • Professional presentation – of a specific dual diagnosis, eg. tobacco and respiratory disease, etc.
References	

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar