## ST3-ADD-AOP-EPA7 – AOD consultation–liaison

Area of practice	Addiction psychiatry		EPA identification		ST3-ADD-AOP-EPA7	
Stage of training	Stage 3 – Advanced		Version		v0.12 (EC-approved 11/12/15)	
•	tive) supe	•	•		ty described at the required standard ditional help and that you can be trusted to	
Title	Alcohol and other drug (AOD) consultation–liaison.					
<i>Description</i> Maximum 150 words	<ul> <li>The trainee will demonstrate an ability to identify patients with substance use disorders (including tobacco) and where appropriate other comorbid psychiatric disorders in hospital and/or primary care settings and within a collaborative framework develop an evidence-based approach to reducing substance-related harms through primary (face-to-face), secondary and tertiary consultations and liaison to other healthcare providers involved with the patients.</li> <li>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</li> <li>management of withdrawal or stabilisation of substance use in medical/surgical/psychiatric wards and emergency departments or ambulatory withdrawal in a primary care setting</li> <li>deliver brief interventions in a hospital setting, including emergency departments or a primary care setting</li> <li>provide in-service AOD professional development for health practitioners at an appropriate level.</li> </ul>					
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	НА	1		
	СОМ	1, 2	SCH	2		
	COL	1, 2, 3	PROF	1, 2, 5		
	MAN	1, 2				
<i>Knowledge, skills and attitude required</i> The following lists are neither exhaustive nor prescriptive.	<ul> <li>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</li> <li>Ability to apply an adequate knowledge base</li> <li>Knowledge of the key medical issues arising from the use of alcohol and other drugs.</li> <li>Knowledge of local legislative requirements regarding prescribing opioids and other restricted drugs.</li> <li>Knowledge of the literature around stigma and discrimination towards individuals with addiction and/or other psychiatric disorders and its impact on medical and surgical treatment choices.</li> </ul>					

	Skills				
	<ul> <li>Implement multidisciplinary management plans in primary health settings, emergency departments and psychiatric settings.</li> </ul>				
	Educate medical specialists and other health professionals in addiction problems:				
	<ul> <li>stabilisation of substance use disorders including intoxication and withdrawal management</li> </ul>				
	<ul> <li>management of other common psychiatric problems associated with substance use disorders.</li> </ul>				
	Communicate advice effectively, both orally and in writing, and appropriately record outcomes.				
	Attitude				
	Non-judgemental attitude.				
	Foster collaboration and partnership with medical specialists and other health professionals.				
	Advocate for the substance-using patient within a multi-agency setting.				
	Awareness of the stigma associated with a psychiatric and/or addiction diagnosis in a general medical setting.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment method details (These include, but are not limited to, WBAs)	Case-based discussion.				
	Mini-Clinical Evaluation Exercise.				
	Multisource feedback – from other supervisors and colleagues involved in care of patient.				
	Observed Clinical Activity (OCA).				
	Professional presentation.				
	Direct Observation of Procedural Skills (DOPS).				
References					

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