ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>Addiction psychiatry</th>
<th>EPA identification</th>
<th>ST3-ADD-FELL-EPA3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage of training</td>
<td>Stage 3 – Advanced</td>
<td>Version</td>
<td>v0.7 (EC-approved 11/12/15)</td>
</tr>
</tbody>
</table>

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**

**Advanced management of substance intoxication and substance withdrawal.**

**Description**

- The trainee demonstrates the capacity to manage substance intoxication and complex withdrawal in a range of settings as part of an overall treatment plan.
- This EPA further enhances the competence achieved at Stage 2 and incorporates extended skills in clinical leadership, resource utilisation and workforce development.

**Fellowship competencies**

- **ME** 1, 2, 3, 4, 5, 6, 7
- **HA** 2
- **COM** 1, 2
- **SCH** 2, 3
- **COL** 1, 2, 3
- **PROF** 1, 2, 3
- **MAN** 2, 4

**Knowledge, skills and attitude required**

- Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**

- Knowledge and implementation of protocols for managing withdrawal from different substances.
- Demonstrates detailed knowledge of local, state, national and international withdrawal protocols and guidelines.
- Demonstrates an understanding of potential conflicts between previous experience of some consumers and some popular literature about withdrawal regimens and evidence-based practice.

**Skills**

- Risk management in patients in which the substance intoxication masks, mimics or exacerbates a comorbid other psychiatric disorder.
• Determine which patients require inpatient or outpatient withdrawal by considering psychiatric, physical and social factors and past history.
• Ability to integrate withdrawal management into ongoing treatment.
• Management of complex psychiatric and physical comorbidities associated with withdrawal syndromes.
• Managing complex problems, eg. selective substance withdrawal, psychiatric or medical complications, non-compliance or disagreement with withdrawal protocols.
• Attends medical and/or psychiatric wards and emergency departments to provide consultation regarding withdrawal.
• Decides on suitability for withdrawal management depending on stage of change.
• Demonstrates the ability to balance resource utilisation for substance withdrawal programs within the overall service.
• Supports and advises primary health practitioners with withdrawal regimens using telehealth.
• Ability to train medical and nursing staff and allied health professionals in withdrawal procedures.
• Ability to review and update protocols using evidence-based literature.

**Attitude**

• Inclusive approach with patient and family.
• Willingness to collaborate with GPs and other healthcare providers.

**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.
• Professional presentation – about a withdrawal protocol/guideline.
• Feedback from colleagues (multidisciplinary team).
• Direct Observation of Procedural Skill (DOPS).

**References**

Currently used local, state, national and international withdrawal protocols and guidelines.

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