

ST3-ADD-AOP-EPA9 – Opioid drug use problems

Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA9	
Stage of training	Stage 3 – Advanced	Version	v0.9 (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 a patient with opioid drug use problems.			
Description Maximum 150 words	The trainee must demonstrate the ability to manage opioid dependence and misuse in patients with complex presentations including pregnancy, substantial comorbid physical and other psychiatric problems, including severe personality disorder, and socially chaotic environments. The trainee must manage the associated physical and psychological comorbidities and help the patient address their social and forensic issues.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1, 2	SCH	
	COL	1, 2, 3, 4	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"> • Demonstrate working knowledge of local regulatory and legislative requirements, eg. notification, registration and permit requirements for opioid substitution therapies. • Pharmacology of opioids – pharmacodynamics and pharmacokinetics. • Medical and neurocognitive complications in opioid users. • Pharmacotherapies in opioid withdrawal management and relapse prevention treatment. • Demonstrate knowledge of the ethical aspects of substitution treatments. <p>Skills</p> <ul style="list-style-type: none"> • Appropriate physical and psychiatric assessments for this patient population. • Appropriate medical investigations, eg. urine drug screen, screening for blood-borne viruses, renal function. 			

	<ul style="list-style-type: none"> • Appropriate initiation and management of pharmacotherapies for withdrawal management, substitution therapies for opioid dependence and relapse prevention pharmacotherapies. • Appropriate use of structured and unstructured psychosocial treatments. • Engage, stabilise and retain person in treatment. • Appropriate management or referral of comorbid medical or psychiatric problems. • Appropriate discontinuation of substitution therapies. • Management of high-risk behaviours in a substance-dependent patient. • Working in a multidisciplinary team for the treatment of substance dependence. • Working in a regulatory environment for the treatment of substance dependence. • Implement harm reduction and abstinence as appropriate in a clinical setting. • Recognising the therapist's own emotional response to the patient and management of those responses. <p>Attitude</p> <ul style="list-style-type: none"> • Exhibit a non-judgemental, empathic approach to the engagement of a patient. • Demonstrate leadership in a multidisciplinary team in which there is a substantial risk of disruptive countertransference responses. • Manage the therapeutic relationship in the regulatory environment.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p>Suggested assessment method details (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> • Case-based discussion. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS) - Observation of multidisciplinary team and case conference skills. • Professional presentation.
References	

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