## << Mandatory Certificate EPA>>

## ST3-ADD-FELL-EPA1 – Acute assessment and diagnosis

Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-FELL-EPA1
Stage of training	Stage 3 – Advanced	Version	v0.4 (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	A					
Title	Acute assessment and diagnosis of substance use.					
<b>Description</b> Maximum 150 words		·	tly to assess a person with potential substance use and related problems presenting in an age, comprehensive assessment, diagnosis and formulation of people who might present:			
	<ul> <li>at any stage across the lifespan</li> <li>in a range of settings, eg. multidisciplinary, emergency department and inpatient</li> </ul>					
	within various medicolegal frameworks.					
	The trainee is able to use as appropriate a comprehensive range of evidence-based assessment modalities, addressing substance use disorder and relevant comorbidities to formulate a diagnosis.  This EPA also assesses the ability of the trainee to provide supervision and guidance to junior trainees and clinicians in the management of substance use disorder in an acute setting.					
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	НА	1		
	СОМ	1,	SCH	2		
	COL	1, 2, 3	PROF	1, 2, 5		
	MAN	1, 2				
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.					
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base					
	Aetiological factors associated with substance use and with related disorders, including psychosocial and biological.					
	Practical aspects of substance use and means of use from the substance user's perspective, including usual method of use (oral, intravenous, inhaled etc.), context of use, cues, accessibility, cost, equipment, subjective experience.					

Medical, psychiatric, neurocognitive and behavioural complications and risks associated with substance use, including any relevant infectious diseases. Behavioural risks associated with substance use and intoxication, including driving, assault (sexual and physical and as victim or perpetrator), unprotected sexual activity and outcomes. This should include recognition of specific populations at higher risk including LGBTI people. Understand psychosocial problems associated with substance use, eg. unemployment, homelessness, service access difficulties including rural and remote locations, low socioeconomic status. Understand sociocultural issues associated with substance use in specific populations including Indigenous (Aboriginal and Torres Strait Islander peoples and Māori) and people of culturally and linguistically diverse backgrounds. Awareness of relevant substance use screening tools and their appropriate use including thresholds or cutpoints indicating harmful use, eq. AUDIT, Fagerstrom test for Nicotine Dependence, Substance Dependence Scale, Socrates 8A. **Skills** Engage a patient in an acute setting and undertake a detailed assessment for substance use disorder. Take a structured psychosocial and developmental history focused on substance use and related disorders and their development, maintenance and treatment, including family history, family, couple and peer relationships, domestic violence, children and capacity to care for them if primary caregiver, employment and/or education and training, accommodation, criminal behaviours and legal problems. These should be considered from various perspectives. Physical and neurocognitive assessment of person with substance use disorder. Diagnostic formulation of person with substance use disorder. Refer to, liaise appropriately and work with other members of the multidisciplinary team to ensure a comprehensive assessment where appropriate, including supervision of assessments performed by other clinicians. Attitude Exhibit a non-judgemental, hopeful and empathic approach to the engagement of the patient. Address stigmatised beliefs in colleagues and patients' families, wider social networks and the community. Assessment method Progressively assessed during individual and clinical supervision, including three appropriate WBAs. Suggested assessment Observed Clinical Activity (OCA) – preferred assessment method. method details Case-based discussion. Mini-Clinical Evaluation Exercise. Direct Observation of Procedural Skills (DOPS). Professional presentation – in a multidisciplinary forum.

## References

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