HSP
HOSPITAL SKILLS PROGRAM

ADDICTION MEDICINE

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Addiction Medicine module
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Background

The Hospital Skills Program (HSP) is a professional development program for doctors working in the NSW public health system. Doctors participating in the HSP have at least two years of clinical postgraduate experience and are not currently participating in a specialist vocational training program. The HSP curriculum has been developed by the Health Education and Training Institute (HETI), on behalf of NSW Health as part of the broader Hospital Skills Program.

The curriculum is underpinned by the principles of adult learning. It is outcomes based, providing a strong foundation for workplace learning and assessment, and facilitating doctors to reflect on their current practice and take responsibility for their own learning. A holistic approach is adopted, focusing on integrated learning and assessment, identifying commonalities between different activities and delineating meaningful key clinical and professional activities. Within the HSP, feedback on current performance is encouraged, enabling ongoing development of skills in a supportive environment.

HSP curriculum modules have been developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils. The ACFJD is an educational framework which identifies learning outcomes and capabilities required of junior doctors. The ACFJD is structured around three learning areas: Clinical Management, Communication and Professionalism.

The HSP curriculum framework has generally adopted a similar structure, with a major focus on communication and professionalism capabilities covered in the HSP Core module and clinical management learning outcomes covered in each of the ten HSP clinical modules (Hospital Medicine, Emergency Department, Mental

Health, Aged Care, Children's Health, Women's Health, Sexual Health, Rural Health, Aboriginal Health and Addiction Medicine).

HSP clinical management learning outcomes address common illness problems and conditions which are likely to be dealt with by HSP participants in the particular clinical context covered in the HSP module. The clinical modules also address specific skills and procedures that are expected to be achieved by HSP participants.

The HSP provides a pathway for self-directed medical professional development and education, using a range of educational resources and methods appropriate to the working environment of the HSP participant. Furthermore, the HSP provides a mechanism to align clinical learning activities with the goals of the health system and to deliver high quality educational activities to hospital generalist doctors.

The HSP acknowledges the heterogeneous nature of the skills and circumstances of Career Medical Officers (CMOs) and equivalent generalist medical practitioners, their continuing value in the delivery of health services to the population of NSW, and their right to meaningful educational opportunities in a mode appropriate to their working lives and geographic locations.

Formative assessment and entrustable professional activities

The HSP provides a framework for workplace based, competency based formative assessment and the recognition of current competencies. The HSP framework for formative assessment is underpinned by core principles of authentic workplace based assessment. Assessment in the HSP is valid, reliable, feasible and fair.

Entrustable professional activities (EPAs) are sets of professional tasks that doctors perform in their clinical roles. The EPAs described in this module have been identified by the Addiction Medicine module development group through an analysis of clinical activities that are of central importance to the practice of Addiction Medicine.

Because the sum of what doctors do in medical practice is greater than the parts described by individual competencies, EPAs provide an approach that minimises the effects of atomisation of professional competencies, which is an undesirable side-effect of some competency based assessments (Van der Vleuten and Schuwirth, 2005).

Ten Cate (2006) identifies the following criteria for EPAs:

- part of essential professional work
- require specific knowledge, skill and attitude
- generally acquired through training
- lead to recognised output of professional labour
- usually confined to qualified staff
- independently executable within a time frame
- observable and measurable in their process and their outcome
- lead to a conclusion (done well or not done well)
- reflect the competencies to be acquired.

In this module each EPA covers a number of learning outcomes and is observable and measurable, and as such provides a sound basis for ongoing professional development and workplace based assessment. There are links between some EPAs and where possible integrated learning and assessment is encouraged.

Using the concept of EPAs and building formal entrustment decisions into the HSP helps with:

- providing guidance for professional development and progression
- supporting supervision and guiding workplace based assessment
- integrating professional competencies into broader capabilities reflecting real-world practice in hospital medicine
- fostering a developmental continuum of workplace based learning, formative assessment and workplace progression.

Through involvement in the module's educational experiences (including access to relevant resources) HSP participants will be able to engage in the entrustable professional activities relevant to their practice at the HSP level designated. This will support a career-long process of increasing depth of expertise and synthesis of clinical skills for doctors working in medical contexts supported by the HSP.

Introduction to the Addiction Medicine module

The Hospital Skills Program Addiction Medicine module identifies capabilities required to provide safe care to patients with alcohol and other drug problems. The module aims to guide doctors, their employers and educators with regard to education and training needs, workplace responsibilities and clinical tasks.

The HSP Addiction Medicine module has drawn on relevant work related to medical education, professional development and training (see References).

The curriculum framework for addiction medicine outlines the capabilities identified for two groups of doctors covered by the HSP: those working in general clinical environments within hospitals, such as emergency departments, and those working in designated alcohol and other drug (AOD) services. There is a large degree of overlap between the two groups with a common base of knowledge, skills and attitudes.

Doctors working within designated alcohol and other drug services have an extended role requiring additional capabilities that are shaded within the module.

High level skills in communication and patient engagement are required by all doctors providing care to patients with alcohol and other drug problems, and these skills underpin all areas of the curriculum. Central to the module is the need for doctors to educate colleagues in order to overcome the prejudice experienced by patients with alcohol and other drug problems in accessing and receiving care.

The curriculum presented in this module encompasses all types of alcohol and other drugs, including illegal drugs, prescription and over-the-counter medications. However, it does not extend beyond substance abuse to other addictions such as gambling and eating disorders. These were considered by the working group to be outside the scope.

HSP levels

An HSP level has been allocated for each learning outcome in the Addiction Medicine module. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required for increasingly complex clinical management scenarios and increasing work role responsibility, entrustment and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience and responsibility. The following is a summary of the criteria on which the HSP levels have been determined.

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience (E), clinical proficiency (CP) and responsibility (R) to ensure patients receive care which is appropriate, effective and safe. The levels are cross-referenced with those described for the patient competencies in the National Patient Safety Education Framework (see Appendix 1).

Table 1: Defining the HSP levels

Key	HSP 1	HSP 2	HSP 3
Level of experience (E)	Has limited workplace experience in this discipline.	Has moderate to comprehensive workplace experience in this discipline.	Has substantial workplace experience in this discipline.
Clinical proficiency (CP)	Reliably recognises familiar situations and key issues. Has a good working knowledge of the management of these. Decision-making is largely bound by protocol. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises many atypical presentations, recognises case-specific nuances and their relational significance, thus reliably identifying key issues and risks. Decision making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation based on linking understanding of a situation to appropriate action. Able to provide an extensive repertoire of management options. Has a comprehensive understanding of the rural service, referral networks and links to community services.
Responsibility (R)	Uses and applies integrated management approach for all cases; consults prior to disposition or definitive management and arranges senior review of the patient in numerous instances, especially serious, complex, unclear or uncommon cases.	Autonomously able to manage simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and refers to relevant teams about patients who require particular attention.
Patient safety (PS)	Level 2	Level 2 - 3	Level 3

Section 1: Emergencies

EPA AM 1 Assess patients for acute intoxication, overdose and withdrawal

AM 1.1 List the signs and symptoms of acute intoxication, overdose and withdrawal for:
- opiates
- benzodiazepines
- amphetamines and related drugs
- alcohol
- tobacco
- cannabis
- inhalants (HSP1).

AM 1.2 Describe the toxicity associated with each of these drugs (HSP1).

AM 1.3 Identify patients undergoing or at risk of alcohol and/or other drug withdrawal (HSP 1).

AM 1.4 Identify patients who are acutely intoxicated or overdosing (HSP 1).

AM 1.5 Identify alcohol and/or drugs ingested by patient (HSP 1).

AM 1.6 Identify complications that may arise from poly-drug use and use techniques to manage these (HSP 2).

AM 1.7 Identify complex medical problems related to injecting drug use that need immediate treatment, such as vascular complications and sepsis (HSP 2).

AM 1.8 Be aware of external factors such as music festivals/dance parties that can impact on presentations of patients with alcohol and other drug problems (HSP 1).

EPA AM 2 Manage acute intoxication, overdose and withdrawal

AM 2.1 Describe best practice management for acute intoxication, overdose and withdrawal of:
- opiates
- benzodiazepines
- amphetamines and related drugs
- alcohol
- tobacco
- cannabis
- inhalants (HSP 1).

AM 2.2 Manage intoxication, withdrawal and overdose or implement appropriate referral to ensure patient safety (HSP 2).

AM 2.3 Initiate resuscitation when clinically indicated (HSP 1).

AM 2.4 Identify when to call for help (eg, Code Blue/MET/Between the Flags/PACE call) (HSP 1).

AM 2.5 Provide clinical care in order of medical priority, with concurrent treatment and assessment if required (HSP 2).

EPA AM 3 Manage patient fluids, electrolytes and blood products

AM 3.1 Recognise and manage the clinical consequences of fluid and electrolyte imbalance in a patient (HSP 1).

AM 3.2 Maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (HSP 1).

Section 2: Patient assessment

EPA AM 4 Complete alcohol and other drug (AOD) assessment

AM 4.1 Complete drug screening to identify drugs used, quantities, route and time of administration (HSP 1).

AM 4.2 Undertake investigations such as urine, blood screening and blood alcohol levels as appropriate (HSP 1).

AM 4.3 Complete health status history including:
- physical examination
- assessment of mental health co-morbidity
- suicide risk assessment
- identification of health conditions that may be related to drug use (eg, septic presentation, alcohol-related brain damage)
- identification of other health issues requiring treatment (HSP 2).

AM 4.4 Gather information on patient's circumstances as appropriate:
- detailed drug use history
- family
- social
- housing
- financial
- forensic (HSP 2).

AM 4.5 Refer to other team members such as drug and alcohol worker to conduct patient assessment as appropriate (HSP 1).

AM 4.6 Synthesise information and prioritise actions (HSP 2).

AM 4.7 Regularly re-evaluate patient situation and progress and modify priorities to match needs (HSP 3).

EPA AM 5 Consult with specialist AOD staff, services and engage the interprofessional team

AM 5.1 Seek advice from consultants and refer to other specialities as required for health problems related to alcohol and other drug use (HSP 1).

AM 5.2 Consult with patient's prescriber and/or general practitioner (HSP 1).

AM 5.3 Access specialist alcohol and other drug information and advice as required such as the Drug and Alcohol Specialist Advisory Service (DASAS) or local on call Drug and Alcohol service (HSP 2).

AM 5.4 Access the Prescription Shopping Information Service (PSIS) as appropriate (HSP 2).

AM 5.5 Liaise with and involve interprofessional team members in patient care as required (HSP 3).

Section 3: Patient management

EPA AM 6 Implement AOD management plan

AM 6.1 Describe the short and long term management options available to patients with alcohol and other drug problems (HSP 2).

AM 6.2 Develop and implement a management plan based on patient assessment (HSP 2).

AM 6.3 Monitor, evaluate and adjust management plan (HSP 3).

AM 6.4 Involve other members of the multidisciplinary team in patient management to enable best outcomes (HSP 3).

EPA AM 7 Conduct brief interventions

AM 7.1 Apply the stages of change model to the management of patients with alcohol and other drug problems (HSP 2).

AM 7.2 Describe the key features of brief interventions (HSP 2).

AM 7.3 Locate any education resources suitable for the patient to support the brief intervention (HSP 2).

AM 7.4 Conduct brief and opportunistic interventions (HSP 2).

EPA AM 8 Conduct motivational interviewing

AM 8.1 Describe the key features and strategies of motivational interviewing (HSP 2).

AM 8.2 Use motivational interviewing with patients with alcohol and other drug problems (HSP 2).

AM 8.3 Describe the concept of relapse prevention (HSP 3).

AM 8.4 Identify triggers for relapse with patients (HSP 3).

AM 8.5 Develop strategies with patients to manage relapse (HSP 3).

EPA AM 9 Prescribe and monitor pharmacotherapies relevant to addiction

AM 9.1 Review the advantages and disadvantages of pharmacotherapies for individual patients (HSP 3).

AM 9.2 Outline indications, contraindications and legal requirements of pharmacotherapies (HSP 3).

AM 9.3 Ensure all mandatory prescriber requirements are met and current (HSP 1).

AM 9.4 Prescribe pharmacotherapies to best manage a patient's alcohol use, such as:
- naltrexone
- acamprosate
- disulfiram (HSP 3).

AM 9.5 Prescribe pharmacotherapies to best manage a patient's opiate use, such as:
- methadone
- buprenorphine & buprenorphine/naloxone (HSP 3).

AM 9.6 Prescribe pharmacotherapies to best manage a patient's tobacco use, such as:
- nicotine replacement therapies:
- varencline
- bupropion (HSP 3).

EPA AM 10 Refer patients with alcohol and other drug problems to community based services

AM 10.1 Identify the range of community based services available to the patient including:
- residential rehabilitation
- community based counselling
- drop in services
- access to psychological services through GP referral
- community based psychologists
- self help groups
- parent/family support and counselling
- services for homeless people
- accommodation services (HSP 2).

AM 10.2 Match patient needs to community based services (HSP 3).

AM 10.3 Follow service requirements in referring patients (HSP 3).

AM 10.4	Liaise with healthcare team and community services to support patient in accessing community services (HSP 3).
AM 10.5	Involve family/carers in ongoing management where appropriate (HSP 3).

Section 4: Common problems and conditions

EPA AM 11 Apply an understanding of physical and psychological dependence to patient management

AM 11.1	Describe different theories of dependence (HSP 2).
AM 11.2	Describe the neurobiology processes involved in dependence (HSP 2).
AM 11.3	Assess patient needs relating to physical and/or psychological dependence (HSP 2).
AM 11.4	Formulate treatment taking into account dependency needs (HSP 3).

EPA AM 12 Assess and refer injecting drug users

AM 12.1	Describe the health risks and lifestyle problems associated with injecting drug use (HSP 1).
AM 12.2	Describe the treatment options available to patients who are injecting drug users (HSP 2).
AM 12.3	Educate patients to reduce harms related to injecting drug use (HSP 2).
AM 12.4	Identify the complex medical problems associated with long term injecting drug use and refer patients to appropriate services (HSP 3).
AM 12.5	Manage complex medical problems associated with long term injecting drug use (HSP 3).

EPA AM 13 Provide education about and management of blood borne viruses

AM 13.1	Describe for hepatitis B, hepatitis C, HIV and other blood borne viruses: ▪ risk factors ▪ methods of transmission ▪ symptoms ▪ disease progression ▪ treatments ▪ vaccination options (HSP 1).
AM 13.2	Provide education to patients on prevention and harm minimisation of hepatitis B, hepatitis C, HIV and other blood borne disorders (HSP 2).
AM 13.3	Provide pre and post-test counselling for blood borne viruses in a sensitive manner (HSP 2).
AM 13.4	Provide education to patients to reduce risk of transmission and to assist with disease management (HSP 3).
AM 13.5	Notify authorities where required (HSP 1).
AM 13.6	Identify the impact of hepatitis B, hepatitis C and HIV on the management of patients with alcohol and other drug problems (HSP 3).
AM 13.7	Identify and refer patients that are suitable and stable to receive hepatitis B, hepatitis C and HIV treatments (HSP 3).

EPA AM 14 Identify and refer patients with mental health, drug and alcohol comorbidity

AM 14.1	Describe the incidence and patterns of mental health, alcohol and other drug comorbidity (HSP 2).
AM 14.2	Outline the mental illnesses and corresponding treatments that commonly occur with alcohol and other drug use (HSP 2).

AM 14.3	Screen patients for coexisting mental health and alcohol and other drug problems using recommended instruments (HSP 3).
AM 14.4	Describe best practice management of people with coexisting mental health and alcohol and other drug problems (HSP 3).
AM 14.5	Identify and comply with legal requirements and protocols (HSP 2).
AM 14.6	Refer patients with coexisting mental health and alcohol and other drug problems to healthcare and community services, networks and resources (HSP 3).

EPA AM 15 Identify and manage patients at risk of suicide

AM 15.1	Outline incidence and patterns of suicide in Australia (HSP 1).
AM 15.2	List risk factors (HSP 1).
AM 15.3	Conduct a suicide risk assessment (HSP 1).
AM 15.4	Implement protocols and guidelines to minimise risk (HSP 2).

EPA AM 16 Assess and manage patients with alcohol-related brain injury

AM 16.1	Screen patients for alcohol-related brain injury (HSP 2).
AM 16.2	Develop a management plan for patients (HSP 3).
AM 16.3	Implement strategies to assist patients to understand and follow the management plan (HSP 3).
AM 16.4	Refer to health and community support services (HSP 2).

EPA AM 17 Assess the impact of drug use on pregnancy, the fetus and the neonate

AM 17.1	Describe the effects of ▪ opiates ▪ benzodiazepines ▪ amphetamines and related drugs ▪ alcohol ▪ tobacco ▪ cannabis ▪ inhalants on pregnant women, on the fetus and on the infant (HSP 1).
AM 17.2	Complete assessment of the patient's current and past drug use and general health status (HSP 2).
AM 17.3	Assess the patient's social, housing and financial situation (HSP 2).
AM 17.4	Determine risks to patient, fetus and infant (HSP 2).
AM 17.5	Provide health education to pregnant women on alcohol and other drug use during pregnancy (HSP 2).

EPA AM 18 Manage drug dependent pregnant women and new mothers

AM 18.1	Describe strategies and services to assist women who are drug dependent and pregnant to reduce/ manage their drug use (HSP 3).
AM 18.2	Describe treatment approaches and services for drug dependent neonates and their mothers (HSP 3).
AM 18.3	Undertake discharge planning for new mothers and neonates (HSP 3).
AM 18.4	Refer to high risk pregnancy service where appropriate (HSP 3).
AM 18.5	Refer to community support services (HSP 3).
AM 18.6	Safely manage pregnant women/ new mothers on pharmacotherapies (HSP 3).

EPA AM 19 Identify infants and children at risk of harm

AM 19.1 Assess relationship status, support systems and social networks of the mother/carer, including identifying levels of drug use among these supports and possible implications for the care of the child (HSP 3).

AM 19.2 Assess risk of physical, emotional, sexual harm to infant/child (HSP 2).

AM 19.3 Complete required documentation (HSP 2).

AM 19.4 Contact Family and Community Services preliminary reporting service where required (HSP 2).

AM 19.5 Make notifications to Family and Community Services as required (HSP 2).

EPA AM 20 Manage drug use problems of children, adolescents and teenagers

AM 20.1 Identify common presentations relating to drug use for children, adolescents and teenagers (HSP 1).

AM 20.2 Provide brief interventions tailoring communication and strategies to best meet the needs of the young person (HSP 2).

AM 20.3 Comply with legal and ethical requirements when treating children, adolescents and teenagers (HSP 1).

AM 20.4 Provide education to parents and carers (HSP 2).

AM 20.5 Refer the young person and/or parents/carers to community support services (HSP 2).

EPA AM 21 Identify and manage alcohol and other drug problems of elderly patients

AM 21.1 Identify common presentations relating to alcohol and other drug use for elderly patients (HSP 1).

AM 21.2 Develop a management plan (HSP 2).

AM 21.3 Provide brief interventions and health education to the patient and carers (HSP 2).

AM 21.4 Provide education to ward staff and nursing home staff on identifying and managing alcohol and other drug problems of elderly patients (HSP 3).

AM 21.5 Refer the elderly person to community support services (HSP 2).

EPA AM 22 Manage aggressive and challenging behaviours

AM 22.1 Identify situations of high risk in which patients who are intoxicated or in withdrawal may become aggressive (HSP 1).

AM 22.2 Apply strategies to deescalate challenging behaviours (HSP 2).

AM 22.3 Comply with protocols and guidelines to manage aggressive and challenging behaviours (HSP 2).

AM 22.4 Take action to prioritise safety of other patients, self and colleagues in managing aggressive and challenging behaviours (HSP 2).

AM 22.5 Respond appropriately to discharge against medical advice (HSP 1).

AM 22.6 Debrief from incidents involving aggressive and challenging behaviours (HSP 1).

EPA AM 23 Manage drug-seeking behaviour

AM 23.1 Recognise drug-seeking behaviours of staff and patients (HSP 2).

AM 23.2 Comply with legal, professional and ethical standards and consult with others when necessary to ensure good prescribing practices (HSP 1).

AM 23.3 Use assertive communication as required to respond to drug-seeking behaviour (HSP 2).

AM 23.4 Identify the need for pain management by patients and staff who are seeking drugs (HSP 2).

Section 5: Safe patient care

EPA AM 24 Minimise risk and error when working with patients with alcohol and other drug problems

AM 24.1 Identify the main sources of error and risk that occur when working in the area of addiction medicine, such as:
- misinterpretation of symptoms
- misuse of scales and tools (eg, AUDIT) (HSP 2).

AM 24.2 Identify how personal error, personal values and cognitive bias contribute to risk and errors in the area of addiction medicine (HSP 2).

AM 24.3 Explain and report potential risks to patients and staff (HSP 2).

EPA AM 25 Implement public health approaches to prevent and reduce alcohol and other drug problems

AM 25.1 Outline public health approaches to understanding, preventing and reducing alcohol and other drug problems (HSP 2).

AM 25.2 Relate public health issues to patterns and incidence of substance use (HSP 2).

AM 25.3 Identify alcohol and other drug issues and problems affecting the local community (HSP 2).

AM 25.4 Apply a harm minimisation approach to interventions with patients with alcohol and other drug issues (HSP 2).

AM 25.5 Advocate for public health approaches to alcohol and other drug issues (HSP 3).

AM 25.6 Participate in planning and implementing local public health approaches (HSP 3).

EPA AM 26 Provide targeted alcohol and other drug education

AM 26.1 Access education resources suitable for the target group (HSP 1).

AM 26.2 Provide education to patients, families and carers (HSP 2).

AM 26.3 Participate in preventive alcohol and other health education programs (HSP 3).

EPA AM 27 Prescribe medications safely for patients with alcohol and other drug problems

AM 27.1 Prescribe and/or revise medications taking into account:
- actions and interactions
- patient's current alcohol and other drug use
- potential for interactions with both prescribed and illicit drugs
- indications
- contraindications
- potential adverse effects
- monitoring requirements
- affordability
- practicalities for individual patients (HSP 1).

AM 27.2 Prescribe medications according to clinical indications, legal requirements and accepted codes of practice (HSP 1).

EPA AM 28 Manage acute and chronic pain in drug-dependent patients

AM 28.1 Manage acute pain (HSP 1).

AM 28.2 Manage chronic pain by:
- reviewing medications for chronic pain
- implementing 'cognitive prescribing practices' (HSP 3).

AM 28.3 Prescribe pain therapies to best meet the patient's needs and taking into account the patient's current legal and illegal alcohol and other drug use (HSP 3).

Section 6: Communication

EPA AM 29 Use high level communication skills to engage patients

AM 29.1 Establish rapport with patients who are difficult to engage (HSP 2).

AM 29.2 Assist patients to overcome feelings of prejudice, mistrust and fear in accessing health services (HSP 2).

AM 29.3 Identify situations in which patients are reluctant to share information (HSP 2).

AM 29.4 Inform patients of limits to confidentiality (HSP 2).

AM 29.5 Develop strategies to overcome patient concerns and ensure confidentiality within necessary limits (HSP 3).

Section 7: Professionalism

Doctor and society

EPA AM 30 Improve access of patients from culturally and linguistically diverse backgrounds (CALD) to healthcare

AM 30.1 Identify barriers that people from culturally and linguistically diverse backgrounds with alcohol and other drug problems face in accessing healthcare (HSP 1).

AM 30.2 Provide culturally appropriate healthcare (HSP 2).

AM 30.3 Work with interpreters with patients from culturally and linguistically diverse backgrounds (HSP 2).

AM 30.4 Describe barriers that may arise in maintaining confidentiality when working with interpreters within small defined communities (HSP 2).

AM 30.5 Implement strategies to overcome these barriers (HSP 3).

EPA AM 31 Promote non-discriminatory and non-judgemental service provision to patients with alcohol and other drug problems

AM 31.1 Identify barriers that people with alcohol and other drug problems face in accessing healthcare (HSP 1).

AM 31.2 Identify own values regarding alcohol and other drug use, misuse and addiction (HSP 1).

AM 31.3 Educate colleagues on the impact of practitioner values on engagement and service provision to patients with alcohol and other drug problems (HSP 2).

AM 31.4 Develop team approaches to overcoming barriers and reducing prejudice (HSP 3).

EPA AM 32 Deliver culturally safe health services to Aboriginal patients

AM 32.1 Relate the history and experiences of Aboriginal communities to their health status (HSP 2).

AM 32.2 Provide a culturally safe environment when providing health services to Aboriginal patients (HSP 2).

AM 32.3 Reflect Aboriginal concepts of health in delivery of health services (HSP 2).

AM 32.4 Describe Aboriginal patterns of alcohol and other drug use and related harms (HSP 2).

AM 32.5 Respectfully ask patients if they are Aboriginal and explain the need to know (ie, to facilitate access to programs and benefits such as 'Closing the Gap' initiatives) (HSP 1).

AM 32.6 Conduct opportunistic interventions such as brief interventions and health checks when possible (HSP 2).

AM 32.7 Obtain permission from Aboriginal patients to refer to culturally appropriate supports and services within the hospital and the community (HSP 2).

AM 32.8 Involve family and community in the care of the patient where appropriate (HSP 2).

EPA AM 33 Implement relevant laws and protocols to enhance safe patient care and achieve best health outcomes

AM 33.1 Comply with legal requirements of patient care including:
- Duty of Care
- Drug and Alcohol Treatment Act 2007
- Inebriates Act 1912
- Narcotics Drug Act 1967
- Mental Health Act 2007
- Guardianship Act (HSP 2).

AM 33.2 Outline processes for operationalising the relevant Acts and know when to manage people under the various Acts (eg, acutely intoxicated patients, patients with complex presentations) (HSP 3).

AM 33.3 Manage tensions between duty of care and patient choices (HSP 3).

AM 33.4 Complete required medicolegal documentation (HSP 3).

AM 33.5 Comply with all relevant protocols including:
- NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines
- Suicide Risk Assessment and Management Protocols: Emergency Department
- Suicide Risk Assessment and Management Protocols: General Hospital Ward
- Information Sharing – NSW Health & DOCS–Opioid Treatment-Responsibility – Children under 16
- Opioid Dependent Persons Admitted to Hospitals – Management
- Needle and Syringe Program Policy and Guidelines for NSW
- NSW Opioid Treatment Program: Clinical Guidelines for Methadone and Buprenorphine Treatment of Opioid Dependence
- Section 100 Highly Specialised Drugs Program (HSP 1).

Professional behaviour

EPA AM 34 Maintain personal wellbeing

AM 34.1 Monitor own level of stress and wellbeing (HSP 2).

AM 34.2 Implement strategies to maintain/increase personal health and wellbeing (HSP 2).

AM 34.3 Seek assistance for stress and associated problems such as alcohol and other drug use (HSP 2).

AM 34.4 Apply ethical practice to all areas of work (HSP 1).

AM 34.5 Identify ethical dilemmas that may arise in areas of practice in addiction medicine (HSP 2).

AM 34.6 Undertake case reviews within team to ensure consistency of ethical standards and practices (HSP 3).

EPA AM 35 Assist the practitioner in difficulty

AM 35.1 Identify the signs and symptoms of colleagues experiencing difficulties with alcohol and other drug use (HSP 2).

AM 35.2 Respond empathically to colleagues (HSP 2).

AM 35.3 Comply with mandatory reporting requirements (HSP 2).

AM 35.4 Locate support services available (HSP 2).

AM 35.5 Refer colleagues to appropriate services (HSP 3).

EPA AM 36 Educate colleagues on addiction medicine

AM 36.1 Provide information on:
- social, economic and political factors that influence drug use at a societal and individual level
- patterns of alcohol and other drug use and related harms in Australia (HSP 2).

AM 36.2 Discuss the reasons why people use drugs (HSP 2).

AM 36.3 Provide information on addiction medicine to colleagues (HSP 2).

Teaching and learning

EPA AM 37 Improve own practice

AM 37.1 Access information on emerging trends in illicit drug use (HSP 2).

AM 37.2 Locate and use resources and networks to ensure practice is updated and based on evidence (HSP 2).

AM 37.3 Engage in workplace based professional development process (HSP 1).

AM 37.4 Seek feedback on own performance (HSP 1).

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Appendix 1 Patient Safety Framework

Four levels of knowledge and performance elements have been defined in the Patient Safety Framework. The level of knowledge and performance required by an individual is determined by their level of patient safety responsibility:

Level 1 Foundation knowledge and performance elements are required by all categories of health care workers (as defined below)

Level 2 Knowledge and performance elements are required by health care workers in categories 2 and 3

Level 3 Knowledge and performance elements are required by health care workers in category 3

Level 4 Organisational knowledge and performance elements are required by health care workers in category 4.

Please note that some knowledge and performance elements in levels 2 and 3 may not be relevant for all non-clinical managers.

Four categories of health care workers have been defined in the Patient Safety Framework

Category 1 Health care workers who provide support services (eg, personal care workers, volunteers, transport, catering, cleaning and reception staff).

Category 2 Health care workers who provide direct clinical care to patients and work under supervision (eg, ambulance officers, nurses, interns, resident medical officers and allied health workers).

Category 3 Health care workers with managerial, team leader and/or advanced clinical responsibilities (eg, nurse unit managers, catering managers, department heads, registrars, allied health managers and senior clinicians).

Category 4 Clinical and administrative leaders with organisational responsibilities (eg, Chief Executive Officers, board members, directors of services and senior health department staff).

Health care workers can move through the Patient Safety Framework as they develop personally and professionally.

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