Prevocational Training Term Description: Alcohol and Drug Service

Date of term description version	November 2023
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Alcohol and Drug Service				
Term specialty*	Psychiatry				
Term location	Canberra Hospital – Building 7				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/ procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/ discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
Term duration (weeks)*	12-14 weeks (depending on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	1	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)			

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr. Michael Tedeschi (Senior Staff Specialist)
Clinical team supervision	**Primary/Immediate Clinical Supervisor (name and position)** Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr. Michael Tedeschi Other consultants: Dr Tracy Soh – Medical Director Dr. Saba Javed Dr Erika Unsworth
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Clinical supervision can also include: • RANZCP registrar • AChAM registrar

	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.		
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other	
	• The Drug & Alcohol term consists of a 10-bed inpatient detox ward, primarily managed by the RMO (PGY2 or above) with daily rounding on all new admissions by one of the Addiction Medicine consultants. Clients are voluntary admissions that may be self-referred, or referred via the client's GP, other hospital/community areas, or via drug and alcohol rehabilitation services. • Nursing support is provided by 2 or more nurses per shift, plus CNC support Monday – Friday during business hours. • Nurse practitioner support for admissions is available approximately ½ day per week. • Outpatient services and Consult Liaison services are also offered daily by nursing and ADS consultant staff (nil compulsory RMO involvement, but able to participate if interested). • There is a dedicated social worker and Aboriginal Liaison team who support the inpatient unit.			

Commencing the Term

Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	• General Registration PGY2 level and above. • The ability to communicate with clients from diverse backgrounds. • The ability to communicate and liaise with members of other medical teams (both in-patient and community), nursing staff, allied health staff, and support staff. • Venepuncture skills are required due to lack of pathology support in the unit. • Ability to serve on the RMO MHJHADS on call medical cover which includes approximately one afternoon shift/week within Medical Pod 3 and weekend shifts as determined by Medical Rostering.
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. **The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.**	On day one, report to the Detox in-patient ward (lower level of building 7) at 0800. You will be greeted by the CNC and an ADS consultant (this will usually be Dr Unsworth or Dr Soh) who will assist with orientation. Reviewing the DRUG & ALCOHOL WITHDRAWAL (DETOX) UNIT rover google document prior to commencement is advised (link to Rover document provided in the JMO Handbook).

Overview of the Unit	
The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are	The aim of Alcohol and Drug Unit is to care for inpatients (10-bed unit) and outpatients with suspected or proven alcohol or drug problems, including the provision of a safe drug or alcohol withdrawal program. Services include: • Consultation on inpatients and outpatients with suspected or proven alcohol or drug problems. • Providing advice on the management of alcohol and drug problems to hospital staff and community health professionals. • Assisting in training medical students and medical graduates in the diagnosis and management of alcohol and drug problems. • Teaching medical, nursing, and allied health professionals working in both the hospital and community on alcohol and drug related topics. • Conducting clinical research on alcohol and drug issues. • Operating the ACT public opioid substitution treatment program and provide training, supervision, and support for general practitioners involved in the ACT community-based program. The withdrawal unit manages patient withdrawal from alcohol, and a variety of drugs including methamphetamine, cannabis, and other drugs of dependence. The majority of opioid dependent patients are instead triaged to ambulatory opiate substitution therapy but may occasionally be admitted to the Withdrawal Unit if the opioid dependency is being treated concurrently.

Clinical responsibilities and tasks of the prevocational doctor
Provide an overview of the routine duties and responsibilities
	Withdrawal Unit inpatients:
	Under the supervision of the Term Supervisor, the JMO is responsible for actioning the day-to-day management plan of the patients in the withdrawal in-patient unit. This involves managing withdrawal with appropriate medication, as per unit protocols and management of any intercurrent medical problems.
	The RMO is also expected to admit, manage and discharge patients who have been accepted to the in-patient unit by the triage nurse and/or Alcohol and Drug Services (ADS) multidisciplinary team, under oversight from registrars and consultants.
	
	JMO responsibilities include, but are not limited to, the following:
	• Reviewing clients for admission to the in-patient unit who have been accepted from the community via the triage nurse and/or via the MDT meeting review process. Patients are also occasionally admitted directly from the Hospital wards and/or ED (see below). The admission process includes:
	  ○ Reviewing triage notes and previous history available in DHR or other documentation systems, if applicable
	  ○ Obtaining a verbal handover from the admitting nurse
	  ○ Reviewing and prescribing the client's regular medications (this includes ensuring a patient health summary has been obtained during the triage process)
	  ○ Requesting supply of patient's regular medications from pharmacy
	  ○ Prescribing withdrawal support medications as per unit protocol
	  ○ Obtaining and clarifying, as required, clinical history from the client

	○ Performing a physical exam and collecting admission bloods ○ Assessing for, treating, and/or escalating as required acute medical concerns ○ Discussing with term supervisor/admitting consultant as soon as practicable following admission review. • Attending afternoon nursing handover at 1pm daily to ensure nursing staff are aware of management plans. • Presenting/discussing new admissions to the consultant on for the day prior to rounds (occurring in the afternoon). • Attending consultant rounds for new admissions. • Medical reviews of the client as required ○ This may include arranging the transfer of clinically unstable clients to TCH ED. • Documenting daily rounding of clients. • Timely completion of discharge summaries ○ Clients transferring to in-patient rehabilitation units require discharge summaries the day of discharge. • Liaise with nursing and allied health staff regarding management and discharge planning. • At times patients are transferred from other wards at TCH or from North Canberra Hospital via the ADS Consult Liaison team. A full admission work-up is not required for these patients, but ensuring appropriate investigations and medications as per ADS protocol is required. • Other reasonable tasks as requested by nursing staff.
Work Routine Provide an overview of the work routine	The JMO should attend the withdrawal unit first thing every morning, 0800, to review any patients causing concern overnight. Work routine and tasks are outlined in more detail on other sections in this document and in the DRUG & ALCOHOL WITHDRAWAL (DETOX) UNIT Rover guide (link in JMO Handbook).
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	During the admission process, the JMO receives a verbal handover from the admitting nurse. The nursing staff will alert the JMO if there are clients about whom the nursing staff have concerns. Afternoon nursing handover occurs at 1300 daily in the in-patient staff office area. The JMO is strongly encouraged to attend. Any concerns that are outside the JMO's scope of practice should be escalated to an ADS consultant (on-call list available in the in-patient unit staff area or via switch). At the end of term, ensure you contact the incoming JMO to orientate him/her to the ward(s)/clinics and any current inpatients.
Safety	**Occupational Violence** While rare, occupational violence is a risk in all departments. JMOs should: • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button).

Commented [S(1]: I think we keep occupational violence here as it's quite specific to this term and put the others in the appendix/JMO handbook/rovers

	• Be alert around patients who are delirious, confused or known to have previously engaged in violence. • In the Withdrawal Unit, there are occasionally patients who are in the more severe stages of alcohol withdrawal which can result in hallucinosis. This is most unusual in our unit, but such patients can unintentionally be frightened or violent as part of their hallucinosis. • Patients on the withdrawal unit (like any Hospital Department) can be rude or unpleasant to the RMO staff. Our patients have complex needs and the withdrawal process (alcohol or drug) can be unpleasant causing irritability. If the RMO feels endangered or threatened in any way by such behaviours, they should withdraw immediately from the patient and the issue should be raised immediately to the CNC and/or Staff Specialist on duty that day. Other OH&S and safety in pregnancy is dealt with in the JMO Handbook. The Alcohol and Drug Service supports Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as clients within this term and RMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	The JMO should strive to have undertaken the following by the end of term in order to be equipped with the ability to evaluate hazardous alcohol and drug use and institute appropriate management. **Clinical objectives** • To develop skills in eliciting an alcohol and drug history in a systematic, non-threatening and non-judgemental way. • To develop skills in establishing rapport and empathy with a patient group who are often alienated and difficult to manage. • To attain the ability to formulate a diagnosis and assess the severity of the alcohol and other drug problems. • To attain skills in developing a management plan, appropriate to the patient's problems, socio-cultural background and wishes. • To expand experience in medical management of the complications of alcohol and drug use - eg alcoholic liver disease, alcohol related brain damage, hepatitis C. • Become familiar with the various regimes for managing patients in withdrawal (particularly from alcohol, opiates, and benzodiazepines) and the monitoring procedures for determining when medication is indicated. **Knowledge objectives** • To expand on knowledge of the principles underlying diagnosis of dependence and management of appropriate withdrawal from alcohol,

CRMEC CANBERRA REGION MEDICAL EDUCATION COUNCIL

	sedatives, opiates (including prescribed drugs), nicotine, psychostimulants, and cannabis. • To expand on knowledge of the principles underlying behavioural self-management therapies including motivational interviewing, skills training, self-help groups with exposure to AA and NA, family therapy, early brief interventions, and community based prevention strategies. **Procedural Skills** • To achieve proficiency in venepuncture which may be challenging in this cohort of patients due to peripheral vascular injury.
Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable	**General Mandatory Education** • All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. • Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs. • Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the 'Monday Shorts' teaching program. • Venue and topics are confirmed by email earlier in the day. • Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching. **Grand Rounds:** All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the unit. **Term Specific Training** Each week the JMO will have a one-on-one teaching session with the term supervisor (every Thursday at 10am). Teaching sessions include, but are not limited to: • Medical management of alcohol withdrawal (benzodiazepines) • History of Addiction Medicine • Post withdrawal relapse prevention strategies including pharmacotherapies (Acamprosate, Naltrexone and Disulfiram) • Management of opioid dependence - including withdrawal management, relapse prevention and substitution pharmaco-therapies (Methadone, Buprenorphine, Suboxone and Naltrexone); • Epidemiology of drug and alcohol problems in society Other term-specific learning opportunities include: • CL Ward Consultations: ○ The JMO may attend and observe the Consult Liaison rounds to see hospital in-patients who have complex medical/addiction issues such as difficult withdrawal or pain management problems complicated by substance abuse. The CL team is located in the upper level of Building 7. • Outpatient services:

	○ The JMO may attend patient assessments and outpatient services such as the Opioid Treatment Service held in the upper level of Building 7. • Weekly MDT meetings - held every Thursday at 1pm – JMOs are strongly encouraged to attend. • Registrar (RANZCP and/or AChAM) teaching as available • ORT prescriber sessions for GPs and GP registrars ○ Sessions are held several times per year after-hours by Dr. Mike Tedeschi and RMOs are welcomed and encouraged to attend.			
During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)	**EPA 1** Clinical Assessment	**EPA 2** Recognition and care of the acutely unwell patient	**EPA 3** Prescribing	**EPA 4** Team communication – documentation, handover and referrals

ACT Government | ACT Health

CRMEC
CANBERRA REGION MEDICAL EDUCATION COUNCIL

Term/Unit Timetable and Indicative Duty Roster^

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor is expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:00 - 8:30 Prepare for ward rounds/admissions/address issues from overnight **08:30-09:00** RMO ward round **09:00*** First admission arrives **10:00*** Second admission arrives **13:00-13:30** Nursing handover 1300 – 1400 Monday Shorts Teaching **13:30*** Third admission arrives **14:00-15:00** Consultant Ward Round (Dr Tracy Soh) **15:00-16:30** Finalize admissions/discharges Other tasks Handover to after hours if required	**08:00 - 8:30** Prepare for ward rounds/admissions/address issues from overnight **08:30-09:00** RMO ward round **09:00*** First admission arrives **10:00*** Second admission arrives **13:00-13:30** Nursing handover **13:30*** Third admission arrives **14:00-15:00** Consultant Ward Round (Dr Michael Tedeschi) **15:00-16:30** Finalize admissions/discharges Other tasks Handover to after hours if required	**08:00 - 8:30** Prepare for ward rounds/admissions/address issues from overnight **08:30-09:00** RMO ward round **09:00*** First admission arrives **10:00*** Second admission arrives **13:00-13:30** Nursing handover **13:30*** Third admission arrives **14:00-15:00** Consultant Ward Round (Dr Erika Unsworth) **15:00-16:30** Finalize admissions/discharges Other tasks Handover to after hours if required	**08:00 - 08:30** Prepare for ward rounds/admissions/address issues from overnight **08:30-09:00** RMO ward round **09:00*** First admission arrives **10:00*** Second admission arrives **10:00-11:00** Clinical Teaching with Dr Tedeschi **13:00-13:30** Nursing handover **13:30*** Third admission arrives **13:15-14:00** MDT meeting (not compulsory for RMO to attend this) **13:00-14:00** Mandatory RMO MEU Teaching **15:00-16:00** Consultant Ward Round (Dr Saba Javed) **16:00-1630** Finalize admissions/discharges Other tasks Handover to after hours if required	**08:00- 08:30** Prepare for ward rounds/admissions/address issues from overnight **08:30-09:00** RMO ward round **09:00-13:00** *Generally, no new admissions on Fridays. Occasional transfers from the main hospital* Catch up on discharge planning/other tasks **13:00-13:30** Nursing handover **14:00-15:00** Consultant Ward Round (Dr Erika Unsworth) *If no new admissions, rounding done on patients requesting pharmacotherapy or with clinical concerns* **15:00-16:30** Finalize admissions/discharges Other tasks Handover to after hours if required	After-hours cover (MHJHADS on call medical cover 0900 - 1800)	After-hours cover (MHJHADS on call medical cover 0900 - 1800)

^Schedule does not include CL transfers, required medical reviews, or PM shift expectations. Occasionally a fourth admission is required.
* Nursing admission commences on client arrival (approximately 30 minutes in duration); after nursing admission complete, verbal handover to RMO commences prior to RMO review of client

Patient Load Average Per Shift	Up to 10 inpatients at any one time, with admissions from 1-7 days depending on discharge plan or if client discharges against medical advice. Generally, up to three admissions per day Monday – Thursday; occasionally a fourth admission is required. Additional CL transfers occurring as required any time Monday – Friday.	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0-5 hours/week, depending on admissions/discharges/other tasks
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: • Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) • Onsite supervision available after hours If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	JMOs within MHJHADS get rostered to one evening shift within Medical Pod 3 every 1-2 weeks. You may wish to review the term description for Med Pod 3. When the Drug & Alcohol JMO is rostered to a PM shift, they are expected by the ADS unit to arrive to the Drug & Alcohol unit at 1300 hours and work at the unit until 1630. One admission is generally scheduled for the JMO on these days. From 1630, the JMO provides coverage for MHJHADS until handover to the Med Pod 3 night JMO. JMOs are scheduled approximately one evening 'on call' shift (1630 – 2130) every 1-2 weeks. During this time, you may be called into the hospital so must be available to work. JMOs are also scheduled to Drug & Alcohol specific Saturday or Sunday shifts which are scheduled from 0900-1800; the Med Pod 3 JMO covers before and after these hours. A pager is available for the afterhours cover JMO - kept at either switch or the MOSCETU office. After hours support for the JMO is provided by the: - Psychiatry after hours Registrar - Alcohol & Drug Service Consultant For in-patients of the ADS unit requiring urgent medical intervention, 000 is called and the client is transferred to the TCH ED.	

List Other Relevant Documentation
Intern job description RMO job description JMO Handbook