

<b>A: ACCREDITED PREVOCAATIONAL TRAINING PROVIDER NAME:</b>	WESTMEAD HOSPITAL
<b>Training Term Based at:</b>	<i>If not at above location, please give off site facility name and location:</i>
<b>Offsite Term?</b> <i>Includes affiliated private hospitals, general practices, community-based medical services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, Collaborative Agreement to be attached</i>
<b>B: TERM NAME</b>	<b>DRUG &amp; ALCOHOL</b>
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b> Drug Health provides evidence-based clinical management of substance use disorders (SUD) and SUD-related health problems to patients and their families, and provides relevant support and education to patients, families and other health and related service providers, within Drug Health, across Western Sydney Local Health District (WSLHD) and in the broader community.</p> <p>Drug Health provides a range of services across the continuum of care, with multi-disciplinary teams of medical, nursing, psychology and allied health staff. The trainee will be directly involved in the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> daily hospital ward rounds including inpatients and consultation-liaison (CL) referrals</li> <li><input type="checkbox"/> recognition of substance use intoxication/withdrawal stages, complications of substance use (e.g., complications of injecting drug use) and related comorbidities (e.g., suicide risk assessment in patients with coexisting substance use disorders)</li> <li><input type="checkbox"/> conducting a risk assessment, particularly evaluating suicide risk and risk of harm to others of patients with substance use problems</li> <li><input type="checkbox"/> management of patients with SUD and its complications</li> <li><input type="checkbox"/> inpatient and ambulatory withdrawal management</li> <li><input type="checkbox"/> "abstinence maintenance" of both ambulatory patients and those discharged from hospital</li> <li><input type="checkbox"/> formulation of the patient from a mental health and addiction medicine perspective</li> <li><input type="checkbox"/> discharge of patients to general practitioners and other health care providers</li> </ul> <p>Other Drug Health services, to which the trainee will refer patients and with which the trainee will be involved in multi-disciplinary patient care include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> opioid treatment program (OTP)</li> <li><input type="checkbox"/> Westmead Hospital outpatient clinics</li> <li><input type="checkbox"/> outpatient psychology assessment and counselling</li> <li><input type="checkbox"/> viral hepatitis assessment and treatment</li> <li><input type="checkbox"/> neuro-psychological assessment</li> <li><input type="checkbox"/> psychiatric assessment and mental health services</li> <li><input type="checkbox"/> drug use in pregnancy service</li> <li><input type="checkbox"/> forensic court diversionary programs</li> <li><input type="checkbox"/> community-based assessment, health and psycho-education and on-going support</li> <li><input type="checkbox"/> departmental research</li> </ul> <p>Patients requiring hospital admission are referred directly to Westmead for admission or, in some instances, to the dedicated detoxification unit at Nepean Hospital, in all cases following consultation with the admitting staff specialist.</p> <p>Guidelines to withdrawal management are provided in Drug Health procedure documents and in the NSW Drug and Alcohol Clinical Practice Guidelines,</p>

	<p>available at <a href="http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf">http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf</a></p> <p>Drug Health works closely with a range of other disciplines, particularly Mental Health, Toxicology, Gastroenterology and Chronic and Acute Pain Services, with which the trainee may be required to communicate and consult with.#</p> <p>Continuity of care is ensured through partnerships with community health centres, general practice networks and non-government organisations.</p> <p>Young children of patients at risk of harm may warrant notification to the Department of Family and Community Services and the trainee will be expected to become familiar with mandatory notification requirements.</p> <p>Patient assessment requires trainees to be familiar with the physical conditions which may lead to or complicate SUD and to be vigilant in screening for these, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> complications of withdrawal syndromes, such as withdrawal seizures, Wernicke-Korsakoff's Syndrome, and delirium tremens</li> <li><input type="checkbox"/> complications of intravenous drug use, such as thrombophlebitis, bacterial endocarditis, venous thrombosis, disseminated systemic infections and blood borne viral infections (HBV, HCV and HIV)</li> <li><input type="checkbox"/> other physical illness resulting directly from SUD and its sequelae, such as nutritional deficiencies, liver disease, pancreatitis, diabetes, cardiomyopathy, chronic pain, and neurological damage</li> <li><input type="checkbox"/> co-morbid mental illness – including previous trauma, psychotic illness, depression and anxiety disorders and childhood developmental conditions</li> </ul> <p>Trainees will also have opportunities to be involved in the management of patients from a wide range of ethnic and socio-demographic backgrounds, in a context where these factors are relevant to both the presenting problems and the treatment.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b></p> <p>Most patients are relatively well and present voluntarily, seeking assistance with SUD. Amongst this group, about 20% have co-morbid mental illness and about 60% have physical illnesses both related to and independent of their SUD. Approximately 1 – 2 patients per week warrant acute medical or psychiatric admission. Very few adolescents access this service, but it is not uncommon to see young people (i.e. aged 18 – 25) although the average age is in the 4th decade. Around 60% of patients are male and around 30% are from CALD backgrounds. At this location, very few Indigenous patients present.</p>
<b>Term Duration (Weeks)</b>	10 – 11 Weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050040
<b>Date of Accreditation by HETI</b>	14/12/2012

<p><b>C: TERM CATEGORY</b> <i>Please identify if the term meets the criteria for a core term or if the term is an 'other' term (please specify) For information on 'core' terms please see the last page of this document.</i></p>	Medicine	<b>If other please specify:</b>
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Is the term a PGY1 or a PGY2 term?	PGY1 <input type="checkbox"/> PGY2 <input checked="" type="checkbox"/> <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>
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### D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees	PGY1 <input type="text" value="0"/> PGY2 <input type="text" value="1"/> <b>MAXIMUM NUMBER OF TRAINEES IN</b> <input type="text" value="1"/> NOTE: number of PGY1s + number of PGYs=maximum Capacity
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### E: TERM SUPERVISION

<b>Name, Position and Contact Details of Term Supervisor</b>  <i>Responsible for trainee term orientation and assessment</i>	Dr Catherine Silsbury, Staff Specialist Telephone: 8860 2560; or via Westmead switchboard Email: <a href="mailto:Catherine.silsbury@health.nsw.gov.au">Catherine.silsbury@health.nsw.gov.au</a>  or if Dr Silsbury is unavailable:  Dr Thao Lam – Acting Director & Staff Specialist, Drug Health Telephone: 8860 2560; or via Westmead switchboard Email: <a href="mailto:Thao.Lam@health.nsw.gov.au">Thao.Lam@health.nsw.gov.au</a>  Dr Silsbury and Dr Lam are happy to be contacted on their mobile which will be provided on request at the beginning of the term
<b>Term Supervisor Contact with Trainee</b>  <i>Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term</i>	<b>General Contact:</b> The supervising staff specialist is generally directly available to the JMO throughout each week day, unless elsewhere attending meetings, conducting ward rounds, etc. When Dr Silsbury is not present, the Drug Health registrars and other staff specialists are either present or available via telephone. At all times, the JMO will be aware of who to contact for advice, supervision and support. The JMO will be expected to discuss all patients with a supervising staff specialist or registrar at the end of each clinical session or at the end of the day.  <b>Orientation:</b> The outgoing JMO and Dr Silsbury provide an orientation and handover the Friday before the term begins, where possible. Otherwise, the JMO should attend Cumberland CAM at 09:00 on the first day of their attachment.  <b>Mid Term:</b> JMOs should arrange a time with Dr Silsbury for each assessment and should have completed their self-assessment prior to this.  <b>End of Term:</b> JMOs should arrange a time with Dr Silsbury for each assessment and should have completed their self-assessment prior to this.
<b>Primary Clinical Supervisor (if not Term Supervisor)</b>  <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i>	<b>Name, Position and Contact details</b>  As above

<b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b>	<b>Position and Contact details</b> Resident staff are provided with the details of which staff specialists are admitting and on call for each week. Dr Silsbury and Dr Lam provide day-time supervision, usually directly, but always available by telephone or email if they are elsewhere. See below for contact details.
<b>Clinical Team Structure</b> <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 &amp; 2s will be distributed amongst the teams</i>	<b>Name, Position and Contact details</b>  Dr Catherine Silsbury – Staff Specialist, Drug Health Telephone: 8860 2560 Email: <a href="mailto:Catherine.Silsbury@health.nsw.gov.au">Catherine.Silsbury@health.nsw.gov.au</a>  Dr Thao Lam – Acting Director & Staff Specialist, Drug Health Telephone: 8860 2560 Email: <a href="mailto:Thao.Lam@health.nsw.gov.au">Thao.Lam@health.nsw.gov.au</a>  Dr Tim Ho – Staff Specialist, Drug Health Telephone: 8860 2560 Email: <a href="mailto:Tim.Ho@health.nsw.gov.au">Tim.Ho@health.nsw.gov.au</a>  Drug Health registrars – change annually Basic Physician trainee – rotating with each of 4 clinical terms Addiction Psychiatry registrar – 6 monthly rotation - Details of each will be provided at the start of each term

#### F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<b>This section may include:</b> <ul style="list-style-type: none"> <li>• Courses (e.g. life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed</p>	<p>There are no special requirements for this term. Ideally the PGY2 should have had basic life support training. The only procedural skill commonly required is venesection, but patients are often extremely difficult to venesect, due to venous damage caused by injecting drug use.</p> <p>Relevant resources are available in the Centre for Addiction Medicine, with the most important electronic sources listed below.</p> <p><input type="checkbox"/> <i>Drug and Alcohol Withdrawal Clinical Practice Guidelines NSW</i> at <a href="http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf">http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf</a></p> <p><input type="checkbox"/> <i>Opioid Treatment Program: Clinical Guidelines for Methadone and Buprenorphine Treatment</i> at <a href="http://www0.health.nsw.gov.au/policies/gl/2006/GL2006_019.html">http://www0.health.nsw.gov.au/policies/gl/2006/GL2006_019.html</a></p> <p><input type="checkbox"/> <i>NSW Opioid Treatment Program</i> at <a href="http://www.health.nsw.gov.au/pharmaceutical/doctors/Pages/otp-medical-practitioners.aspx">http://www.health.nsw.gov.au/pharmaceutical/doctors/Pages/otp-medical-practitioners.aspx</a></p> <p><input type="checkbox"/> <i>Opioid Dependent Persons Admitted to Hospital in NSW: Management</i> at <a href="http://www0.health.nsw.gov.au/policies/pd/2006/PD2006_049.html">http://www0.health.nsw.gov.au/policies/pd/2006/PD2006_049.html</a></p> <p>Copies of other resources, such as tools for assessing substance use disorders and withdrawal syndromes, are provided in the service.</p>
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#### G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objectives</b>	1	Ability to assess, plan and implement the management of: <input type="checkbox"/> substance use disorders and their complications
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	<input type="checkbox"/> withdrawal syndromes <input type="checkbox"/> intoxication
2	Understanding of the 'Stages of Change' (Prochaska & Di Clemente) as relevant to SUD and behavioural change
3	Familiarity with the use of anti-craving medications
4	Basic knowledge of the principles of 'harm reduction' in SUD, including the maintenance treatment of opioid dependence with methadone and buprenorphine
5	Development of counselling skills

### H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

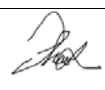
**Please list expectations**

- Attendance at daily hospital ward rounds
- Daily clinics at the Centre for Addiction Medicine, Cumberland Campus, assessing and reviewing ambulatory patients in conjunction with their appointments with other members of the multi-disciplinary team, with registrar support and staff specialist supervision
- Arranging follow up of ambulatory patients
- Prescribing specific and symptomatic medications to patients during withdrawal management
- Prescribing specific anti-craving and other specialised medications in the context of 'abstinence maintenance'
- Make legible and accurate daily entries in the medical record (including electronic medical record) regarding patient progress and management plan
- Co-ordinate and arrange appropriate investigations. Review investigations and follow up on results making clear entries into the medical record (including electronic medical record) of results and subsequent action plan
- Communicate the management plan with the patient and with other team members – nursing staff/ allied health/ medical
- Attend team meetings/ case reviews and present case summaries when requested to by staff specialist
- Venesection of clinic and BBV clinic patients
- Completion of discharge summaries to referring services, general practitioners, and other relevant medical specialists
- Conduct self in a professional manner at all times. Communicate appropriately with patients, their families/carers and other staff
- Be familiar with the protocols and policies of the service
- Seek advice from staff specialist when unsure of the appropriate management of a clinical problem
- The JMO is encouraged to be involved in educational activities of the service, and to attend medical and psychiatry grand rounds, as clinical workload permits, as well as other clinical meetings and relevant scheduled training opportunities. Senior medical staff and registrars will assist the JMO to attend such events wherever possible, as long as adequate notice is given.
- Drug Health medical staff conduct a lunchtime teaching session on Thursdays from 1200 – 1400, which involves didactic teaching, case reviews and journal clubs.
- Regarding ambulatory care, discussion with the supervising consultant will occur frequently, to ensure that management plans are endorsed, communicated and appropriately reviewed.
- The medical officer will be responsible for appropriate liaison with medical staff, nursing unit managers, nursing staff, case managers and other health staff, and any relevant stakeholders regarding management plans and any treatment

	changes, particularly regarding referrals and transfers.	
<b>Patient Load</b> <i>(average per shift)</i>	<b>Patient Load per trainee</b> 15-20	<b>Patient load total for team</b> 25-50
<b>After hours Roster</b> <i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i>	The JMO participates in the general Westmead Hospital afterhours JMO overtime roster. There is no current Drug Health afterhours requirement, but in future, weekend ward rounds may be required. If so, RSU will be advised before the start of the 2018 clinical year.	

**I: SIGN OFF**

*Terms will not be considered unless this section is completed.*

<b>Revision date and by who</b> <i>(Name and Position)</i>	Dr Thao Lam, Acting Director & Staff Specialist, Drug Health 13 June 2017
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	Dr Thao Lam, Acting Director & Staff Specialist, Drug Health Dr Catherine Silsbury, Staff Specialist, Drug Health 13 June 2017 
<b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i>	

**HETI OFFICE USE ONLY – Approved by PAC or PAC Member**

<b>Date</b>	
<b>Signature/TRIM DOC number of PAC minutes</b>	

**J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08.30: Westmead ward round  09.30 – 13.00: CAM ambulatory clinics	08.30: Westmead ward round  09.30 – 13.00: CAM ambulatory clinics	08.30: Westmead ward round  09.30 – 13.00: CAM ambulatory clinics	08.30: Westmead ward round  09.30 – 13.00: CAM ambulatory clinics	08.30: Westmead ward round  09.30 – 13.00: CAM ambulatory clinics	Currently as per hospital JMO after hours roster – no specific Drug Health roster. However, Drug Health may require JMO to be involved in weekend ward rounds during 2017. If so, RSU will be notified ahead of the beginning of the clinical year.	
		13.00 – 14.00 Westmead Grand Round	1. Drug Health Clinical Teaching 2. Cumberland Grand Round	13.00 – 14.00 JMO Teaching		
1400 – 1700: CAM Ambulatory clinic	1400 – 1700: CAM Ambulatory clinic	1400 – 1700: CAM Ambulatory clinic	1400 – 1700: CAM Ambulatory clinic	1400 – 1700: CAM Ambulatory clinic		

**Important notes about completing this timetable:**

- Please include the start and finish times of the shifts the trainees will be rostered to
- Please show the activities that the trainee are expected /rostered to attend – these include all educational opportunities (both train facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospitals after hours team. Please include approximate time of activities where possible
- If there are extended shifts or evening shifts as part of the term, please attach four weeks of roster for the whole team. If the term includes evening shifts, please ensure it meets the requirement for evening shifts (refer to accreditation procedure)