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Advanced rural skills training

The value of an addiction medicine rotation

Background

General practitioners are ideally placed to address drug and alcohol problems in the Australian population. Lack of adequate undergraduate and postgraduate training has been suggested as a key barrier limiting their involvement in addiction medicine.

Objective

This article describes the establishment and operations of an advanced rural skills training program at the Lyndon Community – a rural drug and alcohol treatment organisation in New South Wales.

Discussion

An addiction medicine rotation offers general practice registrars the opportunity to develop skills and experience in psychosocial interventions as well as physical and mental health issues common in the treatment population. Registrars participating in the Lyndon Community program perceived that the training period had influenced and enhanced their future practice.

Keywords: substance related disorders; rural health services; education, medical, graduate

Alcohol and drug use is widespread in the Australian community. Alcohol in particular is a key factor affecting the health of Australians[1] and a major contributor to preventable disease, illness, death and social harms which cost in excess of $15 billion per year.[2] Alcohol is associated with serious long term health effects, disease, hospitalisations, accidents, violence, homicides and suicides.[3] Importantly, the co-occurrence of drug and alcohol and mental health problems, particularly depression and anxiety, is under-recognised and undertreated in Australia.[4]

General practitioners are critical to addressing problematic substance use, particularly problematic alcohol use.[5] However, a review of general practice activity found that alcohol interventions have not increased in the past decade,[6] even though researchers have identified that screening and brief intervention in the primary care setting can be effective in reducing alcohol use.[5] Lack of adequate undergraduate and postgraduate training has been suggested as a key barrier limiting GP involvement in addiction medicine.[7,8]

In rural areas, where access to specialist healthcare can be problematic, residents typically seek healthcare from their local GP.[9,10] However, primary healthcare providers describe drug and alcohol problems as separate from, and different to, other health issues.[11] It is important to find strategies to addressing the mismatch between treatment seeking and provider skills. Providing opportunities for experience within the drug and alcohol treatment sector is one way to strengthen general practice skills in this area.

One such training opportunity has been available at the Lyndon Community since 2008, under the behavioural medicine strand of the General Practitioner Advanced Rural Skills Training Program, funded by New South Wales Health. This article describes how general practice registrars can gain experience in addiction medicine through a placement in a drug and alcohol treatment unit using, as an example, my experience of observing registrars undertake such a placement at the Lyndon Community. A quality improvement activity relating to this placement was conducted and is outlined in *Table 1*.

Practice setting

The Lyndon Community is the largest nongovernment drug and alcohol agency in NSW and one of only a few operating in rural areas. It has a medicated withdrawal unit, a

Table 1. Quality improvement activity relating to GP training at the Lyndon Community

In mid 2011, five general practice registrars, three female and two male, had completed a 6 month Lyndon Community GP training post placement. One term was unfilled during this time. Interviews were conducted with registrars and other staff as part of a quality improvement activity. The interviews were part of a 3 year multimethod action research project investigating drug and alcohol service provision in rural New South Wales.

Interview participants were asked what they wanted to achieve during the rotation, what they did achieve, what opportunities they perceived were missed and what ones they were unaware of before the training period commenced. Suggestions for improvement in the training were sought.

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residential rehabilitation centre and provides specialist outreach and community treatment in primary healthcare settings across western NSW including in partnership with Aboriginal community controlled healthcare services. The Lyndon Community provides approximately 1000 treatment episodes per year to adults from NSW and interstate. Around 60% of people seeking treatment at Lyndon Community do so for alcohol dependence or addiction, with opiates and cannabis the second most common drugs of concern. Misuse of prescription drugs, particularly benzodiazepines and products such as oxycontin, is increasingly reported by treatment seekers.[11]

Aboriginal people form a significant proportion of the patients attending the Lyndon Community. As such, it provides a good opportunity for registrars to gain experience with Aboriginal populations. Importantly, Aboriginal people, and women in particular, easily access the services and are as likely to complete treatment as nonindigenous patients.[12] In 2010–2011, 40% of treatment episodes were provided to Aboriginal people, up from 21% in 2007.[13]

Registrar placements within the nongovernment organisation (NGO) sector give participants the opportunity to learn about addiction medicine and to provide medical care to both inpatients and those utilising community based programs. Typical interventions used in the sector, such as motivational interviewing can be practised under supervision. The Lyndon Community is unique in that it has an addiction medicine specialist and a medical practitioner on staff. These staff are available to supervise the registrars as well as providing a large number of undergraduate placements for medical students from three separate universities.

Training activities

Registrars training at the Lyndon Community are involved in practice activities across both inpatient and rehabilitation settings. The pace and style of work is less demanding than typical general or hospital practice because the inpatient population is relatively small (a maximum of 40 people at any one time). Further, patients remain in the withdrawal unit for 7–10 days and in the rehabilitation program for up to 26 weeks, providing registrars with opportunities to undertake intensive health assessments and follow up interventions. The working environment provides opportunities for practising psychosocial interventions such as motivational interviewing, learning about the relationship between substance misuse and mental health problems, and conducting a research project as part of the rural rotation.

In response to feedback from participants, some changes have been made to the placement over time. In particular, more structure has been incorporated into the training period to ensure best use of time so that opportunities are not missed. For example, registrars were able increase the number of recorded motivational interviewing practise sessions they attended to increase the opportunities for feedback and reflection. Also, barriers to inclusion on remote visits were addressed ensuring that all registrars had the opportunity to practise their skills in remote communities. Previously, limited space on the airplane and lack of inclusion of the registrar in the team during planning meant they were sometimes excluded from remote visits. Assigning a treatment role to the registrar ensured their inclusion. The treatment role included responsibility for alcohol use assessment and identifying the impact on general health including chronic disease. Supervisors were then able to discuss with registrars how to adapt proposed treatment plans to the context of the remote location and available healthcare.

Other changes over time have included better integration of the medical side of addiction medicine training with the psychosocial aspects of the treatments provided at the Lyndon Community. Some staff within the organisation were originally unaware of the registrar role and the potential benefits of this role to patient care. For example, staff at the therapeutic community initially perceived the registrar as a student, a role they were more familiar with, and did not realise a registrar could undertake adult health checks and provide follow up advice and treatment. Once the role was clarified, registrars were able to provide primary healthcare to therapeutic community residents. This also reduced the demands on local GPs. A thorough orientation to the organisation and its programs and establishing a learning plan within the first month of the training period has also been noted to increase the quality of the experience for registrars.

Feedback from registrars participating in the placement indicated that their experience at the Lyndon Community influenced and enhanced their practice.

Summary

A general practice registrar placement in a drug and alcohol treatment unit has the potential to improve the management of drug and alcohol problems by participating registrars when they return to the general practice setting.

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Conflict of interest: Julaine Allan is employed by the Lyndon Community.

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