

*This form is provided to clinical placement supervisors as a printable guide to assist with assessing a clinical placement applicant following their completion of the Opioid Treatment Accreditation Course (OTAC). **We do not recommend you provide this form directly to the applicant; however, we encourage placement supervisors to provide constructive feedback to the applicant.***

CLINICAL PLACEMENT REVIEW FORM

Printable Assessment Guide

This form is a review guide for clinical placement supervisors to assess the competencies of a medical or nurse practitioner who has completed the Opioid Treatment Accreditation Course (OTAC) and are seeking to apply for accreditation to prescribe opioid pharmacotherapies for the treatment of opioid dependence in New South Wales.

Instructions

Across each of the learning outcomes below, indicate your rating of the applicant's demonstrated knowledge, skills or attitudes required for the prescribing and undertaking medical care of people receiving opioid agonist treatment.

You can complete this form either digitally or by printing out a copy of the form. If completing digitally, you can press the Clear Form Fields button if you need to reset the fields within this form.

For each learning outcome, please assign one of three outcomes:

- **Demonstrates an understanding** – The applicant has a sufficient understanding, knowledge, or skills or attitude to meet this learning outcome.
- **Further training/discussion required** – The applicant does not have sufficient understanding, knowledge, or skills or attitude to meet this learning outcome. Further training, discussion, or guidance to consolidate their knowledge.
- **Not covered or discussed** – Did not form part of the clinical placement discussion (*Selecting this option should be kept to a minimum, where possible. If needed, a didactic discussion with the applicant can be undertaken to satisfy the requirements of meeting some learning outcomes*)

You are strongly encouraged to provide comment to elaborate on your assessment by using the relevant sections of this form, as this will help to support the application.

After the clinical placement

We do not recommend you provide this form to the applicant but are still encouraged to provide them with constructive feedback. Once complete, email this form to otac.info@sydney.edu.au. From here, your placement assessment will be uploaded into the application system and submitted to the next Opioid Pharmacotherapy Subcommittee (OPS) meeting date.

More information

More information on current placement and accreditation information for placement supervisors and applicants can be found at: <https://otac.org.au/placements-accreditation/>. Alternatively, you can contact: otac.info@sydney.edu.au.

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Applicant Name: _____

Applicant Email: _____

I. Clinical Assessments	Demonstrates an understanding	Further training/ discussion required	Not Covered or discussed
1. Understanding of clinical assessments with the patient, including: <ul style="list-style-type: none"> a. medical histories (e.g., alcohol and drug, psychosocial, mental health), b. physical and mental state examinations, and c. diagnostic criteria (ICD/DSM) 			
2. Understanding of relevant clinical investigations and their role (e.g., urine drug screen, blood borne virus, liver function, alcohol breath test) both prior and during treatment			
Additional comments or concerns:			
II. Ethical and Regulatory Issues	Demonstrates an understanding	Further training/ discussion required	Not Covered or discussed
3. Understanding of the ethics and obligations in the care of people receiving opioid treatment (e.g., informed consent, privacy, patient values and preferences, powers and vulnerabilities of practitioners and patients)			
4. Comprehension of key regulatory and legislative requirements concerning prescription and supply of drugs of dependence (e.g., authority to prescribe, prescription writing)			
5. Recognition of cross-cultural considerations of patients, such as Aboriginal or Torres Strait Islander peoples, culturally and linguistically diverse peoples, and gender and sexuality diverse peoples			
6. Communication using non-stigmatising language or behaviours, and taking an empathetic approach with the patient			
Additional comments or concerns:			

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III. Patient Management	Demonstrates an understanding	Further training/ discussion required	Not Covered or discussed
7. Knowledge of safe induction procedures, medication safety and storage, and driving safety considerations for a patient receiving opioid agonist treatment			
8. Understand maintenance of opioid agonist treatment with the patient, and managing takeaways doses, comorbid conditions, and treatment cessation			
9. Management of treatment in specific clinical situations, such as missed doses, ongoing drug use, acute pain, pregnancy, intoxicated and/or aggressive behaviours			
10. Knowledge of harm minimisation strategies, including provision of naloxone to prevent overdose and patient access safe injecting equipment			
Additional comments or concerns:			
IV. Advice and Support	Demonstrates an understanding	Further training/ discussion required	Not Covered or discussed
11. Describe key contacts to assist with the management of patients, including: <ul style="list-style-type: none"> a. Local Drug and Alcohol service contacts and ongoing mentorship opportunities b. Drug & Alcohol Specialist Advisory Service (DASAS) 24/7 hotline c. NSW Opioid Treatment Guidelines and other relevant Guidelines 			
Additional comments or concerns:			

(Assessment continues next page)

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Overall assessment of suitability for accreditation

Overall, do you recommended that applicant be considered for accreditation to prescribe opioid pharmacotherapies? (Select one)

- I recommend for the applicant to be considered for accreditation to prescribe opioid pharmacotherapies

- I recommend for the applicant to be considered for accreditation to prescribe opioid pharmacotherapies, but believe they could benefit from additional training/mentorship

- I do not recommend the applicant be considered for accreditation to prescribe opioid pharmacotherapies at this time

Any other comments or feedback to the NSW Opioid Pharmacotherapy Subcommittee (OPS) regarding the placement you have completed with this applicant?

For example: Comment on the feedback you provided the applicant for improving their practice and/or highlight any concerns you have about their knowledge, application, or attitudes to learning outcomes during your clinical placement assessment

Clinical Placement Supervisor Details

Supervisor Name: _____

Supervisor Email: _____

Placement Location: _____

Supervisor Signature: _____ **Date:** _____

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