

## **Substance Misuse Training within the Cambridge Masters Course in Primary and Community Care**

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A growing awareness of the link between crime and the rising level of drug abuse has resulted recently in substantial investment in substance misuse treatment services in the United Kingdom. However this investment has been hindered by a manpower shortage – particularly of adequately trained doctors. A rough survey by the Royal College of Psychiatrists found only 70 consultant psychiatrists working in the addiction field. General practitioners have traditionally been reluctant to treat drug misusers even though they are well placed to play a role in their care. A further problem has been the lack of comprehensive training programmes for all health professionals and this has resulted in wide variations in standards of clinical practice. The resulting disparities in the level of services across the country has created inequalities and a “post code lottery” for accessing adequate care for substance misusers.

It is against this background that training in the management of substance misuse is being offered in Cambridge. This is designed to meet the training needs of doctors, nurses and other professionals entering or working in the substance misuse field. It has been developed within the existing Masters course in Primary and Community Care at the University of Cambridge.

### **Master of Studies in Primary and Community Care**

The Master of Studies in Primary and Community Care was established in Cambridge in 1998. It arose out of a collaboration between those involved in nurse education at Homerton College and those overseeing the postgraduate training of general practitioners at the Clinical School. The course is mainly targeted at doctors, nurses and other professionals working in community and general practice settings but it is also open to hospital staff. It aims to foster individual professional development and increased self confidence and leadership skills among these health professionals, many of whom had little previous exposure to higher academic education. By teaching research skills and the ability to appraise the literature for evidence based practice individuals can become more effective clinicians and perhaps carry out further research within their own areas of work. The inter-disciplinary nature of the course also helps students develop their roles and facilitates team building at work – so essential in modern community health services. The experience of self-directed learning within this Masters Level course, instead of the usual didactic teaching, is seen as fundamental to achieving these aims.

To enter the course students must either have past experience of working at university degree level or submit an essay which demonstrates an ability to deal with the uncertainties of conflicting information and knowledge. The structure of the course is part time, inter-disciplinary and modular. Each module consists of ten two hour seminars over fifteen weeks with students expected to put in about 80 hours total activity. There are three core modules and eight optional modules. To receive the Masters Degree three core and three optional modules must be successfully completed and students are allowed between two to five years to achieve this. A Diploma requires four and a Certificate two modules.

The **Core Modules** encompass the development of research skills.

- The first module focuses on *clinical effectiveness* and helps the student appraise the research literature and understand the principles of epidemiology, research methods and design. For their assessment students are asked to critically review research literature in their field of choice.
- The second module examines *how to deliver the evidence*. Philosophical views on research and various methodologies such as action research and ethnographic studies are also considered. The student develops an outline research proposal for their assessment.
- In the final module of the course, the student carries puts the proposal within their chosen field of interest into effect and submits a *dissertation*.

The **Optional Modules** cover a wide range of topics.

- *Effective Clinical Communication* develops skills in communication between professionals and patients and the module consists of day long workshops.
- *Teaching and Learning* reviews educational theories on learning within the workplace.
- *Healthcare Ethics* examines patient's rights and ethical issues in medical research.
- *Health Policies and Planning* considers systems of health care.
- *Psychology in Health Care* reviews psychological theories and team working.
- *Organisational Development* examines the history of primary and community care.
- *Management of Substance Misuse – Theoretical Module*.

- *Management of Substance Misuse – Practice Module.*

## **Management of Substance Misuse**

The modules on the Management of Substance Misuse conform to the general ethos of the course even though the other modules are generically applicable to all fields of health. Approval was obtained from the University curriculum committee in 2001 and training commenced in 2002. This training was designed in two stages. The first module offered a theoretical overview and the second focused on reflective practice and supervision of casework.

The **Theoretical Module** commenced with an overview of the epidemiology of substance misuse and an examination of the various models of addiction. The impact on mental health and liver disease were then reviewed. However most of the seminars focused on aspects of management. These included the comprehensive assessment of substance misuse, harm reduction approaches, types and settings for treatment. Medical interventions and psychological treatments were considered in separate seminars, as were substance misuse in relation to the family and the primary care setting. Finally this patient centred clinical management was placed in a wider context as the last seminar reviewed national policies and current health strategies. These seminars were lead by a variety of speakers including a psychiatrist, a nurse and a psychologist working locally in the addiction field. A general practitioner from the University of London facilitated the primary care topic while a social worker from the NSPCC, a non-governmental organisation, lead the session on the family.

The delay in receiving university approval for the course meant that it could not be fully publicised. Nevertheless six students signed up for this first module – two nurses and four doctors – reflecting mental health, general practice and public health backgrounds. All modules are assessed by a written assignment and students were given a choice of an alcohol or drug related topic to reflect their area of interest. Both topics also required the student to discuss the implications for their own clinical practice. One student who had previous difficulties on the course failed to achieve an adequate standard but feedback from the rest of the students was very positive.

The **Practice Module** followed on from the Theoretical Module. Each student was allocated two cases to be seen weekly over ten to twelve weeks. Two cases were chosen because of the risk of patient dropout. The students met their supervisor every two weeks for approximately ninety minutes. The supervisor was chosen to reflect the student's professional background and the work focused on developing appropriate clinical skills. Three students progressed on to this module – two mental health/learning disability nurses and one public health doctor. An attempt was made to find a supervisor from the same locality where the student worked. One of the aims of the course is to aid local service development and draw isolated practitioners into inter-disciplinary working. In addition the students also met fortnightly in group seminars that covered a range of

themes. These included assessment, motivational enhancement, medical and psychological interventions and terminating treatment. This provides an opportunity for peer review of cases and ensures these topics are covered.

To assess progress through this module students are required to maintain a log book - recording each patient session, problems, interventions and agreed goals. Supervisors likewise record each supervision session, issues raised and targets in their own log book. The final assessment consists of a written case report on one of the patients. The report must reflect problems and solutions encountered and the development of the student's own clinical practice. All three have successfully completed this module and are now proceeding with the remainder of the Masters course. Substance misuse themes have been chosen for the research modules.

## **Conclusion**

In the first year of this course the number of students has been low but this will rise in future. Modifications to the course are planned for 2003. In particular the supervision of students on the Practice Module may have to be centralised to ensure adequate standards and consistency of content. The ambition to directly enhance local inter-disciplinary working may have to be abandoned in favour of educational need. A limit may also be set on the number of students entering the Practice Module although capacity is still relatively high. In 2003 the first students doing the Certificate and thus only the Substance Misuse Modules, will enter the course. We will then be able to evaluate whether this course can indeed cater for different educational needs. While the course content is set at Masters level, not all those doing the modules will have past university educational experience. Nevertheless there are many innovative aspects to this course. It provides both theoretical and skills training within an inter-disciplinary setting for a wide range of health and social care professionals with differing educational needs.