
**THE ROYAL AUSTRALIAN COLLEGE
OF
GENERAL PRACTITIONERS**



TRAINING PROGRAM

***THE ADVANCED RURAL
SKILLS CURRICULUM***

1997

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INTRODUCTION

The advanced rural skills curriculum statements in this document follow the 1992 development of curricula in Anaesthetics, Obstetrics and Surgery for Rural General Practice. Information which has been accessed for this development has come from numerous sources, in particular the Rural Faculty of the RACGP.

The purpose of the Rural Faculty is to advise the College Council in matters relating to the specific academic and training requirements of rural practitioners and to represent the academic interests of rural members within the College. As such, the focus of the faculty is the education of rural doctors, from undergraduate level, through to vocational training and retraining, professional and academic development, and the continuing education level. Acknowledgment is made to the members of the Rural Faculty for their work in developing these materials.

These Advanced Rural Skills Curriculum Statements form part of eight rural skills curriculum statements. The curriculum statements developed in Obstetrics, Anaesthetics and Surgery are currently being reformatted and revised by the respective Joint Consultative Committees. They will be available in a new form once this process is complete. Therefore to enable these new curriculum statements to be accessible to all Registrars, Medical Educators and GP Supervisors they have been put together as a single document and can be copied separately as required.

Definitions

The Rural Faculty of the RACGP has defined rural practice primarily in functional rather than geographical terms:

Rural practice is medical practice outside urban areas which requires some general practitioners to have, or to acquire, procedural and other skills not usually needed in urban practice.

Remote rural practice is rural practice in communities over 80 km or 1 hour by road from a centre with no less than a continuous specialist service in anaesthesia, obstetrics and surgery and a fully-functional operating theatre.

Vocational Training

The Rural Faculty believes that general practitioners intending to enter rural practice should acquire the skills which are necessary for competent, independent practice in a rural setting.

Therefore the RACGP Training Program has an integrated rural training stream (RTS) of four years duration, including 12 months of Advanced Rural Skills training, during which the requirements of RACGP Training Program will be met.

The organisation of the blocks of experience depend upon individual curriculum requirements and the educational pathways of the individual Registrar. Depending on the availability of suitable training posts, some Registrars may take longer than four years to meet their training needs. Therefore the program allows for an additional period of leave / elective training up to a maximum of twelve months.

Selection

Any applicant accepted for enrolment into the Training Program in accordance with the RACGP selection policies and procedures is eligible for selection into the Rural Training Stream (RTS), after submitting some additional information upon application. Applications are then considered by a nominee of the State Director of the Training Program, a regional Rural Health Training Unit representative, and a Rural Faculty representative. Interview and survey techniques are used to assess various criteria, including

- a strong rural background
- undergraduate experience in the rural area
- a professional role model in a rural area
- hospital experience in a non metropolitan hospital
- the effect of the occupation of spouse or significant other
- background or preference
- other criteria such as bonding, cadetship or scholarship.

Preference will be given to Registrars who demonstrate a commitment to rural practice and who can meet the requirements of the RTS enrolment, which be found in the Graduate Diploma in Rural General Practice *Handbook*.

Context of Rural Practice

A fundamental principle of the program is that general practice experience is gained in the appropriate context. For the rural training stream, that is in rural practice. Rural practice differs significantly from urban practice, due to the differing resources in rural areas and the advanced skills GPs require to manage patients who their urban colleagues might refer to secondary or tertiary care. Registrars should acquire the necessary skills in hospital settings prior to developing them in rural practice.

The expectation is that prior to undertaking advanced rural skills training the Registrars will have had previous experience under supervision. As they advance through the training program, gaining more experience feedback and encouragement, their learning will become more self-directed. The ultimate outcome is gaining sufficient confidence to manage any presenting problem.

Advanced rural skills training provides opportunities for Rural Training Stream (RTS) Registrars to develop advanced medical knowledge and skills relevant to rural general practice.

Advanced Rural Skills Training

The program is designed to augment core training by providing community-based Registrar-level training in various disciplines. During advanced training, both training and service needs of the hospital should be balanced. Hospital terms offered will depend on the Registrar's previous experience and future practice needs, and will be determined in consultation with his/her training adviser.

At the completion of Rural Training Stream (RTS) training, Registrars will have appropriate experience in the Core Curriculum areas of Acute and Traumatic Conditions, Obstetrics,

Medicine, Mental Health, Aboriginal Health, and Child and Adolescent Health which link to advanced rural skills training. Experience is not synonymous with terms in these disciplines, since this experience is often gained in an integrated manner in rural hospitals and practices.

Registrars may choose to specialise in certain procedural disciplines, such as Emergency Medicine, Anaesthetics, Surgery, Obstetrics, or in the non-procedural disciplines of Adult Internal Medicine, Child and Adolescent Health, Mental Health, and Aboriginal Health.

Graduate Diploma in Rural General Practice

GP Registrars who meet the core requirements of the Training Program and pass the College Examination, are eligible for the Fellowship of the RACGP, which is a universally-recognised professional award. The Graduate Diploma in Rural General Practice is an additional professional qualification for those Registrars who have met core training requirements, are eligible for the Fellowship, and have successfully completed the specific requirements of the RTS including, the Advanced Rural Skills year.

To be eligible for the award of the Graduate Diploma in Rural General Practice, Registrars must satisfactorily complete all educational and training requirements of the RTS. The key education and training requirements of the RTS can be found in the Graduate Diploma in Rural General Practice *Handbook* page 3.

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EMERGENCY MEDICINE

***ADVANCED RURAL SKILLS
CURRICULUM STATEMENT***

1997

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TITLE Emergency Medicine

RATIONALE

This advanced rural skills curriculum statement in Emergency Medicine has been developed in response to the identified training needs of existing or potential rural general practitioners.

In rural and remote areas of Australia the demands for advanced emergency care skills in general practice are significantly higher, due to the reduced numbers of GPs, the reduced access to specialist services, and the logistical and geographical difficulties of evacuating the seriously ill. There is also a higher incidence of farming, mining, industrial and motor vehicle accidents and greater access to firearms in isolated areas.

The problem of recruiting GPs to rural areas of Australia has been well documented.¹ Insufficient training and ongoing educational opportunities in rural and remote areas have been identified as a major issue. It is envisaged that with specific training in emergency medicine through this program, GPs will be more competent and confident to cope with working in isolated rural areas. The long-term outcome will be equity of access to skilled practitioners in emergency care and better health care for rural Australians.

Developing skills in emergency medicine is seen as an essential element of the Training Program. Some rural GPs will require advanced skills in emergency medicine, therefore Rural Training Stream Registrars will have the option of completing this curriculum in advanced rural skills for Emergency Medicine.

LEARNING OBJECTIVES

Rural practice is significantly different from urban practice. Therefore these learning objectives seek to account for the context of the work environment of the RTS Registrar who may be working in a large rural town with tertiary support or a one-doctor community in a geographically isolated area. These objectives should therefore be seen as desirable requirements which all GPs require to deal effectively with emergency medicine in rural general practice.

Communication Skills and the Patient-Doctor Relationship

The RTS Registrar will be able to

- work effectively as part of a multidisciplinary rural team in the emergency and intensive management of seriously ill patients
- develop good listening skills and communicate empathically with patients, relatives and others in an emergency situation
- develop skills and knowledge in remote radio and telephone consultation
- recognise stress and grief symptoms in staff, patients, their relatives and friends, and provide empathic and culturally appropriate support and follow-up

¹ Gadiel D. Ridout. *The Specialist Medical Workforce and Special Service provision in Rural Areas*. Strategic Human Capital Management, Canberra. 1994

- clearly outline the indicators for, and the process of, critical incident stress debriefing and referral procedures
- provide health promotion, prevention and educational sessions to rural health staff and rural people about safe working practices and relevant emergency procedures
- demonstrate acceptable standards of documentation and report writing skills necessary in emergency care of patients.

Applied Professional Knowledge and Skills

The RTS Registrar will be able to

- develop the clinical skills required to manage competently emergency care of patients in rural and remote practice
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within their own limitations
- understand and utilise the extended role of other health practitioners in rural areas
- understand and effectively utilise emergency medical systems
- take X-rays use teleradiology facilities where necessary
- understand the principles of blood transfusion and cross-matching
- clearly outline the indicators of toxicity from environmental, chemical, animal and other sources
- clearly outline the principles of infection control
- successfully undertake the accredited Early Management of Severe Trauma (EMST) course.

Population Health and the Context of General Practice

The RTS Registrar will be able to

- understand the limitations of resources in rural general practice and manage emergency care, at times through improvisation
- demonstrate an understanding of the social and cultural influences on health care and the differing values and priorities of people in rural and remote areas
- demonstrate an awareness of how social and cultural issues can impact upon the decision of the rural GP to treat a patient locally or refer on

- understand the environmental conditions and disease patterns for rural communities
- understand and utilise relevant protocols and guidelines for emergency care, and where necessary participate in development of these guidelines.

Professional and Ethical Role

The RTS Registrar will be able to

- outline the protocols for media involvement in emergency and disaster situations
- demonstrate an understanding of the particular need for, and difficulties in, maintaining confidentiality in small communities
- develop a commitment to self-directed learning sufficient to provide high quality emergency care in rural areas
- develop the appropriate skills for self-care (debriefing) and self-reliance
- maintain ethical responsibilities to patients and colleagues.

Organisational and Legal Dimensions

The RTS Registrar will be able to

- clearly outline the consent procedures in emergency care
- outline his/her legal responsibilities for the notification of disease, death, birth, autopsy etc
- identify and manage environmental emergencies and outline the associated public health issues and reporting responsibilities
- clearly outline principles of triage and disaster management
- clearly outline the local transfer and evacuation processes from the rural community
- understand the principles of retrieval medicine
- establish and utilise a comprehensive professional emergency referral network.

CONTENT

The core subject Acute and Traumatic Conditions deals with the initial development of diagnostic skills. *The following content list therefore assumes that diagnostic skills are developed, and focuses on the more complicated management of conditions in the rural context.*

Emergency Management of	Clinical / Other Skills
<p>Airway / breathing emergencies</p> <ul style="list-style-type: none"> • airway trauma • chest trauma • pulmonary oedema • acute severe asthma • pneumothorax • airway burns • ventilated patients <p>Circulatory Emergencies</p> <ul style="list-style-type: none"> • dysrhythmias • blood products in resuscitation • cardiac tamponade • heart failure • shock <p>Toxic emergencies</p> <ul style="list-style-type: none"> • drug overdose • envenomation • complex decontamination • techniques <p>Metabolic / endocrine</p> <ul style="list-style-type: none"> • Addisonian crisis • diabetic emergencies • hypercalcaemia • hypo / hypernatraemia • hyperosmolar coma • hyper / hypokalaemia 	<ul style="list-style-type: none"> ⇒ rapid sequence induction for intubation ⇒ needle cricothyroidotomy ⇒ jet insufflation ⇒ emergency intubation ⇒ capnometry ⇒ nasotracheal intubation ⇒ laryngeal mask airway use ⇒ mechanical ventilation ⇒ bag mask ventilation ⇒ use of CPAP <ul style="list-style-type: none"> ⇒ administration of thrombolytic therapy ⇒ administration of inotropes ⇒ needle pericardiocentesis ⇒ venous cutdown ⇒ cubital fossa long-line insertion ⇒ central line placement ⇒ external pacing / defibrillation ⇒ direct counter current shock <ul style="list-style-type: none"> ⇒ gastric lavage ⇒ whole bowel irrigation ⇒ antivenom <ul style="list-style-type: none"> ⇒ insulin infusion ⇒ treatment of hyper / Hypocalcaemia ⇒ coma management

Emergency management of	Clinical / Other Skills
<p>Paediatric</p> <ul style="list-style-type: none"> • severe dehydration • neonatal asphyxia • trauma • epiglottitis 	<ul style="list-style-type: none"> ⇒ intraosseous infusion ⇒ paediatric advanced life support ⇒ neonatal resuscitation and stabilisation
<p>Orthopaedic emergencies</p> <ul style="list-style-type: none"> • colles fracture • hip, elbow, ankle • spinal injuries • head injuries 	<ul style="list-style-type: none"> ⇒ fracture reduction - colles ⇒ reduction of dislocations ⇒ spinal immobilisation
<p>Environmental Emergencies</p> <ul style="list-style-type: none"> • barotrauma • electrocution • hyper / hypothermia • near drowning 	<ul style="list-style-type: none"> ⇒ body warming techniques ⇒ body cooling techniques ⇒ hyperbaric oxygen
<p>Emergency Anaesthesia</p> <ul style="list-style-type: none"> • regional anaesthesia • IV sedation 	<ul style="list-style-type: none"> ⇒ Biers block ⇒ femoral nerve block ⇒ other regional nerve blocks
<p>Ophthalmology</p> <ul style="list-style-type: none"> • glaucoma • eye trauma 	<ul style="list-style-type: none"> ⇒ use of slit lamp ⇒ tonometry
<p>Psychiatry</p> <ul style="list-style-type: none"> • acute psychosis • violent patients 	<ul style="list-style-type: none"> ⇒ scheduling procedures ⇒ use of physical and chemical restraint ⇒ techniques for handling violent / aggressive patients
<p>Ear Nose and Throat</p> <ul style="list-style-type: none"> • dental emergencies • epistaxis • foreign bodies • vertigo 	<ul style="list-style-type: none"> ⇒ insertion of nasal pack ⇒ removal of nasal / aural foreign bodies
<p>Wound</p> <ul style="list-style-type: none"> • burns • anaesthesia 	<ul style="list-style-type: none"> ⇒ wound management and repair ⇒ escharotomy

Emergency management of	Clinical / Other Skills
<p>Obstetric</p> <ul style="list-style-type: none"> • obstetric emergencies - theory • ante / post partum haemorrhage • pre eclampsia <p>Rural Communities</p> <ul style="list-style-type: none"> • self health • critical incident stress debriefing • stress management • principles of blood transfusion • rural resources / referral agencies • multidisciplinary teamwork • evacuation and transport • dealing with the media • confidentiality • telephone / radio consultation • disaster management • tele-radiology (where appropriate) • radiography (where appropriate) 	<p>⇒ emergency delivery</p> <p>Other</p> <ul style="list-style-type: none"> • Early Management of Severe Trauma Course • adult learning / presentation skills • preventive resources eg. farm safe • legal responsibilities for reporting • autopsy guidelines • report writing • infection control • Early Life Support Course

TEACHING / SUPERVISION APPROACHES

Most of the learning activities are experiential and could take place in a teaching hospital emergency department, accredited rural hospitals, retrieval services, or a mixture of these.

Learning is also self-directed under the supervision of the rural specialist and GP Supervisors. Teaching approaches should recognise the needs of Registrars as adult learners. A combination of teaching methods should be used, as no single method of teaching will suit every occasion. Teaching methods should be interactive and challenge the learner to choose, reflect upon, and evaluate ideas.

Interactive teaching methodologies which could be used include

- group discussion / activities / case studies / presentations
- role play / simulated situations - these may reflect a situation in which the Registrars have previously found themselves and felt unsure about how to manage
- audiovisual presentation - ie. video, films
- research projects
- listening / observation
- regular meetings with supervisors
- access to CME workshops
- presentation of educational session to other staff or community groups
- journal articles

- participation in aeromedical / road evacuation of critically ill patients and the ambulance services.

PREREQUISITES / ASSUMED PRIOR EXPERIENCE

The Registrar should satisfy the following criteria

- in accordance with the Training Program Operating Procedures, be eligible to undertake an Advanced Rural Skills Post ie.
 - ⇒ be accepted into the Rural Training stream
 - ⇒ have completed a minimum of six months in rural general practice term.
- have successfully completed the Core Training in Acute and Traumatic Conditions
- have completed a minimum of three months in an RACGP accredited anaesthetic hospital rotation
- have successfully completed a minimum of three months as a senior medical officer rotation in a RACGP accredited rural emergency medicine department. Prior time spent in appropriate posts will be recognised.

FEEDBACK AND ASSESSMENT METHODS

Assessment should be based in the context of the work environment of the Registrar ie. if the Registrar is working in a rural farming community, a mining town or cross cultural context, this should be reflected in the set assessment.

Both formal and informal methods of assessment are used.

- *Feedback.* The designated rural General Practitioner and specialist supervisors take responsibility for providing direct feedback to the Registrars on their progress and performance in the post. Feedback will occur during regular weekly discussions, and include diary content.
- *Log Book.* A Log Book of interesting cases and procedures is to be kept throughout the duration of the term and is to be viewed by supervisors throughout the post and by the examiners at cross table vivas.
- *Successful completion of the EMST Course or ELS Course (Emergency Life Support Course due to be launched in 1997). It is desirable for either of these courses to be undertaken either prior to or in the earliest part of the term as possible.*

More information on the required assessment criteria is outlined in the Handbook of the Training Program's Graduate Diploma in Rural General Practice and includes:

Case Histories. Two written case studies (of approx 1,200 words) can be presented throughout the term. These can be in written format, as case commentaries or as grande round presentations.

Two cross table vivas of one hour duration conducted with a Fellow of Australian College of Emergency Medicine/ ICU / Anaesthetics and a GP Supervisor who has a significant case load in these areas.

EVALUATION METHODS

Advanced rural skills posts are evaluated through

- continuous monitoring by the RACGP Training Program and RHTU
- Registrar feedback form. The form is designed to obtain ratings on the extent to which the Advanced Rural Skills Post contributed to achievement of the overall program objectives and the specific goals of the ARSP.

TIME AND LEARNING RESOURCES

Duration

The duration of this advanced rural skills post is for six months.

It includes three months in a rurally accredited emergency department with sufficient caseload to meet the objectives, and three months in a rurally accredited intensive care unit.

Staffing

Rural GP Supervisor and Emergency Medicine Specialist whose roles are to

- assist in the development, implementation and evaluation of learning materials
- participate in workshops in person or by teleconference
- contribute to formative assessment of the Registrar by providing learning opportunities, monitoring progress, and providing regular feedback
- facilitate access to learning opportunities for procedural skills development
- act as role model, mentor and support person.

Medical Educator from the RHTU whose role is to

- coordinate the rural emergency medicine workshops
- ensure learning package availability for Registrars
- assist in access to learning opportunities for procedural skills and other abilities
- contribute to formative assessment of Registrar using clinical skills Log Book to monitor progress
- participate actively in curriculum evaluation process.

Other RHTU staff eg. Librarian and Administrative Support Officers

- provide support as necessary in the areas of distance learning, library resources, and administrative support for educational activities.

Training Resources

The RTS Registrar will require access to

- Workshops on specific topics
- Learning packages
- Interactive workshops via teleconferencing or video conferencing, satellite telecasts, telemedicine
- PC/CD Rom
- Library with E-Mail facility / Internet
- Clinical skills Log Book
- Assessment protocol
- Evaluation information
- Clinical diary

Recommended Texts And References

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