



The Royal Australian  
College of General  
Practitioners

# **Child and Adolescent Health**

## **Advanced Rural Skills Curriculum Statement**

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## CONTENTS

Glossary .....	vi
Introduction.....	5
Definition of rural practice.....	5
Vocational training .....	5
Award of the FARGP .....	6
Selection.....	6
<i>Procedure</i> .....	7
Prerequisite / assumed prior experience .....	7
Duration .....	7
Context of Rural Practice.....	7
Advanced rural skills training .....	8
Child and Adolescent Health Curriculum Rationale .....	8
Learning Objectives.....	9
Communication Skills and the Patient-Doctor Relationship .....	9
Applied Professional Knowledge and Skills .....	10
Population Health and the Context of General Practice.....	11
Professional and Ethical Role .....	12
Organisational and Legal Dimensions .....	12
Content.....	13
Teaching / supervision approaches .....	19
Staffing .....	20
Medical Specialist Clinical Supervisor.....	21
Rural GP Supervisor/Mentor .....	21
Rural Medical Educator/Training Advisor.....	21
Training resources .....	21
Feedback.....	22
Feedback – formative assessment .....	22
Assessment .....	22
Approved learning plan .....	22
Completed learning portfolio .....	22
Participation in relevant courses .....	22
Case histories .....	23

Vivas .....	23
Reports .....	23
Recommended texts and references.....	6

## Glossary

AGPT	Australian General Practice Training
ACLS	advanced cardiac life support
ACRRM	Australian College of Rural and Remote Medicine
ALS	advanced life support
ALSO	advanced life support obstetrics
APLS	advanced paediatric life support
ARS	advanced rural skills
ARSCS	Advanced rural skills curriculum statement
ARSP	advanced rural skills post
CA	clinical audit
CPD	continuing professional development
ECTV	external clinical teaching visit
EMAC	effective management of anaesthetics crises
EMST	emergency management of severe trauma
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship of Royal Australian College of General Practitioners
FRACP	Fellowship of the Royal Australian College of Physicians
GP	general practitioner
JCC	Joint Consultative Committee
PDP	professional development program
QA&CPD	quality assurance and continuing professional development
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Physicians
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RTP	regional training provider

## Introduction

The National Rural Faculty (NRF) of the Royal Australian College of General Practitioners (RACGP) was established 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.

This advanced rural skills curriculum statement is one of nine advanced rural skills curriculum statements published in 1997 or later. The initial statements were developed through a process of wide consultation with members of the NRF and others who participated in working parties and reference panels.

The eight statements cover the areas of:

- Aboriginal Health
- Adult Internal Medicine
- Anaesthetics
- Child and Adolescent Health
- Emergency Medicine
- Mental Health
- Obstetrics
- Small town rural general practice
- Surgery

The Child and Adolescent Health ARSP Curriculum Statement was reviewed and revised in 2008.

## Definition of rural practice

The NRF 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 which geographically are over 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 NRF 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 general practice training program has an integrated rural pathway of four years duration consisting of the core three years of training required for Fellowship of the RACGP and 12 months of advanced rural skills training leading to the Fellowship of Advanced Rural General Practice (FARGP). The FARGP has been developed by the NRF of the RACGP in

recognition of the additional and different knowledge and skills required for general practice in rural communities.

The curriculum for the FARGP is closely integrated with the RACGP core curriculum for general practice and incorporates the various curriculum statements for Advanced Rural Skills Posts (ARSPs) which candidates may choose to undertake.

## **Award of the FARGP**

General Practice registrars who meet the core requirements of the Australian General Practice Training (AGPT) program and pass the college examination, are eligible for Fellowship of the RACGP (FRACGP). The Fellowship of Advanced Rural General Practice (FARGP) is an additional professional qualification for those candidates who have met core training requirements, are eligible for the FRACGP, and have successfully completed the specific requirements of the rural pathway including, the advanced rural skills year.

To be eligible for the award of the FARGP, candidates must satisfactorily complete all educational and training requirements of the rural pathway.

The requirements are to:

- obtain the FRACGP
- complete a minimum of 12 months of rural general practice
- complete an additional 12 months of advanced rural skills training
- undertake specified rural general practice curriculum modules
- develop an approved learning plan
- maintain a learning portfolio of education and training activities undertaken.

An ARSP in Child and Adolescent Health which satisfies the requirements set out in this Curriculum Statement can be counted towards meeting the requirements for award of the FARGP.

## **Selection**

Any applicant accepted for enrolment into general practice training in accordance with the Australian General Practice Training (AGPT) selection policies and procedures is eligible for selection into the training pathway for the FARGP after submitting some additional information upon application.

To determine eligibility for entry applicants are assessed against the following criteria:

- experience living in rural communities
- undergraduate experience in a rural area
- exposure to rural professional role models 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.

Assessment against these criteria is intended to determine the level of interest and commitment the applicant has toward rural general practice and their ability to meet the education and training requirements for award of the FARGP.

It is recognised that International Medical Graduates (IMGs) make an important contribution to rural general practice. The NRF is keen to acknowledge this contribution and encourage IMGs to participate in the training pathway for the FARGP.

### **Procedure**

The key steps are:

1. Applicants obtain an Application Form available from the Regional Training Provider (RTP) or (RACGP).
2. Completed Application Form is submitted to candidate's RTP.
3. Applicant interviewed by RTP designated medical educator (normally the Director of Training or Enhanced Rural Training (ERT) Coordinator).
4. RTP makes recommendation to NRF censor.

### **Prerequisite / assumed prior experience**

An ARSP Child and Adolescent Health is open to general practice registrars in vocational training and experienced general practitioners wishing to further develop their knowledge and skills.

The candidate should satisfy the following criteria:

- a minimum of 6 months full-time experience in a rural general practice in their intern or post-intern years.
- eligible to undertake Advanced Rural Skills Post in accordance with relevant AGPT policies and procedures
- has completed a minimum of 3 months rotation in an accredited hospital paediatrics post or emergency department with a high proportion of paediatric emergency cases.
- satisfied the core curriculum requirements in Child and Adolescent Health.

### **Duration**

The duration of an advanced rural skills training post using this curriculum is a minimum of six months. To gain full benefit from the experience and achieve the full range of competencies described in the curriculum a twelve month attachment is recommended.

### **Context of Rural Practice**

In many ways, general practice in a rural context is unique. Rural general practice is distinguished by an environment in which people have higher than average morbidity and mortality in most health status indicators, and the resources and services are likely to be relatively scarce and less easily accessible. Rural GPs are therefore more likely to be required to manage patients who in metropolitan areas might be referred to secondary or tertiary care.

The problems of recruiting GPs to rural areas of Australia have been well documented over the years. Adequate initial training and ongoing educational opportunities are essential contributing factors in attracting and retaining GPs in rural areas. Over the past decade rural

workforce planning has increasingly relied on the recruitment of international medical graduates. The provision of adequate training and ongoing educational opportunities are essential to support these doctors to enable them to meet the primary medical care needs of Australian rural communities.

By being made available to Australian or overseas medical graduates whether as GP registrars in vocational training or as experienced rural GPs, advanced rural skills training is designed to contribute to these needs. Through participation in rural general practice, candidates increasingly gain experience in the unique aspects of meeting the needs of patients in rural communities. This involves developing confidence and competence in managing a broad range of patient presentations, being responsive to calls for assistance, using available expertise and resources in the community to best effect, understanding the close knit social and family relationships of rural communities and the implications this has for their practice.

## **Advanced rural skills training**

Advanced rural skills training is designed to augment core training by providing opportunities to develop more specialised and/or a broader range of knowledge and skills to meet the needs of rural communities. During advanced training, a balance is struck between the training needs of the individual candidate and the service needs of the community in consultation with the candidates supervisor and training adviser.

Prior to undertaking advanced rural skills training the candidates will have had previous experience in hospital settings and community practice under supervision. As they advance through the training program, candidates benefit from feedback, formative assessment, and encouragement to become self-directed in their approach to learning.

At the completion of rural pathway training, registrars will have appropriate experience in the core curriculum areas of acute medical and traumatic conditions, obstetrics, medicine, mental health, aboriginal health, and child and adolescent health which link to advanced rural skills training. This experience may be obtained in an integrated manner in rural hospitals and practices or as hospital terms in these disciplines.

Candidates 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. Advanced skills training in Child and Adolescent Health provides a unique opportunity for candidates to build on many elements of their previous core training and experience.

The training is designed to meet the professional accreditation standards of the RACP and RACGP. The training also reflects the scope of clinical practice required for credentialling and privileging to enable doctors to work as visiting medical officers in State Government rural health services.

The Child and Adolescent Health ARSP Curriculum Statement is designed to satisfy these requirements.

## **Child and Adolescent Health Curriculum Rationale**

Rural and remote areas of Australia have a significantly large population of children and young people. The rural General Practitioner (GP) is usually the first line service provider for any health problems which may arise.

It is envisaged that with better training in child and adolescent health, rural general practitioners will be more competent and confident in this area and better able to cope with working in isolation.

Most child and adolescent health issues affect the whole family, thus requiring the GP to involve more than just the individual when providing care. Consideration of the differing rural family dynamics, with reduced access to community and physical resources, must therefore be taken into account.

Rural practice in child and adolescent health lends itself to general practice management, provided the GP is well enough equipped to recognise and manage conditions which their urban colleagues may refer. Rural GPs normally have greater access to hospital beds, often managing non-ambulatory and acute and chronic care of patients in the hospital setting.

In many rural and remote areas there are large populations of Aboriginal children whose health status is often equated to that of the third world<sup>1</sup>, and whose health needs are greater than those of the wider community. Rural GPs frequently advise on public health and community health issues, and require additional knowledge in these areas, and the principles of social justice.

All rural GPs are exposed to a considerable number of childhood emergencies. In rural areas there is a higher incidence of adolescent suicide, serious farming and poisoning accidents, and accidents related to greater access to firearms in isolated areas. Rural GPs are expected to deal with these emergencies with limited backup, reduced access to specialist resources, and the geographical difficulties of evacuation. Skills in resuscitation and management of common neonatal and emergency problems prior to referral to tertiary care are therefore required. Improving GP's skills in managing these problems will enhance the well-being of local communities and reduce the cost of health care by reducing the need for referral.

This advanced rural skills Curriculum Statement in Child and Adolescent Health has been developed in response to the identified training needs of existing or potential rural GPs and the needs of rural communities for GPs with advanced skills. The development of knowledge and skills in child and adolescent health is seen as an essential element of the core general practice training program. In addition, rural GPs can improve their ability to serve their rural communities by undertaking relevant advanced skills training as reflected in this Child and Adolescent Health Curriculum Statement.

## **Learning Objectives**

The Learning Objectives for this curriculum are structured under the domains of general practice; however, they should be regarded as supplementary to the objectives contained in the RACGP curriculum covering the core years of vocational training.

The Learning Objectives are written in recognition of the different backgrounds of candidates and are intended to identify the additional breadth and depth of competencies necessary for assuming the role of a rural GP with specialist skills in Child and Adolescent Health.

Additionally, reference should be made to the NRF's FARGP Curriculum Guidelines. These provide a general framework within which the curriculum statements for each advanced rural skills training post fit.

Rural practice is significantly different from urban practice. Therefore these learning objectives seek to account for the context of the work environment of the rural doctor 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 be seen as competencies which GPs require to manage Child and Adolescent Health matters effectively within rural general practice.

## **Communication Skills and the Patient-Doctor Relationship**

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<sup>1</sup> *National Aboriginal Health Strategy Working Party Report.* (xii) Government Printing Office, Canberra 1989.

The candidate will be able to

- comfortably communicate with children, adolescents and their families
- use effective counselling skills including those required in family therapy, behavioural problems, or for referring survivors of sexual abuse
- understand the need for, and acquire appropriate cross-cultural communication skills
- demonstrate skills and knowledge in remote radio and telephone consultation
- recognise emotional stress symptoms in parents and their families, and provide appropriate support and follow-up
- accurately assess parental levels of knowledge and provide education sufficient for the management of the ill child at home, where appropriate
- provide lifestyle counselling and advice regarding the health of both mother and child
- develop empathy and a non-judgmental approach in dealing with children and adolescents
- be familiar with the process and need for critical incident stress debriefing and referral procedures

### **Applied Professional Knowledge and Skills**

The candidate will be able to:

- develop the clinical and diagnostic skills required to competently manage illness in children and adolescents
- recognise the dangerously sick child requiring urgent treatment or referral
- understand and utilise the principles of fluid management in children
- undertake a proper history and clinical examination of neonates and children
- understand the principles of ambulatory care with anticipation of possible problems and contingency management
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within own limitations
- understand the guidelines for appropriate prescribing in childhood
- provide holistic care for adolescents, identifying their particular needs related to peers, sexuality, communication, education and mental health
- feel comfortable taking a history and screening adolescents, to identify significant health risk behaviours and those requiring intervention

- advise and assist parents with normal or problematic nutrition, development and learning, using support networks
- identify signs of possible abuse and neglect and, as indicated, examine, notify or refer within the legal guidelines
- advise parents on and/or co-manage uncommon but serious long term problems (eg. diabetes, cystic fibrosis)
- clearly outline the principles of blood transfusion and chemotherapy sufficient to enable safe administration
- demonstrate an understanding of epidemiology and public health principles
- recognise the signs of an infectious disease outbreak, and utilise appropriate infrastructure and protocols for management
- be aware of the State-specific public health surveillance, screening and disease control arrangements and procedures
- clearly outline and use infection control procedures for general practice
- manage children with special needs offering empathy, support and respite opportunities for their carers
- understand the basic principles of anaesthesia in neonates and children
- recognise and be acquainted with the pathology related to environmental toxins and zoonoses.
- work effectively as part of a multidisciplinary rural team in the management of children and young people

### **Population Health and the Context of General Practice**

The Candidate will be able to

- provide health promotion and educational sessions about relevant child health issues to rural health staff and consumers.
- recognise the importance of the family unit and the home environment in illness and health, and acknowledge the extended support structures
- deliver an appropriate level of child and adolescent care whilst understanding the limitations of resources in rural general practice
- understand the extended role of all health practitioners in rural areas
- demonstrate a family and community approach to the healthcare of children and adolescents
- demonstrate an understanding of the determinants of child and adolescent health (eg. maternal education, socioeconomic status)
- understand the social and family aspects related to the management of the chronically ill child in rural communities

- understand the differing values and priorities of rural people for their healthcare, due to social, economic and cultural influences
- demonstrate an understanding of the environmental factors which contribute to illness in a rural community
- utilise relevant local and national guidelines for rural child and adolescent health and, where necessary, participate in the development of these guidelines
- advise and participate in appropriate child health surveillance and screening procedures including health risk screening history for adolescents.

### **Professional and Ethical Role**

The candidate will be able to

- demonstrate an understanding of the particular difficulties in maintaining confidentiality in small communities
- develop skills in balancing the case load and demands of working in isolation in a rural practice
- understand the concepts of confidentiality requirements and exceptions when dealing with adolescents and mature minor rules
- develop appropriate skills for self-care and self-reliance
- develop a commitment to continuing self-directed learning and professional development sufficient to provide quality care for children in rural and remote areas.

### **Organisational and Legal Dimensions**

The candidate will be able to

- develop small business management skills suitable for general practice
- utilise appropriate practice and local hospital triaging procedures to ensure that a sick child has easy and fast access to care
- clearly outline the local transfer and evacuation processes for paediatric patients from rural areas
- outline legal reporting responsibilities in child sexual abuse, non-accidental injury and substance abuse
- utilise appropriate documentation in the care of children and adolescents
- outline the legal responsibilities for notification of disease, birth, death, autopsy and consent procedures
- develop an awareness of requirements for the user-friendly general practice and surgery in dealing with children and adolescents
- be aware of the differing capabilities and limitations of staff in both the general practice and rural hospital setting

- develop a knowledge of local support networks and resources and an involvement in their development and function.

## Content

The way in which the curriculum content for the Child & Adolescent Health ARSP extends the breadth and depth of the core curriculum is depicted in the following table. The relevant RACGP core curriculum areas are included as hyperlinks to enable ready access to the details in each area.

<b>(ARSP)</b>		
<b>Relevant Curriculum Areas</b> (extracted from RACGP core curriculum -)	<b>Major Focus of this ARSP</b>	<b>Advanced Knowledge/Competencies</b> (Outcomes expected from this particular ARSP)
<b>The discipline of general practice</b>		
<a href="#">Common learning objectives</a>	Application of learning objectives at increased depth in Child & Adolescent Health in rural areas	
<a href="#">Philosophy and foundation of general practice</a>	Child & Adolescent Health as extension of the role of the rural general practitioner	
<b>People and their populations</b>		
Aboriginal health (in development)	An important at risk group for emergency care requiring special understanding in management	
<a href="#">Aged care</a>	Higher prevalence of minor surgery conditions, falls, fractures.	
<a href="#">Children's and young people's health</a>	An important at risk group for surgery arising from accidents, requiring special understanding in management	
<a href="#">Disability</a>		
<a href="#">Doctor's health</a>	The workload and intensity associated with surgery requires particular attention to self-care	
<a href="#">Genetics</a>		
<a href="#">Men's health</a>		

<a href="#">Multicultural health</a>		
<a href="#">Population health and public health</a>		
<a href="#">Rural general practice</a>		
<a href="#">Women's health</a>		
<b>Presentations</b>		
<a href="#">Acute and serious illness</a>		
<a href="#">Chronic diseases</a>		
<a href="#">Dermatology</a>		
<a href="#">Drug and alcohol</a>		
Eye and ear medicine (in development)		
<a href="#">Mental health</a>		
<a href="#">Pain management</a>		
Musculoskeletal medicine (in development)		
<a href="#">Occupational health and safety</a>		
<a href="#">Oncology</a>		
<a href="#">Palliative care</a>		
<a href="#">Sexual health</a>		
<a href="#">Sports medicine</a>		
<b>Processes of general practice</b>		
<a href="#">Critical thinking and research</a>		
Dealing with undifferentiated problems in general practice (in development)		
<a href="#">GP's as teachers and mentors</a>		
<a href="#">Health informatics</a>		
<a href="#">Integrative medicine</a>		

Patient safety (in development)		
<a href="#">Practice management</a>		

The following content list provides guidelines for the candidate and the Supervisor regarding topics to be covered. Many of the common Child and Adolescent Health issues would have been covered in the core curriculum therefore it is a non-exhaustive list of desirable knowledge and skills to meet the needs of rural communities. It is anticipated that this list maybe adapted to address the particular learning goals of candidates and in the particular rural context in which the ARSP is located.

The content is organised under the following headings:

### **Acute Presentations**

1. Conditions managed at home
  - (a) General issues
    - clinical examination
    - management of common conditions
  - (b) System specific
    - asthma
    - croup
    - bronchiolitis
    - other respiratory disease
    - gastroenteritis
    - urinary tract infection
    - eczema
    - ear disease
    - feeding difficulties
    - poisoning / toxicology
  - (c) Location/population specific
    - infectious diseases
    - recognising disease patterns
    - acute phases of chronic conditions
  - (d) Common procedures
    - IV access / blood collection
    - local anaesthesia
    - removal of a foreign body
    - suprapubic bladder aspiration
    - minor trauma
    - minor surgical procedural skills
    - teleradiology
  - (e) Domestic issues
    - parental education
    - communication
    - cross-cultural communication
    - organisational
    - community support
    - allied health professionals
    - carers and other family

- sexual abuse - acute management
- psychological / psychiatric

2. Conditions requiring hospital management

a) Acute conditions – management

- recognising a dangerously sick child
- resuscitation - neonatal, general
- airway management
- anaphylaxis
- stabilisation
- respiratory emergencies
- epiglottitis
- fluid balance / dehydration
- hypovolaemia
- electrolyte imbalance
- acute infections - sepsis
- meningitis
- trauma management

b) Procedures

- blood gases
- septic workup
- intraosseous infusion
- principles of blood transfusion
- tubes and drains
- principles of general anaesthesia
- neurolept

c) System specific

- ENT
- respiratory
- endocrine - diabetes
- gastrointestinal - acute abdomen
- neurological
- skin
- cardiovascular

d) Management issues

- consultation with Paediatrician
- radio / telephone consultation
- staff capabilities / limitations
- leadership skills
- evacuation and transport
- grief counselling skills
- critical incident counselling
- autopsy guidelines
- self-care / stress management

## **Chronic Conditions**

1. Conditions managed at home

- a) Children with special needs
  - handicap / disability
  - behavioural - infant, child
  - developmental delay
  - learning problems
  - attention deficit disorder (ADD)
  - growth problems
  - non-accidental injury
  - dysfunctional families
  - resources
- b) System specific
  - uncommon but serious
  - type 1 diabetes
  - cystic fibrosis
  - epilepsy
  - chromosomal abnormalities
- c) Management factors
  - consultation with Paediatrician
  - the family / carers
  - school issues
  - socioeconomic issues – DSS
  - social support
  - rural case management
  - resources and referral agencies
  - multidisciplinary teamwork
  - respite care
  - social aspects
  - compliance

## 2. Conditions requiring hospital management

- principles and management of chemotherapy
- neurological long term management
- palliative care
- respite care

## 3. Adolescent Medicine

- a) Development
  - normal development
  - drive for independence - rebellion
  - adolescent psychology
  - communication issues
  - self-esteem
  - peer issues
  - common problems
  - nutrition
  - career and employment issues
  - rural adolescent resources
- b) Psycho-social issues
  - risk-taking behaviours
  - substance abuse

- harm minimisation strategies
- principles of early intervention
- risk screening
- identifying suicidal intention
- socioeconomic status
- eating disorders - anorexia, bulimia
- compliance
- chronic illness

c) Sexuality

- sex issues / relationships
- gynaecology
- contraception
- safe sex STIs / HIV /AIDS
- unplanned pregnancy
- teenage parenthood
- sexual preferences

a) Other

- sporting injuries
- dermatological

4. Community health

a) Determinants of health

- Social, economic and health indicators including: infant morbidity and mortality rates, life expectancy at birth related to nutrition, health education
- International/national / local / state health issues and statistics
- state and local population issues

b) Preventive medicine

- principles of surveillance
  - psychological
  - developmental
  - physical
  - clinical
- screening procedures
- health promotion
- community development
- resource awareness
- establishing programs

c) Public health

- principles
- infection control
- immunisation
- public health infrastructure
- notifiable diseases - school exclusion
- state disease control arrangements
- recognising infectious disease outbreaks
- environmental issues - location specific
- epidemiology eg. accidents, asthma
- principles of adult learning
- presentation and education skills

## 5. Family health

### a) Broad issues

- importance of the family unit in illness and health
- nutrition and fitness
- family dynamics
- family support structures
- family services
- rural social / lifestyle issues
- consent

### b) Psycho-social issues

- dysfunctional families
- behavioural issues
- lifestyle issues
- cultural issues
- child sexual abuse / incest indicators, referral, legal implications
- neglect
- managing mental health
- counselling skills
- confidentiality
- bereavement

### c) School issues

- bullying
- truancy
- exclusion
- learning

### d) Maternal health

- pre / post / antenatal counselling
- mothering skills
- infant nutrition
- post-natal depression
- teenage parents
- lifestyle issues
  - smoking
  - substance abuse
- maternal nutrition
- maternal & child health services

## Teaching / supervision approaches

Most of the learning activities are experiential and take place in the rural and remote working environment, particularly the accredited teaching practice, the paediatric wards of larger hospitals, small country hospitals, and other facilities. These learning activities are augmented by participation in educational workshops, clinical skills laboratories, simulation centres, and other relevant educational activities.

A strong emphasis is placed on self-directed learning under the supervision of accredited rural specialists and accredited GP supervisors. Teaching approaches recognise the needs of candidates as adult learner and are based on the problem-based learning model outlined in the Core Curriculum Statement “Children and Young People’s Health”. A combination of teaching methods is used taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practical settings.

Through demonstration, observation, and interactive teaching methods candidates are challenged to perform, reflect upon, and assess their competence in applying the clinical knowledge and skills described in the curriculum.

Teaching methods include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on learner performance
- group discussion / activities / case studies / presentations
- role play / simulated situations – illustrating challenging clinical/emergency care scenarios
- on-line learning modules
- simulation of clinical presentations
- attendance at ambulatory paediatric clinics
- provision of child health and child mental health services specific courses and workshops
- audiovisual presentations / web-based presentations
- research projects
- regular meetings with supervisors
- access to CPD workshops
- presentation of educational session to other staff or community groups
- journal articles/web-based resources
- management of paediatric and special care recovery
- participation in aero-medical / road evacuation of critically ill patients and the ambulance services
- development of teaching skills through teaching of junior medical staff and medical students

Candidates are expected to determine the depth and extent of coverage of the listed content in consultation with the medical specialist supervisors and rural GP supervisor/mentor and document this as part of their learning plan.

## **Staffing**

The key staff contributing to the teaching, supervision and mentoring of the candidate are:

1. The Medical Specialist Clinical Supervisor.
2. The Rural GP Supervisor/Mentor.
3. Medical Educator/Training Advisor.

The medical specialist clinical supervisor provides the candidate with an immediate source of clinical expertise, advice and educational support in the clinical setting.

The rural GP supervisor/mentor provides the candidate with a source of advice about their training in the broader context of rural general practice and a professional role model and mentor.

The medical educator/training advisor provides a link back to the regional training provider to inform the candidate about educational activities and overall training requirements for completion of the FARGP.

### **Medical Specialist Clinical Supervisor**

The medical clinical specialist supervisor is a Fellow of the RACP (Paediatrics) whose role is to:

- provide supervision in the clinical setting
- facilitate access to clinical learning opportunities
- demonstrate clinical skills and procedures
- observe the candidates performance and provide regular feedback and assistance
- conduct regular teaching sessions
- monitor candidate progress and contribute to formative assessment
- report on progress in completing assessment requirements.

### **Rural GP Supervisor/Mentor**

The rural GP supervisor is a Fellow of the RACGP or ACRRM whose role is to:

- act as GP role model, mentor and support person
- observe the candidates performance and provide regular feedback and assistance in general practice settings as appropriate
- participate in workshops in person or by teleconference
- contribute to formative assessment of the candidate

### **Rural Medical Educator/Training Advisor**

The role of the medical educator/training advisor from the regional training provider is to:

- provide advice and assistance regarding training needs, learning activities and completion of training requirements
- assist in the development, implementation and evaluation of learning materials
- ensure learning package availability for candidates
- assist in access to learning opportunities for procedural skills and other abilities
- contribute to formative assessment of the candidate using clinical skills log book to monitor progress.

## **Training resources**

To enable candidates to meet their learning needs and achieve the goals of their learning plan it is critical that suitable relevant learning resources are accessible.

These will include:

- workshops on specific topics
- learning packages and modules
- interactive educational activities via teleconferencing , video conferencing, satellite telecasts, telemedicine
- access to broadband for web based learning systems/resources
- library with email facility / internet
- clinical skills log book
- assessment protocols
- clinical diary

## **Feedback**

The designated rural general practitioner and specialist supervisors take responsibility for providing direct feedback to the candidates on their progress and performance in the post. Feedback will occur during regular weekly discussions, and include diary content.

### **Feedback – formative assessment**

Monthly meetings with supervisors are required to enable regular discussion for formative assessment and feedback purposes.

## **Assessment**

Assessment is based in the context of the work environment of the candidate. For example, if the candidate is working in a rural farming community, a mining town or cross cultural context, this should be reflected in the set assessment activities. Candidates are encouraged to plan the content of their learning and assessment activities with a strong emphasis on the context of the practice environment and community in which they are working.

The following activities must be completed in order to satisfy the assessment requirements of the Mental Health advanced rural skills training curriculum.

### **Approved learning plan**

The learning plan is developed in consultation with the medical specialist clinical supervisor and rural GP supervisor/mentor. The learning plan is a written document reflecting the outcome of the consultation. It sets out details of the candidates learning objectives, proposed attachments and the proposed coverage of content for the duration of advanced rural skills training year.

The medical educator/training advisor is responsible for approving the learning plan.

### **Completed learning portfolio**

A learning portfolio is to be maintained and updated on a regular basis by the candidate. The portfolio is the means by which the supervisors in collaboration with the medical educator monitor the progress of the candidate in implementing their learning plan and ultimately for assessing satisfactory completion of the curriculum requirements. The portfolio must contain evidence of completion of learning activities undertaken as part of the candidate's learning plan. The portfolio includes a record of completion of required assessment activities, clinical journals and logbooks with written records of patients managed and other learning activities undertaken.

The portfolio is maintained throughout the duration of the attachment and is regularly reviewed by supervisors. Reviews should take into account factors such as the workloads and the clinical exposure of the candidate, the changing interests of the candidate and the strengths and limitations of their work in Child and Adolescent Health.

The medical educator is responsible for certifying that the learning portfolio has been adequately maintained and completed for the purpose of satisfying the requirements of the curriculum.

### **Participation in relevant courses**

Candidates must participate in recommended courses and conferences. As far as possible these should be incorporated into the candidates learning plan and scheduled according to the individual candidate's learning needs.

With the prior approval of the medical educator, other relevant courses or conferences should be attended and included in the Learning Portfolio. .

### **Case histories**

Two written case studies (of approx 1,200 words) must be presented by the completion of each 6 month term. These can be in written format, as case commentaries or as grand round presentations.

### **Vivas**

Two cross table vivas of one hour duration conducted with a Fellow of the RACP (Paediatrics) and a GP other than the candidates mentor/supervisor nominated by the RACGP.

### **Reports**

Supervisors reports on progress toward acquisition of competence are required on a regular basis. These reports must be included in the candidate's learning portfolio:

- A report on the candidate's progress in achieving competence from the medical specialist supervisor is required each 3 months.
- A report on the candidate's progress from the rural GP supervisor's perspective is required each 3 months.
- A meeting with the medical educator/training advisor is required at the end of each 6 months term. A report from this meeting is to be included in the learning portfolio.

## Recommended texts and references

*Aviation medicine and the transportation of patients : Clinical resource:*  
<http://www.flyingdoc.net/Aviation-Medicine-Transportation-of-Patients.html>

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