

Mental Health

Advanced Rural Skills Curriculum Statement

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CONTENTS

Glossary	ii
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
Mental 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	11
Organisational and Legal Dimensions	12
Content.....	13
1. Acute Presentations.....	15
2. The Nature of Rural Communities	15
3. The Scope of Mental Illness.....	16
4. Practical Skills.....	16
5. Resource Management.....	16
6. Self-Care.....	16
Teaching / supervision approaches.....	16
Staffing	17
Medical Specialist Clinical Supervisor	18
Rural GP Supervisor/Mentor.....	18
Rural Medical Educator/Training Advisor.....	18
Training resources.....	18
Feedback.....	19
Feedback – formative assessment	19

Assessment.....	19
Approved learning plan.....	19
Completed learning portfolio.....	19
Participation in relevant courses.....	19
Case histories.....	20
Vivas.....	20
Reports.....	20
Recommended texts and references.....	20

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
FRACS	Fellowship of the Royal Australian College of Surgeons
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 Surgeons
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 Mental 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 Mental 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 in Mental 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
- have satisfied the core curriculum requirements in Mental 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 Mental 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 RANZCP 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 Mental Health ARSP Curriculum Statement is designed to satisfy these requirements.

Mental Health Curriculum Rationale

This advanced rural skills Curriculum Statement in Mental 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 mental 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 Mental Health Curriculum Statement.

In rural and remote areas of Australia, there is a relative lack of immediately accessible specialist services. In mental health, a lack of specialists (ie. psychiatrists, psychologists,

psychiatric nurses, and other mental health workers) means that rural GPs often provide the front-line service for mental health problems.

The mental health issues GPs encounter in rural areas cover the broad spectrum from prevention and raising community awareness, through to serious mental illness. Rural communities have their own particular culture due to differences in socio-economic status, demography, resources, gender issues, high unemployment, resources and high Aboriginal populations.

Rural GPs are often confronted with challenging mental health problems in relatively isolated communities without immediate specialist backup. Rural GPs need to acquire a range of skills to provide the services that their city-based colleagues might refer. Early identification of problems, acute management and follow-up of chronic conditions, depend more on the skills of the GP in rural areas. Well-developed counselling skills may greatly reduce the need for remote referrals, and prevent situations worsening. The transfer of acutely disturbed psychiatric patients over long distances is hazardous and effective training may reduce the need for transfer, and allow professional supervision in the patient's own environment. This puts GPs in a position to provide continuity of care, which has been identified as a key factor in the successful treatment of people with mental health problems. The breadth of presenting problems, in small numbers but over large distances, in the context of sparse services requires a sound knowledge of available services and creative strategies to manage mental health problems.

The problem of recruiting GPs to rural areas of Australia has been well documented. 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 mental health, GPs will be more competent and confident to cope with working in isolated rural areas. Additionally, advanced training in mental health will assist GPs to cope with often stressful situations in the least stressful ways.

The long term outcome will be improved equity of access to skilled practitioners in mental health and better health care for rural Australians.

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 knowledge and skills or competencies necessary for assuming the full scope of the role of small town rural GP.

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 provide mental health services effectively within rural general practice.

Communication Skills and the Patient-Doctor Relationship

The candidate will be able to

- work effectively within a multi-disciplinary team in case management
- demonstrate an ability to conduct a consultation in a way which enhances the self-esteem of the patient
- develop good listening skills and communicate empathically with people with a mental illness
- provide support and advice to carers and management team members
- develop counselling skills sufficient to assess important psychosocial issues in relationships, families, following bereavement, and when counselling survivors of sexual abuse
- communicate effectively with children and adolescents
- understand the need and outline the processes for critical incident stress debriefing and develop crisis intervention and conflict resolution skills
- effectively utilise telepsychiatry facilities
- understand the different skills required in cross-cultural communication and demonstrate an ability to acquire them
- appropriately use translators for non-English speaking background and Aboriginal people, recognising the need for confidentiality.

Applied Professional Knowledge and Skills

The candidate will be able to:

- take an accurate and relevant mental health history with emphasis on the person's strengths
- undertake a thorough and accurate mental health status examination
- understand and identify co-morbid clinical presentations
- identify the spectrum of mental health problems and know when and how to refer or manage appropriately
- demonstrate an holistic approach to identifying and managing mental health issues
- identify the early warning signs of depression and of homicidal/ suicidal intent in all ages, understanding the importance of early intervention
- understand and respond to people with dysfunctional personality
- be familiar with standardised patient rating scales
- demonstrate an ability to work with special needs groups
- understand the principles of family therapy, group therapy and individual therapy, both cognitive and dynamic, and of psychosocial education
- demonstrate an ability to manage pharmacotherapy for the full spectrum of mental illness

- understand the principles of withdrawal and detoxification and manage where appropriate
- identify the indicators of child and adult sexual abuse and domestic violence, and refer or manage appropriately
- develop the skills to manage a psychiatric emergency competently
- be aware of the different therapeutic modalities for mental illness and initiate and maintain therapeutic regimes.

Population Health and the Context of General Practice

The Candidate will be able to

- demonstrate understanding of the social and cultural influences on mental health needs and the differing priorities of people in rural and remote areas
- follow relevant mental health protocols and guidelines and, where necessary, participate in their development including the need to use the least restrictive treatments
- demonstrate an awareness of the differing mental health resources in rural and remote areas and improvise when required
- encourage the involvement of consumer groups in the development of policies relating to service provision
- adequately take into account the availability of guns in rural areas when dealing with people during a mental health crisis.

Professional and Ethical Role

The candidate will be able to

- develop appropriate strategies for managing the conflict between the needs of a busy general practice and those ongoing needs of people with mental health problems
- demonstrate an understanding of the issues related to confidentiality in small communities
- develop an awareness of the effects and boundaries of working as a mental health professional in small communities, in particular caring for friends, relatives and colleagues
- understand the boundary issues related to personal and sexual relationships with current or previous patients
- demonstrate an understanding of the national mental health policy and plan and a willingness to improve rural mental health care
- maintain ethical responsibilities to patients and colleagues.
- develop skills in balancing the case load and demands of working in isolation in a rural practice

- recognise their strengths, vulnerabilities, personal values, gender issues, attitudes and beliefs in relation to mental health management
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within their limitations
- develop the appropriate skills for self-care and self-reliance including a personal support network and regular and accessible debriefing
- increase community awareness of mental disorder / illness as a means to reducing the associated stigma
- recognise mental health problems in colleagues and offer collegial support and advice
- develop a commitment to continuing self-directed learning and professional development sufficient to provide quality mental health care to rural and remote consumers.
- develop a commitment to rural general practice and the provision of medical services for rural Australians;
- provide ongoing professional development sessions to other rural health professionals and education sessions for members of the rural community
- provide health promotion and educational sessions to staff and consumers in rural areas regarding good mental health practices

Organisational and Legal Dimensions

The candidate will be able to

- establish a comprehensive professional psychiatry / mental health referral network and utilise links with available rural organisations, resources and referral agencies
- observe the state legislation relevant to involuntary admission to a unit psychiatric power of attorney, child protection and abuse and guardianship
- know the resources available to manage people with chronic mental illness and outline the range of support systems for their carers
- access the metropolitan mental health - clinical, academic, research, literature, hotline and legal resources available
- outline reporting responsibilities in child sexual abuse, domestic violence, and substance abuse
- demonstrate professionally acceptable standards of documentation and report writing skills necessary in the care of mental health patients
- outline the appropriate protocols for home and hostel visiting
- demonstrate an ability to work effectively with consumer groups and families
- clearly outline the local transfer and safe evacuation processes and protocols for psychiatric patients
- outline the protocols for media involvement in the management of crisis situations.

- understand the importance of multi-disciplinary teamwork and the extended role of other health professionals in rural mental health case management
- exercise legal responsibilities regarding notification of disease, birth, death and autopsy etc;
- appropriately prioritise patient management in rural general practice, according to individual patient needs, time and other resources available

Content

The way in which the curriculum content for the Mental 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.

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

	surgery requires particular attention to self-care	
Genetics		
Men's health		
Multicultural health		
Population health and public health		
Rural general practice		
Women's health		
Presentations		
Acute and serious illness		
Chronic diseases		
Dermatology		
Drug and alcohol		
Eye and ear medicine (in development)		
Mental health		
Pain management		
Musculoskeletal medicine (in development)		
Occupational health and safety		
Oncology		
Palliative care		
Sexual health		
Sports medicine		
Processes of general practice		
Critical thinking and research		
Dealing with undifferentiated problems in general practice (in development)		

GP's as teachers and mentors		
Health informatics		
Integrative medicine		
Patient safety (in development)		
Practice management		

The following content list provides guidelines for the candidate and the Supervisor regarding topics to be covered. Many of the common mental issues would have been covered in the core curriculum therefore it is a non-exhaustive list of desirable knowledge and skills to meet the mental health 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:

1. Acute Presentations
2. The Nature of Rural Communities
3. The Scope of Mental Illness
4. Practical Skills
5. Resource Management
6. Self Care

1. Acute Presentations

- taking a mental health history
- performing a mental health status examination
- early warning signs of mental illness and early intervention
- principles of using standardised patient rating scales
- identification of co-morbid presentations
- psychiatric emergency - crisis intervention skills
- legal reporting responsibilities in child sexual abuse, domestic violence, substance abuse
- therapeutic modalities and regimes

2. The Nature of Rural Communities

- mental health protocols and guidelines
- gun legislation and mental health crisis
- working with special needs groups including women's, perpetrators, domestic violence, carers
- protocols for media management in crisis situations
- boundary issues in being a rural mental health professional
- confidentiality in small communities
- family farm transfer - Farmsafe Australia
- safe evacuation and transfer processes - protocols and guidelines

3. The Scope of Mental Illness

- philosophy of mental health
- social and cultural influences on mental health
- mental health promotion
- positive and negative transference
- communicating with children and adolescents
- spectrum of mental health problems
- dysfunctional personalities / families
- protocols for home visiting

4. Practical Skills

- identifying one's own limitations and knowing when to refer
- counselling skills workshop covering essential techniques
- process for critical incident stress debriefing
- communication skills -listening, cross-cultural, empathy
- conducting a positive consultation using empowering techniques
- principles of and exposure to different types of therapies eg. family / group / relationship / bereavement / cognitive behaviour therapy
- principles of sexual counselling including survivors of sexual abuse and transgender issues
- principles of detoxification and withdrawal

5. Resource Management

- developing a professional network
- multi-disciplinary teamwork, shared care and case management
- respite care and support systems for carers
- resources and how to access them in rural areas
- telepsychiatry facilities
- state legislation, power of attorney, child protection, guardianship
- using translators to conduct a consultation
- principles of adult learning / educational sessions
- program development

6. Self-Care

- managing a busy general practice as a mental health professional
- balancing caseload and demands
- professional development strategies
- establishing personal support network - including debriefing access
- identifying personal strengths and vulnerabilities
- stress management.

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, community psychiatric services 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 learners. 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
- 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
- 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 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 role of 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 their role in Mental 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 RANZCP 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

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