



The Royal Australian
College of General
Practitioners



Small Town Rural General Practice

Advanced Rural Skills

Curriculum Statement

December 2010

Version 2

CONTENTS

Glossary	iv
Award of the FARGP	5
Prerequisite / assumed prior experience	5
Duration.....	5
Specific Requirements	5
Small Town Rural General Practice Curriculum Rationale	6
Learning Objectives.....	7
Communication Skills and the Patient-Doctor Relationship.....	7
Applied Professional Knowledge and Skills.....	8
Population Health and the Context of General Practice	8
Professional and Ethical Role.....	9
Organisational and Legal Dimensions.....	10
Content.....	10
Communication	13
Applied Professional knowledge.....	13
Population Health	13
Professional and Ethical.....	13
Organisational and legal.....	13
Essential Generic Skills for Rural General Practice in Small Towns	17
Self Care:	17
Basic applied professional skills sets:	18
Information and communication skills:.....	18
Organising emergency care:	18
Exercising legal and ethical responsibilities:	18
Child & Adolescent Health.....	19
Emergency Care	21
General Medicine	23
Population Health	26
Teaching / supervision approaches.....	27
Staffing	27
Rural GP Supervisor	28
Rural Medical Educator	28
Training resources.....	28
Assessment.....	28
Approved learning plan	29
Feedback – formative.....	29
Major Project	29
Completed learning portfolio.....	29

Participation in relevant courses.....	29
Case histories.....	30
Reports.....	30
Recommended texts and references.....	31
Useful links	31
Acknowledgements	32
Working party	32

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
ARST	Advanced rural skills training
CA	Clinical audit
CPD	Continuing professional development
ECTV	External clinical teaching visit
EMST	Emergency management of severe trauma
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship of Royal Australian College of General Practitioners
GP	General practitioner
JCC	Joint Consultative Committee
QI &CPD	Quality improvement and continuing professional development
RACGP	Royal Australian College of General Practitioners
RTP	Regional Training Provider

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 training
- complete an additional 12 months of advanced rural skills training
- complete the specific FARGP requirements

An ARST in Small Town Rural General Practice which satisfies the requirements set out in this Curriculum Statement can be counted towards meeting the requirements for award of the FARGP.

Prerequisite / assumed prior experience

An advanced rural skills training post in Small Town Rural General Practice is open to general practice registrars in vocational training.

The main prerequisite is that the candidate has had a minimum of 12 months full-time experience in a rural general practice.

Duration

The duration of this advanced rural skills training post is 12 months FTE

Specific Requirements

For the purpose of this curriculum a Small Town is normally defined as a community living in a geographically and demographically distinct rural or remote region.

To be approved:

- a. the attachment must be in a ASGC-RA 3-5 location (unless otherwise agreed by the Director of Training of the relevant RTP and the RACGP Rural Censor)
- b. the attachment must be endorsed as a suitable location by the Director of Training of the relevant RTP and the RACGP Rural Censor
- c. the candidate is required to live in the community
- d. the candidate must commit to full engagement in an equal share of weekly on call duties undertaken by the practice
- e. the candidate must commit to full engagement in hospital in-patient, out-patient and residential aged care services undertaken by the practice

Small Town Rural General Practice Curriculum Rationale

This advanced rural skills Curriculum Statement in Small Town Rural General Practice has been developed in response to the identified training needs of existing or potential rural general practitioners. The need for strategies to address the ongoing problem of attracting doctors to work in rural Australia and has been well-documented. In order to improve the access people living in small rural communities have to high quality and sustainable primary care services, doctors need to be adequately trained to undertake the role of primary care provider both competently and confidently. Advanced rural skills training in this role contributes significantly to this and also makes the prospect of working in small rural communities more attractive for doctors.

Special Characteristics of Small Town Practice

Practicing in a small country town confers a special status and role on the GP. The doctor is seen by the members of the community as the focal point of medical care. The presence of a GP is seen as an important measure of the town's collective well-being. There are 3 main attributes in this role. The small town rural GP:

- (1) Is frequently the first there in an emergency situation,
- (2) has a central and sensitive role in the social dynamics and inter-connectedness of the people and families in the community
- (3) is seen as the source of expertise and advice in relation to all facets of health and medical care including primary prevention, secondary prevention, acute care, and chronic care.

All rural GPs are exposed to a considerable number of emergencies. These are compounded by the higher incidence of adolescent suicide, serious farming and poisoning accidents, and those related to greater access to firearms in isolated areas. They 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.

Most child, adolescent and adult health issues affect the whole family, requiring the General Practitioner to involve more than just the individual when providing care while at the same time being particularly sensitive to privacy and ethical issues. Consideration of the differing rural family dynamics, the interconnectedness of members of the community and the particular socio-economic circumstances and structures within the community are a vital part of the GPs role in small rural towns. The reduced access to local health services and community and physical resources means that members of the community place greater reliance on their GP to fulfill these role expectations.

GPs in small rural towns have limited access to tertiary hospitals, so often need to be able to manage a patient throughout the primary and secondary stages of medical care. They are often confronted with challenging health problems in relatively isolated areas without immediate specialist backup. Due in part to the relative lack of psychiatrists, psychologists, psychiatric nurses, and other mental health workers, GPs in small rural towns often provide the front-line service for mental health problems in rural areas. The acute transfer of seriously ill patients from rural areas can also be a challenging process.

Adequate training and supervised experience is vital to enable the GP to manage these situations competently and confidently while at the same time being aware of their own limitations.

Hence general practice in small rural towns is the epitome of comprehensive primary health care in meeting the needs of rural communities for GPs with a repertoire of advanced procedural and non-procedural skills.

This advanced rural skills Curriculum Statement in Small Town Rural General Practice is intended to provide supervised learning opportunities for candidates to identify and address learning needs to enable them to fulfill the role of GP in small rural towns confidently and competently resulting in improved health care outcomes for rural Australians.

Learning Objectives

The context of rural general practice in country towns with limited or no tertiary health services is unique. The previous experience of candidates undertaking the Small Town Advanced Rural skills training post may have been in a large rural town with tertiary support, or in a one-doctor community in a geographically isolated area.

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.

Communication Skills and the Patient-Doctor Relationship

The candidate will be able to

- develop a trusting relationship as a basis for communicating effectively with patients who are intimately associated with close friends and families who may also be patients
- maintain an ability to communicate effectively within a context of competing and conflicting demands and loyalties
- demonstrate excellent listening skills and ability to provide empathic advice and support to patients, carers and other team members
- demonstrate an holistic approach to identifying the most important issues in relation to patients' health and management
- exercise particular skill in cross-cultural communication where required
- establish and utilise a comprehensive professional referral network
- engage in opportunistic and ongoing health education as part of the patient consultation.

Applied Professional Knowledge and Skills

The candidate will be able to

- demonstrate the breadth of clinical skills required to competently manage common and significant illness and disease in the rural community in which they practice.
- competently perform a range of procedures and clinical skills required for emergency management of medical, surgical, and psychiatric conditions in rural general practice
- competently perform a range of procedures and clinical skills required for on-going management of medical, surgical, and psychiatric conditions in rural general practice
- effectively utilise and manage palliative care support systems available in the rural community
- effectively utilise and manage gerontology support systems in the rural community
- provide effective care and support for elderly patients including those community residential aged care facilities
- within the context of available resources and in cooperation with other health workers manage children and adults with special needs, and develop strategies to provide support and respite opportunities for their carers.
- effectively manage the care of in-patients and out-patient in the local hospital
- take X-rays, and use tele-radiology facilities where necessary and available
- demonstrate high level skills in working with available resources to manage patients with acute and chronic psychiatric conditions including the effective use of tele-psychiatry facilities where available
- identify the warning signs of depression and of homicidal/ suicidal intent in all ages and undertake appropriate intervention as early as possible
- engage in antenatal shared care

Population Health and the Context of General Practice

The Candidate will be able to

- familiarise themselves with the community groups and networks and the organisation of health and service delivery within the rural community
- participate in and contribute to relevant community which can serve as a conduit for health information and support
- develop a thorough knowledge of the unique demographics, health status and predisposing conditions influencing morbidity and mortality of the rural community and adapt their practice to meet the needs of the community

- contribute health promotion, surveillance and educational sessions to staff, other rural health professionals and members of the rural community
- adapt their approach to practice in view of the relative isolation of family unit and the home environment in illness and health, and the lack of extended support structures in the rural community.
- understand and utilise the extended role of other health care practitioners in rural areas, especially the need for multidisciplinary teamwork
- provide an optimal level of care utilising the available local resources of local resources in the rural community.

Professional and Ethical Role

The candidate will be able to

- demonstrate an understanding of their ethical and professional behaviour in the context of working and living in the rural community including:
 - a. managing relationships with friends who are also patients
 - b. maintaining patient confidentiality in rural communities with close networks of family and friends
 - c. managing personal roles and boundaries for self and family
 - d. establishing sound relationships with local businesses and suppliers
- ensure that they regularly access current reliable information relevant to the health and well-being of their community
- critically review relevant literature and evidence regarding the health needs of community members and their management and clinical care.
- develop skills in balancing the case load and demands of working in isolation in a rural practice with social and personal responsibilities, self-care and self-reliance, and in establishing boundaries both professionally and socially.
- demonstrate an ability to establish professional networks and utilise available rural resources and referral agencies
- demonstrate an ability to manage and be flexible in adapting to different roles expected of the GP in a rural community including medical leadership, team member, community group participant, and educator.
- recognise the great impact of stress and grief symptoms in staff, patients, their relatives and friends, in a small rural community and provide empathic and culturally appropriate support and follow-up
- develop a commitment to continuing self-directed learning and professional development as an essential element of providing high quality medical care for the rural community
- observe the protocols for media involvement in emergency and disaster situations
- recognise mental health problems which may exist in colleagues and offer collegial support and advice

- recognise the importance of dealing appropriately with impaired health practitioners for the sake of the rural community

Organisational and Legal Dimensions

The candidate will be able to

- develop an understanding of the principles of small business management appropriate to a rural general practice
- be aware of the local issues which impact upon the GP's decision to treat the patient locally or refer on
- develop and ability to undertake a leadership role as the GP in implement principles of triage and disaster management
- develop the ability to implement local transfer and evacuation and retrieval processes from the rural community, access remote advice, provide information and arrange referral
- establish and utilise a comprehensive professional emergency referral network.
- establish and contribute to arrangements for providing 24 hour health care in a small community
- work effectively as part of a multidisciplinary team

Content

The way in which the curriculum content for the Small Town Rural General Practice ARST 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.

SMALL TOWN RURAL GENERAL PRACTICE	
Relevant Curriculum Areas (extracted from RACGP core curriculum)	Major Focus of ARST Advanced Knowledge/Competencies (Outcomes expected from this particular ARSP)
People and their populations	
Aged care	The rural GP with advanced knowledge and skills in rural general practice will be competent in the diagnosis and management of many of the health problems associated with aged care. This includes an ability to manage and coordinate palliative care and gerontology support systems.
Disability	The rural GP with advanced knowledge and skills in rural general practice will have enhanced ability to assist with the rehabilitation of people with disability and to diagnose and manage their health problems.
Doctor's health	There is a need to balance the case load and demands of working in isolation in a rural practice with social and personal responsibilities and develop skills for self-care and self-reliance.

Men's health	Men in rural areas suffer higher rates of mortality and morbidity arising from accident and injury, poisoning, and lifestyle related disease such as cardiovascular disease and respiratory conditions. The rural GP with advanced knowledge and skills in rural general practice is able to diagnose and manage the care of these patients.
Multicultural health	The rural GP with advanced knowledge and skills in rural general practice must adapt their communication and consultation styles in recognition of differences in attitude to medical advice and contact people from different cultures have. In addition there is a need to recognise the issues of isolation for people with diverse cultural backgrounds seeking to integrate and gain social acceptance in rural towns which are often very limited in their cultural diversity and the potential impact on their health and wellbeing.
Population health and public health	The rural GP with advanced knowledge and skills in rural general practice will possess a sound knowledge socio-economic and environmental factors influencing health and epidemiology and public health principles. They will be able to implement and coordinate public health surveillance, screening and infectious disease control arrangements and procedures. They will be competent in delivering health promotion and educational sessions.
Rural general practice	In many ways this is a foundation core curriculum area for this ARST in rural general practice curriculum statement. The competencies specified in this rural general practice curriculum particularly in the domain of applied professional skills complement and supplement those in the core curriculum. The chief areas are: <ul style="list-style-type: none"> • Effective communication with patients. • Effective diagnosis, assessment and management of a wide range of presenting conditions with enhanced clinical and procedural skills • Performing the role of a key resource in public health activities, health education and promotion • Exercising professional and ethical responsibilities • Ensure that legal responsibilities are fulfilled and management arrangements information and records, and the structure and procedures for service provision meet rural community needs
Women's health	The rural GP with advanced knowledge and skills in rural general practice will be competent in the diagnosis and management of many of the health problems experienced by women. In carrying out this role the rural GP must demonstrate awareness of the sensitivities involved in addressing physical and sexual health problems for women in isolated communities and the impact of cultural, psychological and emotional factors affecting women's attitudes to medical advice (including gender)
Presentations	
Acute and serious illness	The rural GP with advanced knowledge and skills in Adult Internal Medicine has a significant role in the diagnosis and management internal medicine emergency procedures. This includes cardiac failure, toxic emergencies, endocrine emergencies, paediatric emergencies, gastrointestinal emergencies, renal emergencies, etc and the ability implement triaging procedures.
Chronic diseases	Chronic disease often involves multiple body systems and organs. The rural GP with advanced knowledge and skills in Adult Internal Medicine must be competent in the diagnosis and management of patients suffering chronic illness and disease.
Drug and alcohol abuse	Drug and alcohol abuse carries with it the risk of serious and permanent damage to body systems. The rural GP is often involved in drug and alcohol management
Pain management	The rural GP with advanced knowledge and skills in rural general practice must: <ul style="list-style-type: none"> • have higher level skills in pain recognition associated with both acute and chronic conditions

	<ul style="list-style-type: none"> • The ability to identify patho-physiological and psychological influences on the patient's perception of pain • The ability to communicate effectively with patients experiencing serious pain • apply in-depth knowledge of pain associated with specific conditions in the management of pain
Oncology	The rural GP with advanced knowledge and skills in rural general practice must be competent in the diagnosis and management of patients suffering cancer.
Palliative care	The rural GP with advanced knowledge and skills in rural general practice has an important role to play in the diagnosis and management of patients who are in need of palliative care.
Processes of general practice	
Critical thinking and research	Fulfilling a special professional obligation in the context of geographic isolation to critically review and evaluate practice and maintain currency in the light of evidence and research.
GP's as teachers and mentors	commitment to continuing self-directed learning and professional development

Domains – Extended Competencies for Small Town Rural General Practice

	Communication	Applied Professional knowledge	Population Health	Professional and Ethical	Organisational and legal
Aboriginal Health		Describe the social dynamics in a small town that contribute to the marginalization of aboriginal people			
Aged Care	Be able to facilitate the elderly in adjusting to and planning for the loss in ADLs skills Use strategies to enable families to navigate the declining capacity of an elderly family member	Know the range of support and care options for the elderly within a small community		Be able to balance a respect for the place of the extended family in the care of the elderly with the need to respect the autonomy of the elderly person	Be able to undertake a leadership role in the organisation of the placement of the elderly into institutional care including care that may be distant to the person's town of origin or where their family resides
Children and Young People		Be able to manage life threatening illness prior to transfer to a major centre. Demonstrate the capacity to provide counselling support to the troubled adolescent.	Have experience in delivery of health education in community schools	Understand issues of consent and confidentiality and duty of care for treatment of a minor	Understand the mechanisms for supporting the child at risk in a small community
Disability			The ways in which small communities endeavour to meet the needs of the disabled and their limitations in doing this.		Demonstrate a capacity to coordinate small town support structures for the disabled
Doctors Health	Identify supports for personal debriefing in a small community	Be able to define necessary personal and professional boundaries that enable maintenance of personal well being.	Describe the impact on a doctor's family in living within the community in which the doctor practices	Recognise the particular challenges of living, working and socializing within the one community.	
Mens Health	The added problems for openly gay men in a small rural town.	The issues of sun exposure	The particular health risks of the farmer. The farm culture of self		Access to rural mens groups for group education – sales yards,

			sufficiency and the impact that this has on risk taking. The isolation of the farmer in the process of his work and the added risks of depression in this context.		service and sporting clubs
Multicultural Health		The particular issues of isolation for the women from other cultures who have emigrated to be partners of local men.	The particular issues for culturally different members of small rural towns which are often very limited in their cultural diversity. The history of tensions between different groups of migrant settlers in a particular region		
Population and Public Health			The poorer health outcomes for rural populations and the factors behind this	Resource public health education through community groups and schools	Impact of limited access to wider community health resources.
Womens Health		Impact of marrying into established farming families and the isolation this can bring.			
Acute serious Illness and Health	This is a curriculum area that is particularly important for the small town practitioner. The practitioner can expect to be confronted by a range of clinical emergencies with limited back up and extended retrieval times.	Farming injuries are particularly pertinent with the possibility of horrific multiple trauma in association with the use of dangerous machinery with limited safety devices.	High speed injuries are also common as are drownings and snake bite. It is recommended that the practitioner have completed both EMST and APLS courses		
Dermatology		Demonstrated competency in removing skin lesion including the use of simple flaps. Demonstrate competency in local anaesthetics.			

Drug and Alcohol		Demonstrate an ability to provide a lead role in assisting addictive substance withdrawal	Describe the workings and impact of the illicit drug using sub culture in a small town. Describe the alcohol issues in small town sporting and social groups. Describe the issues involved in adolescent binge drinking		Hold a methadone prescribing license.
Mental Health		Demonstrate the skills to participate in crisis psychiatric care management, including crisis sedation.			
Occ Health and safety			The impact of high debt levels and the volatility of farming markets. The impact of family dynamics and inheritance on the mental well being of farming families	Demonstrate an awareness of the potential conflicts of interest in a GPs relationship with a worker and their local employer.	
Oncology		Demonstrate a capacity to deliver chemotherapy under distance supervision within a small town medical service			
Palliative care		Have the skills to fully manage the medical care of the palliative care patient in their own home without the support of specialist palliative services		Understand the dynamics of providing palliative care for a family with whom the doctor is likely to have an ongoing relationship with after the death of the patient. Have strategies for self care in the care of palliative care patients within the doctor's own community	Be familiar with 'POP up' Palliative care services. Be able to coordinate palliative care services for patients in the rural and remote context
Sexual Health			Skills in community education particularly	Understands the complexities of	

			for young people in sexual health	confidentiality in a small rural community	
Sports Medicine		The main skills resource for local sporting teams	Support for community sporting organisations		The legal liability of being the nominated doctor for a sporting event
Chronic conditions					
Integrative Medicine					
Practice management				Being a small business within a small community. Employing staff from the practice community	Running a small practice

CONTENT

The following list outlines a range of conditions and skills identified by experienced rural GPs as necessary to the scope of Small Town Rural General Practice. This list should be seen as an aid to candidates and their supervisors, to ensure that an appropriate range of conditions and skills are encountered and learned. It may also be used as a guide to workshop topics, or a stimulus to seek experience or skills outside those normally found in the current attachment.

The curriculum content for the ARST in Small Town Rural General Practice focuses on management rather than diagnostic issues. Diagnostic issues are assumed to have been well-covered in the Core Curriculum.

The organisation of content areas incorporates 4 themes which permeate through each of content areas.

The 4 themes are:

1. Primary prevention
2. Secondary prevention
3. Acute care
4. Chronic care

Essential Generic Skills for Rural General Practitioners in Small Towns

Self Care:

- self health
- doctor safety
- critical incident debriefing
- stress management

Basic applied professional skill sets:

- resuscitation skills – neonatal, paediatric, adult
- immediate management of:
 - trauma
 - shock/haemorrhage (including principles of blood transfusion)
 - cardiac emergencies
 - acute abdominal pain
 - acute poisoning
 - obstetric emergencies
 - snake/spider bite
 - collapse
 - electrolyte emergencies
 - severely agitated or violent patient
 - mental health emergencies
 - seriously ill child
- infection control

- musculoskeletal
- dermatology
- acute dental problems
- domestic violence / child abuse
- preventive resources e.g. farm safety
- tele-radiology (where appropriate)
- radiography (where appropriate)

Information and communication skills:

- telephone / video/ radio consultation
- internet
- e- health
- adult learning / presentation skills
- dealing with the media

Organising emergency care:

- team leadership under difficult circumstances
- disaster management/triage
- rural resources / referral agencies
- inter-professional teamwork
- evacuation and transport

Exercising legal and ethical responsibilities:

- confidentiality
- legal responsibilities for reporting
- autopsy guidelines
- report writing
- medical legal issues and coronial requirements

<ul style="list-style-type: none"> • attention deficit disorder (ADD) • growth problems • non-accidental injury • dysfunctional families • resources <p>uncommon but serious</p> <ul style="list-style-type: none"> • type 1 diabetes • cystic fibrosis • epilepsy • chromosomal abnormalities 	<ul style="list-style-type: none"> • social support • rural case management • resources and referral agencies • multidisciplinary teamwork • respite care • social aspects • compliance <p>Non-ambulatory care</p> <ul style="list-style-type: none"> • principles and management of chemotherapy • neurological long term management • palliative care • respite care 	<p>Palliative care</p>
<p>Adolescent Health</p> <p>Developmental</p> <ul style="list-style-type: none"> • normal development • drive for independence - rebellion • communication issues • self-esteem • peer issues • common problems <p>School Issues</p> <ul style="list-style-type: none"> • bullying • truancy • exclusion • learning difficulties <p>Psychosocial</p> <ul style="list-style-type: none"> • psychological issues • risk-taking behaviours • substance abuse • suicidal intention • eating disorders - anorexia, bulimia • chronic illness <p>Sexuality</p> <ul style="list-style-type: none"> • sex issues / relationships • gynaecological problems • STIs / HIV /AIDS • unplanned pregnancy • teenage parenthood • sexual preferences <p>Other</p> <ul style="list-style-type: none"> • sporting injuries • dermatological • orthopaedic 	<ul style="list-style-type: none"> • nutritional guidance • career and employment issues • rural adolescent resources <ul style="list-style-type: none"> • harm minimisation strategies • principles of early intervention • risk screening • identifying suicidal intention <ul style="list-style-type: none"> • socioeconomic status • compliance strategies <ul style="list-style-type: none"> • contraception • safe sex advice 	<p>Primary Prevention</p> <p>Emergency care General medicine</p> <p>Population Health</p>

EMERGENCY CARE

PRESENTING CONDITION/ISSUE	SKILL/APPROACH/PROCEDURE	
Airway / breathing Emergencies <ul style="list-style-type: none"> airway trauma chest trauma pulmonary oedema acute severe asthma pneumothorax airway burns ventilated patients 	<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 	ACUTE Emergency Medicine
Circulatory Emergencies <ul style="list-style-type: none"> dysrhythmias blood products in resuscitation cardiac tamponade heart failure shock 	<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 	ACUTE General Medicine
Toxic emergencies <ul style="list-style-type: none"> drug overdose envenomation complex decontamination techniques 	<ul style="list-style-type: none"> antivenom administration 	ACUTE General Medicine
Metabolic / endocrine <ul style="list-style-type: none"> Addisonian crisis diabetic emergencies hypercalcaemia hypo / hypernatraemia hyperosmolar coma hyper / hypokalaemia 	<ul style="list-style-type: none"> insulin infusion treatment of hyper / Hypocalcaemia coma management 	ACUTE General Medicine
Paediatric <ul style="list-style-type: none"> severe dehydration neonatal asphyxia trauma epiglottitis/croup 	<ul style="list-style-type: none"> intraosseous infusion paediatric advanced life support neonatal resuscitation and stabilisation 	ACUTE
Orthopaedic emergencies <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 	ACUTE

<p><i>Environmental Emergencies</i></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>ACUTE</p>
<p><i>Emergency anaesthesia</i></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>ACUTE</p>
<p><i>Ophthalmology</i></p> <ul style="list-style-type: none"> • glaucoma • eye trauma 	<ul style="list-style-type: none"> • use of slit lamp • tonometry 	<p>ACUTE</p>
<p><i>Psychiatry</i></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>ACUTE</p>
<p><i>Ear Nose and Throat</i></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>ACUTE</p>
<p><i>Wound</i></p> <ul style="list-style-type: none"> • burns • anaesthesia 	<ul style="list-style-type: none"> • wound management and repair • escharotomy 	<p>ACUTE</p>
<p><i>Obstetric</i></p> <ul style="list-style-type: none"> • obstetric emergencies - theory • ante / post partum haemorrhage • pre eclampsia 	<ul style="list-style-type: none"> • emergency delivery 	<p>ACUTE</p>

GENERAL MEDICINE

PRESENTING CONDITION	SKILL/PROCEDURE/APPROACH	THEME/ Cross reference to other areas
<p>Cardiac</p> <ul style="list-style-type: none"> dysrhythmias - acute and chronic CCF infarct - acute coronary care acute and chronic hypertension chronic unstable angina 	<ul style="list-style-type: none"> defibrillation cardioversion external cardiac pacing drug management in rural areas administration of streptokinase and tpa management of polypharmacy (generic skills) post infarct management and rehabilitation 	<p>ACUTE</p> <p>Secondary Prevention</p>
<p>Haematology / Oncology</p> <ul style="list-style-type: none"> haematology thrombocytopenia anaemia polycythemia lymphoma bleeding disorders septicaemia drug toxicology snake/ spider bite / envenomation blood transfusion and complications 	<ul style="list-style-type: none"> administration of chemotherapy and management of side effects palliative care in rural areas (separate section) detection & management of DVT 	<p>CHRONIC</p> <p>Palliative Care</p>
<p>Endocrine / Metabolic</p> <ul style="list-style-type: none"> diabetes and complications Addison's disease thyroid disease electrolyte disturbance hypercalcaemia haemochromatosis gout / hyperuricaemia / osteoporosis 	<ul style="list-style-type: none"> insulin regimens - IV / acute treatment 	<p>CHRONIC</p>
<p>Gastrointestinal</p> <ul style="list-style-type: none"> upper gastrointestinal disease hepatic disease - all types GI bleeding - upper / lower irritable bowel syndrome infections - all types 	<ul style="list-style-type: none"> stoma care insertion of naso gastric tube 	<p>ACUTE</p> <p>CHRONIC</p>

<p>Musculoskeletal</p> <ul style="list-style-type: none"> • rheumatoid arthritis • osteoarthritis • connective tissue disease • myopathies • chronic fatigue syndrome 	<ul style="list-style-type: none"> • joint aspiration / injection M • skin biopsy M • fine needle biopsy op • xray including developing OP 	
<p>Neurological</p> <ul style="list-style-type: none"> • cerebrovascular disease • dementia • Parkinson's disease • demyelinating disease • headache • infections • altered conscious state • epilepsy • vertigo/dizziness • neuropathy 	<ul style="list-style-type: none"> • lumbar puncture • rehabilitation • management of status epilepticus 	<p>CHRONIC</p>
<p>Renal</p> <ul style="list-style-type: none"> • proteinuria • haematuria • obstruction • renal failure -acute and chronic • infections 	<ul style="list-style-type: none"> • rural post-transplant management • suprapubic urethral catheter insertion 	<p>ACUTE</p> <p>CHRONIC</p>
<p>Respiratory</p> <ul style="list-style-type: none"> • asthma • chronic obstructive airways disease • occupational lung disease • interstitial lung disease • malignant lung disease • pulmonary embolus • sleep apnoea • pneumothorax • effusions • infections / opportunistic / TB 	<ul style="list-style-type: none"> • treatment of difficult asthma status asthmaticus • National Asthma Campaign strategies • pleural tap / aspiration • anti-coagulation therapy • insertion of intercostal catheter • intubation and ventilation • appropriate management of sleep apnoea 	<p>ACUTE</p> <p>CHRONIC</p> <p>Emergency care</p>
<p>Dermatology</p> <ul style="list-style-type: none"> • dermatitis/eczema • psoriasis • acne • viral infections • bacterial infections • fungal infections • sun damaged skin • leg ulcers • finger/toe nail disorders 	<ul style="list-style-type: none"> • excision of legions • grafts and flaps • chronic wound care • differentiate between malignant & non-malignancies • differential diagnosis of 'nappy rash' • differential diagnosis of facial rashes • management of paronychia 	<p>ACUTE</p> <p>CHRONIC</p>

<p>MusculoSkeletal</p> <ul style="list-style-type: none"> fractures upper limb conditions lower limb conditions cervical spine lumbar spine joint conditions inflammatory conditions sprains/strains arthritic conditions soft tissue injury 	<p>musculoskeletal examination interpreting medical imaging results</p> <ul style="list-style-type: none"> joint injection pharmacological options management of soft tissue injuries application of plaster casts, splints 	<p>ACUTE</p> <p>CHRONIC</p> <p>Emergency care</p>
<p>Women's Health/Obstetric</p> <ul style="list-style-type: none"> preventive health menstrual problems gynaecological problems contraception sexually transmitted infections menopause sexual dysfunction unplanned pregnancy antenatal care/shared care emergency delivery postnatal care obstetric emergencies neonatal care 	<ul style="list-style-type: none"> education of women re preventive measures: <ul style="list-style-type: none"> breast examination/mamogram regular smears safe sex perform cervical smear perform a pelvic examination knowledge of contraceptives available <ul style="list-style-type: none"> oral mechanical emergency contraception (post coital) management of woman: <ul style="list-style-type: none"> pre-pregnancy antenatal postnatal management of emergency delivery management of obstetric emergencies neonatal resuscitation / post delivery care 	<p>ACUTE</p> <p>CHRONIC</p> <p>Emergency care</p>
<p>Ophthalmology</p> <ul style="list-style-type: none"> ophthalmic emergencies infections herpetic conditions glaucoma foreign bodies cataracts vision impairment 	<ul style="list-style-type: none"> examination of eye use of ophthalmoscope/fundoscopy referral/transfer re eye trauma visual function testing perform slit lamp examination removal of foreign bodies 	<p>ACUTE</p> <p>CHRONIC</p> <p>Emergency care</p>
<p>Gerontology</p> <ul style="list-style-type: none"> cardiovascular disorders neurological disorders musculoskeletal disorders respiratory disorders genitourinary disorders psychiatric disorders residential care 	<ul style="list-style-type: none"> differential diagnosis of diseases in the elderly issues associated with polypharmacy appropriate care planning knowledge of legal responsibilities in regard to the elderly required levels of care for the elderly conduct of home/ residential care visits health promotion/preventive health 	<p>ACUTE</p> <p>CHRONIC</p> <p>Emergency care</p>
<p>Palliative Care</p> <p>Underlying disease process:</p> <ul style="list-style-type: none"> terminal illnesses (e.g. malignancy) neurological degenerative disease organ failure HIV/AIDS <p>Pain management</p>	<ul style="list-style-type: none"> effective communication skills grief processes good pain assessment /management skills good understanding of drugs commonly used in palliative care symptom identification & therapeutic responses sound skills in diagnosing & managing common symptoms of many end-of-life conditions 	<p>CHRONIC</p>

	<ul style="list-style-type: none"> • be aware of services available in the community • be aware of appropriate bereavement support • be familiar with identification & certification of death • legal issues • state legal requirements • provide highest possible quality of life for the patient through the palliative care process 	
--	--	--

POPULATION HEALTH

PRESENTING CONDITION/HEALTH ISSUE	SKILL/PROCEDURE/APPROACH	THEME/ Cross reference to other areas
<p>Health status indicators (local cf. National cf international standards)</p> <ul style="list-style-type: none"> • Demographical profile • Socio-economic status profile • Morbidity/mortality indicators <ul style="list-style-type: none"> - infant rates - life expectancy at birth - age specific rates - disease specific • Nutritional profile • Medical/health service patterns • Psychological health • Developmental health • Physical health • Clinical presentations 	<p>Preventive Medicine</p> <ul style="list-style-type: none"> • principles of surveillance • screening procedures • health education and promotion • community development • resource awareness • establishing programs • epidemiology 	<p>PRIMARY PREVENTION</p>
<p>Public Health</p> <ul style="list-style-type: none"> • immunisation • notifiable diseases • infectious disease outbreaks • environmental issues - location specific • accident prevention – transport, farm, occupational, home 	<ul style="list-style-type: none"> • public health principles • infection control strategies • immunisation programs • public health infrastructure • notifiable diseases - strategies for handling, school exclusion, isolation, etc. • state disease control arrangements • recognising and managing infectious disease outbreaks • environmental issues - location specific – change advocacy • accident prevention programs • principles of adult learning • presentation and education skills 	<p>PRIMARY PREVENTION</p>

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 and local hospital. These learning activities are augmented by experience in other health care services, community agencies and participation in educational workshops, clinical skills laboratories, and other relevant educational activities.

A strong emphasis is placed on self-directed learning under the supervision of accredited rural 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

Staffing

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

1. Rural GP Supervisor.
2. Medical Educator

The rural GP supervisor/mentor provides the candidate with an immediate source of clinical expertise, advice and educational support in the clinical setting. In addition they provide advice about training in the broader context of rural general practice and they act as a professional role model and mentor.

The medical educator 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.

Rural GP Supervisor

The role of the supervisor 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.
- act as GP role model, mentor and support person
- participate in workshops in person or by teleconference

Rural Medical Educator

The role of the medical educator 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
- coordinate the rural emergency medicine workshops
- 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
- ABCD of emergency medicine www.learnem.com.au

Assessment

Assessment should be 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 emergency medicine advanced rural skills training curriculum.

Approved learning plan

The learning plan is developed in consultation with the Advanced Rural Skills GP supervisor. The medical educator is responsible for approving the learning plan and for certifying satisfactory completion based in collaboration with the supervisors.

Feedback – formative

The designated Advanced Rural Skills GP supervisor takes 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.

As a minimum requirement, monthly meetings with supervisors are held to enable regular discussion for formative assessment and feedback purposes.

Major Project

Registrars are required to develop and undertake a major project during their Small Town Rural General Practice placement. The plan must be discussed with both the GP Supervisor and medical educator.

This project must be relevant to the context of their general practice environment.

The project may involve activities to:

- Improve community health
- Organise an interactive community session e.g. exercise, health eating
- Encourage safe farming practices
- Occupational Health & Safety with a local industry/factory
- Healthy lifestyle talk with school children
- undertake a small group activity
- clinical audit e.g. radiology in rural practice

Evidence of major project to be included in FARGP portfolio.

Completed learning portfolio

A learning portfolio is to be maintained and updated on a regular basis. The portfolio must include evidence of completion of required learning and assessment activities plus a log of interesting cases and their management including therapeutic and diagnostic procedures performed by the candidate and other learning activities undertaken. The portfolio is maintained throughout the duration of the attachment and is regularly reviewed by supervisors. 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.

Candidates must successfully complete at least one of:

- EMST course
- CEMP
- ELS
- ACLS
- APLS
- REST

It is considered desirable for these courses to be undertaken prior to, or in the early part of the advanced rural skills training attachment.

Undertake other courses or conferences with the prior approval of the medical educator , e.g.

CRISP

ALSO

Case histories

Two written case studies (of approx 1,000 words) must be presented by the completion of each 6 month term. These can be in written format, as case commentaries, as an article for submission to a journal for publication, or as a piece of work of equivalent rigour subject to the prior agreement of the medical educator/training advisor.

Reports

Rural GP Supervisor 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 in the meeting the learning objectives of the Small Town curriculum 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

Australian Resuscitation Council. *Australian Resuscitation Council BLS and ALS Guidelines: 2006* Available from URL: www.resus.org.au/

BJM Advanced Life Support Group. *Advanced paediatric life support – the practical approach*. 4th edition. London: BMJ Books. 2005.

Brown A. *Emergency Medicine Diagnosis and Management*. 2nd edition. Sydney: Butterworth-Heinemann Sydney. 2001.

Cameron P et al (eds) *Textbook of Adult Emergency Medicine*. 2nd edition. Edinburgh: Churchill Livingstone. 2004

Cameron P et al (eds). *Textbook of Paediatric Emergency medicine*. Edinburgh. Churchill Livingstone. 2006

Electronic Therapeutic Guidelines complete (eTG complete) Therapeutic Guidelines Ltd. 2008. www.tg.com.au

Gilligan JE. Transport of the Critically Ill. In : Bersten AD, Soni N. Oh's Intensive Care Manual. 5th edition. Sydney : Butterworths, 2003

Marx J, Hockberger R. Walls R. *Rosen's Emergency Medicine: Concepts and Clinical Practice*. 6th ed. St Louis, No. ; London: Mosby. 2006

McRae R. *Practical fracture treatment*. 5th edition. Edinburgh; New York: Churchill Livingstone. 2008

Murtagh J. *Practice Tips*. 5th edition. North Ryde, NSW : McGraw Hill. 2008.

Paxton G and Munro J. *Paediatric Handbook*. 7th edition. Royal Childrens Hospital, Melbourne. Melbourne : Blackwell Publishers. 2003.

Rabinowitz HK. *Caring for the country : family doctors in small rural towns*. New York : Springer. c2004.

Roberts JR and Hedges JR (Eds). *Clinical Procedures in Emergency Medicine* 4th edition. Saunders. 2004

Stone CK (Eds). *Current Emergency Diagnosis and Treatment* 6th edition. New York: Lange Medical Books/McGraw-Hill. 2007.

Stuart P. *ABCDs of Emergency Medicine*. 5th edition. North East Print and Copy Centre. 2007

Sutherland SK, Tibballs J. *Australian Animal Toxins: The creatures, their toxins and care of the poisoned patient*. 2nd edition. Melbourne: Oxford University Press 2001 also online resource e.g.: <http://www.toxinology.com/> good search site for poisonous and toxic plants and animals

Wyatt JP et al (eds). *Oxford handbook of Emergency Medicine* 3rd edition. Oxford University Press. 2006.

Useful links

<http://www.racgp.org.au/rural/manualofruralpractice>

Acknowledgements

The Royal Australian College of General Practitioners Training Program would like to thank the following individuals / groups for their time, energy and expertise in the review and re-development of this curriculum statement. In *alphabetical* order:

Working party

- Dr Peter Stevens, Heyfield Medical Centre
- Dr Lucie Stanford, Berry Medical Centre, NSW...
- Dr James Brown, Director of Training, getGP
- Dr Peter Clements, Sturt Fleurieu GP Education Training
- Dr Mike Eaton, WAGPET
- Di Schaefer (Rural Education Manager)
- June Field (Rural Education Administration Officer)
- Dr Rod Wellard, Consultant.