



The Royal Australian  
College of General  
Practitioners



**National Rural Faculty**

The Royal Australian College  
of General Practitioners

# Emergency Medicine

## Advanced Rural Skills Curriculum Statement

**May 2010**

*Version 1*

## CONTENTS

Glossary .....	iii
Introduction.....	4
Definition of rural practice.....	4
Vocational training.....	4
Award of the FARGP .....	4
Prerequisite / assumed prior experience .....	5
Duration.....	5
Emergency Medicine Curriculum Rationale.....	5
Learning objectives .....	6
Emergency Medicine Curriculum Content .....	9
Teaching / supervision approaches.....	16
Staffing .....	17
Training resources.....	18
Assessment.....	18
Recommended texts and references.....	20
Acknowledgements .....	21
Attachment 1 The RACGP Core Curriculum Statements.....	22
Attachment 2 Essential Procedures for Rural GPs.....	23

## 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
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
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
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.

## **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 National Rural Faculty 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 Training (ARST) posts 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 FARGP curriculum modules
- develop an approved learning plan
- maintain a learning portfolio of education and training activities undertaken.

ARST in Emergency Medicine 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 emergency medicine is open to general practice registrars in vocational training and experienced general practitioners wishing to further develop their knowledge and skills.

The main prerequisite is that the candidate has had a minimum of 3 months full-time experience in a rural general practice or in an emergency department in their intern or post intern years.

## **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.

## **Emergency Medicine Curriculum Rationale**

This advanced rural skills curriculum statement in emergency medicine has been developed in response to the identified training needs of existing or potential rural general practitioners and the needs of rural communities for GPs with advanced skills. Emergency medicine is one of the most important areas of need in this regard.

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

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

Developing skills in emergency medicine is seen as an essential element of the general practice training program. In addition, rural GPs may require advanced skills, consequently this curriculum in advanced rural skills for emergency medicine is available to address this need.

## **Learning objectives**

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

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

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 deal effectively with Emergency Medicine in rural general practice.

## **Communication skills and the patient—doctor relationship**

The candidate will be able to:

- develop good listening skills and communicate empathically with patients, relatives and others in an emergency situation
- develop skills and knowledge in remote radio and telephone consultation, video and on-line consultation
- recognise stress and grief symptoms in staff, patients, their relatives and friends, and provide empathic and culturally appropriate support and follow-up
- clearly outline the indicators for, and the process of, critical incident stress debriefing and referral procedures.

## **Applied professional knowledge and skills**

The candidate will be able to:

- work effectively as part of a multidisciplinary rural team in the emergency and intensive management of seriously ill patients
- develop the clinical skills required to competently manage emergency care of patients in rural and remote practice and implement a disaster management plan
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within their own limitations
- understand and utilise the extended role of other health practitioners in rural areas
- understand and effectively utilise emergency medical systems
- take X-rays using tele-radiology facilities where necessary
- understand the principles of blood transfusion and cross-matching
- demonstrate a sound knowledge of toxicology and toxinology

- apply the principles and procedures of effective infection control
- maintain current skills in the early management of severe trauma.

### **Population health and the context of general practice**

The candidate will be able to:

- understand the limitations of resources in rural general practice and manage emergency care, at times through improvisation
- demonstrate an understanding of the social and cultural influences on health care and the differing values and priorities of people in rural and remote areas
- demonstrate an awareness of how social and cultural issues can impact upon the decision of the rural GP to treat a patient locally or refer on
- assess the influence of changing environmental conditions and disease patterns for rural communities and the potential impact of pandemics
- demonstrate awareness of the medical practitioner's role in relation to public health issues in the community including pandemics and disaster management
- understand and utilise relevant protocols and guidelines for emergency care, and where necessary participate in development of these guidelines.

### **Professional and ethical role**

The candidate will be able to:

- outline the protocols for media involvement in emergency and disaster situations
- demonstrate an understanding of the particular need for, and difficulties in, maintaining confidentiality in small communities
- conduct educational sessions for rural health staff and rural people about safe working practices and relevant emergency procedures
- develop a commitment to self-directed learning sufficient to provide high quality emergency care in rural areas
- develop the appropriate skills for self-care
- maintain ethical responsibilities to patients and colleagues.

### **Organisational and legal dimensions**

The candidate will be able to:

- demonstrate professionally acceptable standards of documentation and report writing skills necessary in emergency care of patients
- demonstrate understanding of the importance and appropriateness of consent for procedures in emergency care

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

## Emergency Medicine Curriculum Content

The way in which the Emergency Medicine ARST curriculum content extends the core curriculum is depicted in the following table. The table includes the most relevant RACGP core curriculum areas with an outline of the way in which the Emergency Medicine curriculum statement extends the depth and breadth of knowledge and skills in each area. A full list of RACGP Curriculum Statements is included as an attachment for reference through hyperlinks. In addition, the Essential Procedures for Rural GPs list is included as Attachment 3 as many of these are relevant for Emergency Medicine.

<b>Emergency Medicine</b>	
<b>Relevant Curriculum Areas</b> (extracted from RACGP core curriculum)	<b>Major Focus of ARST Advanced Knowledge/Competencies</b> (Outcomes expected from this particular ARST)
Aboriginal health (in development)	An important at risk group for emergency care requiring special understanding in management. There is a need for advanced skills in: Culturally sensitive communication Accident and trauma management Drug and alcohol over-dose Management of effects of child abuse, domestic violence Management of poisoning and envenomation
<a href="#">Aged care</a>	People in older age groups in rural communities often require emergency care. Required advanced skills include management of: cardio-vascular emergencies acute respiratory conditions falls, sprains and fractures
<a href="#">Children's and young people's health</a>	Children and adolescents, particularly in rural communities are at risk because of environmental and behavioural factors and special understanding and communication skills are needed in management. This results in increased need for advanced skills in management of: Serious medical conditions in infancy Serious respiratory conditions Burns, scalding Poisoning, snake, spider bites Severe sunburn, dehydration Musculo-skeletal injuries – sprains, fractures, breaks Drug and alcohol overdose Road traffic accident injuries Farm accidents  Additionally GPs must address consent issues in an emergency if there is no accompanying parent/guardian.
<a href="#">Men's health</a>	Men visit the doctor far less frequently than women and this has been linked to men's shorter life expectancy. Among younger working age males (aged 25–44 years), the leading single cause of death for males aged 25–44 years is intentional self harm, followed by transport accidents. Other leading causes of death among males include injury (e.g. suicide and poisoning) and unhealthy behaviours such as smoking, illicit drug taking and excessive alcohol consumption. Men are more likely to suffer serious injury arising from environmental and behavioural factors in rural areas. This requires advanced skills in the emergency management of: Musculo-skeletal injuries – sprains, fractures, breaks Drug and alcohol overdose Road traffic accident injuries Farm accidents

<u>Rural general practice</u>	Higher morbidity and mortality rates in regional and remote areas are due to coronary heart disease and other circulatory diseases, chronic obstructive pulmonary disease, motor vehicle accidents, diabetes, suicide, other injuries and some cancers such as lung cancer perhaps reflecting differences in access to services, risk factors and the regional/remote environment. Rural GPs are more likely to: provide in-hospital care as well as private consulting room care; provide after hours services; engage in clinical procedures; and provide emergency care.
<u>Women's health</u>	Women are most likely to require emergency care in the areas of: Child birth difficulties Injury from domestic violence Sexual abuse
<b>Presentations</b>	
<u>Acute and serious illness</u>	<p>This is the foundation core curriculum statement upon which this ARST is based. (see Attachment 2). Reference should also be made to the Essential Procedures List for Rural GPs (see Attachment 3). Acute serious illnesses and traumatic injuries in general practice are conditions that require urgent care to relieve suffering. The core skills required for the competent GP management of acute serious illness and trauma presentations are similar to those required to manage emergency department presentations, including major trauma. Acute serious illnesses and trauma can:</p> <ul style="list-style-type: none"> <li>• occur in patients of any age and the treatment response can be strongly influenced by the environmental circumstance.</li> <li>• Involve multiple body systems including cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, immune system, dermatological and metabolic conditions.</li> <li>• be classed into groups such as paediatric, obstetric, gynaecology, orthopaedic, surgical, general medical, psychiatric, etc</li> <li>• be divided according to the causes, e.g. road trauma, environmental, toxicological, envenomation, assaults and occupational injuries.</li> </ul> <p>Rural GPs are frequently called to provide emergency care in the community context or as GP proceduralists in rural hospital emergency departments. Consequently they need to maintain skill levels for the management of rare life threatening conditions, as well as for the more common conditions that present to general practice. Rural GPs require emergency management skills:</p> <ul style="list-style-type: none"> <li>• Due to the higher incidence of farming, mining, industrial and motor vehicle accidents and greater access to firearms in isolated areas</li> <li>• Due to reduced access to specialist services, and the logistic and geographic difficulties of evacuating seriously ill patients.</li> <li>• For early recognition of warning signs, early investigation and treatment to prevent deterioration into more serious and life threatening conditions.</li> <li>• For minor trauma such as musculoskeletal injuries and lacerations which can be managed in general practice.</li> <li>• For major trauma treated in rural hospital emergency departments staffed by GPs</li> <li>• For stabilization, transfer and admission of acutely ill patients to an acute care setting.</li> <li>• To provide handover and continuity of care for seriously ill patients</li> <li>• To provide clear instructions and leadership to staff in emergency situations To ensure personal safety issues are addressed</li> <li>• To deal with medico-legal and ethical decisions in the acute care setting</li> <li>• To prioritise patients according to treatment urgency</li> <li>• To provide after hours emergency care, including telephone triage</li> <li>• To ensure that they have self care strategies in place to prevent and manage work related stress.</li> </ul>

	Acute serious illnesses and trauma can occur in any medical specialty area, although there is a common set of management skills required in managing any emergency situation.
<u>Drug and alcohol</u>	Alcohol and tobacco, are the two greatest causes of preventable disease and death in this country. These causes include lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease from tobacco, while alcohol contributes to various cancers, alcoholic liver cirrhosis and road injuries. The rural GP requires skills in the emergency management of: Trauma associated with alcohol and drug use Drug overdose
<u>Pain management</u>	The management of acute pain associated with physical trauma is a vital part of emergency care. The rural GP requires skills in: Identification and assessment of pain Pharmacological & non-pharmacological means of pain control Anaesthesia
<u>Occupational health and safety</u>	Occupational accidents are responsible for many injuries in the workforce and the incidence of accidents in the rural workforce is higher than urban areas. In addition to their broader role in prevention of occupational injuries and promotion of safe practices, the Rural GPs are often the first to be called on to respond in workplace emergencies. The rural GP requires skills in:  CPR Managing ill-effects of exposure to noxious substances Dealing with musculo-skeletal injuries Medico-legal issues
<u>Sports medicine</u>	Competitive sport holds a prominent place in the Australian psyche and this is particularly true in rural communities. Whether in community clinics or rural hospital emergency departments rural GPs deal with patients first presenting with acute sporting injuries. Therefore skills in the assessment and management of sporting injuries are an essential part of the rural GP skill set.

This curriculum statement assumes that through their previous experience and training, candidates have already developed diagnostic skills for the management of acute and traumatic conditions. Consequently the content of the curriculum focuses on the more complicated management of conditions in the rural context.

### **Essential Generic Skills for Rural GPs in Emergency Medicine**

Under the domains of general practice, there are a range of additional essential generic skill areas rural GPs should possess to practice effectively in Emergency Medicine:

#### ***Communication skills and the patient—doctor relationship***

- telephone / radio consultation

#### ***Applied professional knowledge and skills***

- Basic skill sets:
  - principles of blood transfusion
  - infection control
  - resuscitation skills
  - tele-radiology (where appropriate)
  - radiography (where appropriate)

Skills required for Emergency Management in Specific Situations  
(See detailed listing in the table below).

### ***Population health and the context of general practice***

- public health protocols and guidelines for emergency care
- preventive resources e.g. farm safe

### ***Professional and ethical role***

- Self Care:
  - self health
  - doctor safety
  - critical incident stress debriefing
  - stress management
- Information and communication skills:
  - adult learning / presentation skills
  - dealing with the media

### ***Organisational and legal dimensions***

- Organising emergency care:
  - team leadership under difficult circumstances
  - disaster management/triage
  - rural resources / referral agencies
  - multidisciplinary teamwork
  - evacuation and transport
- Exercising legal and ethical responsibilities:
  - confidentiality
  - legal responsibilities for reporting
  - autopsy guidelines
  - report writing
  - medical legal issues and coronial requirements

### **Skills required for Emergency Management in Specific Situations**

*(this is a non-exhaustive list of emergencies that rural GP's may encounter)*

<b>Self Assessment of Management of Specific Emergencies</b>	<b>Self Assessment of Management of Specific Clinical Skills</b>
<p><b>Airway / breathing emergencies</b></p> <ul style="list-style-type: none"> <li>• airway trauma</li> <li>• chest trauma</li> <li>• pulmonary oedema</li> <li>• acute severe asthma</li> <li>• tension pneumothorax</li> <li>• airway burns</li> <li>• anaphylaxis</li> <li>• ventilated patients</li> </ul>	<ul style="list-style-type: none"> <li>• anatomical manoeuvres to open airway</li> <li>• emergency intubation</li> <li>• capnometry</li> <li>• bag mask ventilation</li> <li>• laryngeal mask airway use</li> <li>• nasotracheal intubation</li> <li>• rapid sequence induction for intubation</li> <li>• diagnosis &amp; management</li> <li>• failed intubation drill</li> </ul>

<b>Self Assessment of Management of Specific Emergencies</b>	<b>Self Assessment of Management of Specific Clinical Skills</b>
<ul style="list-style-type: none"> <li>• airway obstruction/foreign body</li> <li>• asthma</li> <li>• epiglottitis</li> <li>• pulmonary embolus</li> </ul>	<ul style="list-style-type: none"> <li>• mechanical ventilation</li> <li>• insertion of intercostal catheter</li> <li>• needle cricothyroidotomy</li> <li>• jet insufflation</li> </ul>
<p><b>Circulatory Emergencies</b></p> <ul style="list-style-type: none"> <li>• cardiac dysrhythmias</li> <li>• blood products in resuscitation</li> <li>• cardiac tamponade</li> <li>• heart failure</li> <li>• shock</li> <li>• management of chest pain</li> <li>• acute myocardial infarction</li> <li>• unstable angina</li> <li>• cardiac arrest</li> </ul>	<ul style="list-style-type: none"> <li>• defibrillation</li> <li>• cardioversion</li> <li>• administration of thrombolytic therapy</li> <li>• administration of inotropes</li> <li>• needle pericardiocentesis</li> <li>• venous cutdown</li> <li>• arterial line insertion</li> <li>• central venous catheter insertion</li> <li>• external cardiac pacing</li> <li>• arrest dysrhythmias</li> <li>• advanced life support algorithm</li> <li>• post resuscitation management</li> <li>• terminating resuscitation</li> </ul>
<p><b>Trauma</b></p> <ul style="list-style-type: none"> <li>• assessment</li> <li>• resuscitation phase</li> <li>• chest injury: <ul style="list-style-type: none"> <li>• tension pneumothorax</li> <li>• penetrating trauma</li> <li>• haemothorax</li> <li>• flail chest</li> </ul> </li> <li>• shock</li> <li>• abdominal injury</li> <li>• penetrating abdominal trauma</li> <li>• pelvic injury</li> </ul>	<ul style="list-style-type: none"> <li>• resuscitation management</li> <li>• history taking</li> <li>• physical examination</li> <li>• bloods / urinalysis</li> <li>• trauma x-rays</li>   <li>• management of shock</li> <li>• management of pain in trauma</li> </ul>
<ul style="list-style-type: none"> <li>• spinal injury</li> <li>• head trauma</li> </ul>	
<p><b>Toxicology / Environmental</b></p> <ul style="list-style-type: none"> <li>• drug/alcohol overdose</li> <li>• Paracetamol poisoning</li> <li>• snake bite</li> <li>• spider bite</li> <li>• carbon monoxide exposure</li> <li>• heat stroke</li> <li>• barotrauma</li> <li>• electrical injury</li> <li>• smoke/gas inhalation</li> <li>• hyper/hypothermia</li> <li>• near drowning</li> </ul>	<ul style="list-style-type: none"> <li>• whole blood clotting time test</li> <li>• use of venom detection kit</li> <li>• administration of antivenom</li> <li>• decontamination techniques</li> <li>• administration of activated charcoal</li> <li>• re-warming techniques</li> <li>• body cooling techniques</li> <li>• temperature monitoring</li> </ul>

<b>Self Assessment of Management of Specific Emergencies</b>	<b>Self Assessment of Management of Specific Clinical Skills</b>
<p><b>Medical Emergencies</b></p> <ul style="list-style-type: none"> <li>• Collapse</li> <li>• Anaphylaxis</li> <li>• Dizziness &amp; Vertigo</li> <li>• Addisonian crisis</li> <li>• Diabetic emergencies</li> <li>• Hypocalcaemia</li> <li>• Hypo / hypernatraemia</li> <li>• Hyper / hypokalaemia</li> <li>• Hyperosmolar coma</li> </ul>	<ul style="list-style-type: none"> <li>• The “ABCD” approach to Collapse</li> <li>• Diagnosis &amp; immediate management</li> <li>• Diagnosis/symptomatic management</li> <li>• insulin infusion</li> <li>• management of hyper/hypoglycaemia</li> <li>• coma management</li> <li>• management of hyper / hypokalaemia</li> <li>• Management of hypo / hypernatraemia</li> </ul>
<p><b>Orthopaedic emergencies</b></p> <ul style="list-style-type: none"> <li>• fractures</li> <li>• dislocations</li> <li>• compartment syndrome</li> <li>• spinal injuries</li> </ul>	<ul style="list-style-type: none"> <li>• fracture reduction &amp; stabilisation</li> <li>• reduction of dislocations</li> <li>• compartment pressure management</li> <li>• spinal immobilization</li> </ul>
<p><b>Paediatric / Neonatal</b></p> <ul style="list-style-type: none"> <li>• severe dehydration</li> <li>• neonatal asphyxia</li> <li>• the febrile child</li> <li>• trauma</li> <li>• upper airway</li> <li>• obstruction</li> <li>• respiratory distress</li> <li>• croup</li> </ul>	<ul style="list-style-type: none"> <li>• fluid replacement calculation</li> <li>• intraosseous infusion</li> <li>• paediatric advanced life support</li> <li>• neonatal resuscitation and stabilization</li> <li>• appropriate doses &amp; equipment size</li> <li>• sudden Infant Death Syndrome</li> <li>• appropriate warming techniques</li> <li>• immediate management</li> </ul>
<ul style="list-style-type: none"> <li>• epiglottitis</li> <li>• the fitting child</li> <li>• severe asthmatic attack</li> <li>• paediatric meningitis</li> <li>• child abuse</li> </ul>	<ul style="list-style-type: none"> <li>• immediate control of seizure</li> <li>• immediate management</li> <li>• diagnosis / management</li> <li>• reporting of child abuse</li> </ul>
<p><b>Emergency Anaesthesia / Analgesia</b></p> <ul style="list-style-type: none"> <li>• management of acute pain</li> <li>• Procedural sedation</li> <li>• regional anaesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• pharmacology of analgesic agents</li> <li>• choice of appropriate agents</li> <li>• regional nerve blocks</li> </ul>
<p><b>Wounds / Burns</b></p> <ul style="list-style-type: none"> <li>• anaesthesia / sedation</li> <li>• wound management</li> <li>• management of burns</li> </ul>	<ul style="list-style-type: none"> <li>• choice of appropriate agents</li> <li>• wound cleaning</li> <li>• debridement</li> <li>• choice of suture material</li> <li>• wound closure</li> <li>• subsequent management</li> <li>• primary assessment / resuscitation</li> <li>• initial burn management</li> <li>• assessment of burns</li> <li>• burn preparation / dressing</li> </ul>

Self Assessment of Management of Specific Emergencies	Self Assessment of Management of Specific Clinical Skills
	<ul style="list-style-type: none"> <li>• subsequent management</li> </ul>
<b>Ophthalmology</b> <ul style="list-style-type: none"> <li>• glaucoma</li> <li>• trauma</li> <li>• corneal abrasion</li> <li>• foreign body</li> <li>• flash burn</li> <li>• chemical burns</li> <li>• eyelid laceration</li> <li>• penetrating trauma</li> </ul>	<ul style="list-style-type: none"> <li>• immediate management</li> <li>• removal of foreign body</li> <li>• management of ocular trauma</li> </ul>
<b>Ear Nose and Throat / Dental</b> <ul style="list-style-type: none"> <li>• epistaxis</li> <li>• foreign bodies</li> <li>• dental</li> </ul>	<ul style="list-style-type: none"> <li>• insertion of nasal pack</li> <li>• removal of nasal / aural foreign bodies</li> <li>• tooth preservation techniques</li> </ul>
<b>Mental Health</b> <ul style="list-style-type: none"> <li>• Violent or Agitated patient</li> <li>• acute psychosis</li> <li>• suicidal patient</li> </ul>	<ul style="list-style-type: none"> <li>• counselling skills</li> <li>• immediate management</li> <li>• use of chemical &amp; physical restraint</li> </ul>
	<ul style="list-style-type: none"> <li>• techniques for handling violent / aggressive patients</li> <li>• mental state examination</li> <li>• risk assessment tool</li> <li>• crisis management of families</li> <li>• scheduling procedures</li> </ul>
<b>Obstetric</b> <ul style="list-style-type: none"> <li>• obstetric emergencies - theory</li> <li>• ante / post partum haemorrhage</li> <li>• pre eclampsia</li> <li>• first trimester bleeding</li> <li>• ectopic pregnancy</li> <li>• preterm labour</li> </ul>	<ul style="list-style-type: none"> <li>• emergency delivery</li> <li>• neonatal resuscitation / immediate care</li> <li>• principles of management</li> </ul>
<b>Domestic Violence</b> <ul style="list-style-type: none"> <li>• what is domestic violence</li> <li>• medical consequences of domestic abuse</li> <li>• the cycle of violence</li> <li>• prevention</li> </ul>	<ul style="list-style-type: none"> <li>• detection</li> <li>• principles of management</li> <li>• referral services</li> </ul>
<b>Rural Specific</b> <ul style="list-style-type: none"> <li>• Disasters <ul style="list-style-type: none"> <li>• Multiple casualties</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• dealing with the media</li> </ul>



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, e.g. REST
- 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
- candidates are encouraged to develop their own teaching skills through teaching junior medical staff and medical students

## **Staffing**

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

1. The Emergency Medicine 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.

### **Emergency Medicine Specialist Clinical Supervisor**

The role of the emergency medicine clinical specialist 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.

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

The role of the rural GP supervisor 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
- 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](http://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 to be 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 this 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 is responsible for approving the learning plan.

- **Feedback – formative**

The designated rural general practitioner and specialist supervisors take responsibility for providing direct feedback to the candidates on their progress and performance during training.

Feedback will occur during regular weekly discussions, and include a review of diary content.

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

- **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 – Emergency management of Severe Trauma  
CEMP – Clinical Emergency management Program  
ELS - Emergency Life Support  
APLS - Advanced Paediatric Life Support  
REST - Rural Emergency Skills Training

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.

- CCrISP – Care of Critically Ill Surgical Patient
- ALSO - Advanced Life Support Obstetrics

- **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 Australian College of Emergency Medicine 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 emergency medicine 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.

- **Completed learning portfolio**

A learning portfolio is to be maintained and updated on a regular basis. 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. As such the portfolio must include evidence of completion of required learning and assessment activities plus a log of cases and procedures and other learning activities undertaken. The portfolio is maintained throughout the duration of the term and is to be 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.

## Recommended texts and references

Aviation Medicine and the Transportation of Patients: Clinical Resource:

<http://www.flyingdoctor.net/Aviation-Medicine---Transportation-of-Patients.html>

Bersten AD, Soni N. Oh's Intensive Care Manual 5<sup>th</sup> edition. Edinburgh: Butterworth-Heinemann. 2003

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

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Harding RM and Mills FJ. Aviation Medicine. 5<sup>th</sup> edition. Oxford; Butterworth - Heinemann. 2002.

Hurd WW, Jernigan JG Aeromedical Evacuation & Management of Acute and Stabilized Patients. Springer 2002.

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

McRae R. Practical fracture treatment. 5<sup>th</sup> edition. Edinburgh; New York: Churchill Livingstone. 2008

Murray L et al. Toxicology Handbook. Sydney : Elsevier. 2007

Murtagh J. Practice Tips. 5<sup>th</sup> edition. North Ryde, NSW : McGraw Hill. 2008.

Nicholson DA and Driscoll PA. ABC of Emergency Radiology. 2<sup>nd</sup> edition. London : BM J Books. 2007.

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

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

Stuart P. ABCDs of Emergency Medicine. 5<sup>th</sup> 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. 2<sup>nd</sup> edition. Melbourne: Oxford University Press 2001 also online resource eg: <http://www.toxinology.com/> good search site for poisonous and toxic plants and animals

Sutherland SK, Tibballs J. Management of snake bites in Australia and PNG  
<http://www.flyingdoctor.net/ignitionSuite/uploads/docs/snakebite.pdf>

Text book of Adult Emergency Medicine 2<sup>nd</sup> Edition.  
Edited by: P. Cameron, G. Jelnic, A.M. Kelly, L. Murray, A. Brown, J. Heyworth

Text book of Paediatric Emergency Medicine.  
Edited by: P Cameron, G. Jelineic, F. Everitt, G. Brown, J. Raftos

The SCUBA section of the Curtin University Physiotherapy Department's website:  
<http://physiotherapy.curtin.edu.au/resources/educational-resources/expphys/00/scuba.cfm#physics>

Wyatt JP et al (eds). Oxford handbook of Emergency Medicine 3<sup>rd</sup> edition. Oxford University Press. 2006.

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# Attachment 1

## The RACGP Core Curriculum Statements

### Discipline of General Practice

[Common learning objectives](#)  
[Philosophy and foundation of general practice](#)

### People and their populations

Aboriginal health (in development)  
[Aged care](#)  
[Children's and young people's health](#)  
[Disability](#)  
[Doctor's health](#)  
[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](#)

## Attachment 2

### Essential Procedures for Rural GPs

Adult sedation
Application of a walking heel plaster
Arterial blood sampling
Aspiration of a joint
Assessment of hydration status
Avulsion of a toenail
Bag to mask ventilation
Bier's block
Blood transfusion
Breast examination
Burn dressings
Cardiopulmonary resuscitation of a child
Cautery
Central vein cannulation
Cervical smear
Chalazion curettage
Child – reduction of joint dislocation
Child sedation
Collect and prepare : blood cultures
Collect and prepare : fungal scraping
Collect and prepare : post-nasal swab
Collect and prepare : throat swab
Collect and prepare : urine, faeces and sputum specimens
Collect and prepare : wound swab
Collection of pathological specimens for diagnosis of gynaecological infections
Collection of specimens from both sexes for diagnosis of sexually transmitted diseases
Contraception advice and procedures
Correct application of dressings and bandages
CPAP / BIPAP
Cryotherapy
Curettage
Cut down venous access
Defibrillation
Digital nerve block
Drainage perianal abscess
Drainage of thrombosed external haemorrhoid
Drug treatment for cardiac arrest
Dry needling
Ear toilet
Emergency cricothyroidotomy
Emergency sedation of the acutely psychotic patient
Emergency use of mechanical ventilators
Emergency treatment of tension pneumothorax
Endotracheal intubation
Endotracheal intubation (child)
Examination of pregnant abdomen
Examination of the nares with a nasal speculum
Excision of skin lesions
External cardiac massage
Eyelid eversion
Femoral nerve block

Flap repairs
Fluorescein staining of the cornea
Gastric lavage
Glasgow coma scale assessment
Hearing assessment
Immediate management of acute pulmonary oedema
Immediate management of avulsed / luxated tooth
Incision and drainage of a superficial abscess
Ingrown toenail surgery
Injection – soft tissue
Injection - joint
Injection – trigger points
Insertion of ‘wick’ into ear canal
Insertion of an in-dwelling catheter
Insertion of Intercostal catheter including child
Insertion of an intravenous line including IV cutdown
Insertion of an Oropharyngeal airway
Instruction for the use of : home oxygen
Instruction for the use of : metered aerosols
Instruction for the use of : nebulisers
Instruction for the use of : spacers
Instruction for the use of : spinhalers
Intercostal – regional nerve block
Intraosseous access
Intravenous access including child
Intubation – neonatal
Irrigation of eye
Jet insufflation
Laryngeal mask
Local wound infiltration with anaesthetic
Lumbar puncture
Management of generalized seizures
Manipulation
Measurement of raised intra-ocular pressure
Medication delivery devices including child
Mouth to mask ventilation
Nasogastric tube insertion – child
Nasal packing for epistaxis
Nebulisation therapy – child
Nitrous oxide (as analgesia) administration
Obstetric ultrasound
Ophthalmic examination including Ophthalmoscope and Slit Lamp
Orogastric tube insertion
Oropharyngeal airway
Oxygen concentrators
Oxygen saturation monitoring
Pericardiocentesis
Plaster application
Pleural tap / drainage
Protoscopy / sigmoidoscopy
Punch biopsy
Rapid sequence induction
Rebreathing mask
Recognition and management of : atrial flutter
Recognition and management of : paroxysmal atrial tachycardia
Recognition and management of : sinus bradycardia
Recognition and management of : the seriously ill child
Recognition and management of : ventricular fibrillation
Recording and interpreting peak flow measures

Reduction of dislocated finger
Reduction of fracture – adult and child
Reduction tension pneumothorax
Regional nerve block
Removal of corneal foreign body
Removal of foreign body (eg : splinters, ticks) including child
Removal of IUCD
Removal of plaster / fiberglass splint
Removal of simple benign tumours / cysts (eg : sebaceous cyst, lipoma)
Removal of superficial corneal foreign bodies
Repair of lacerations including child
Resuscitation
Resuscitation of acute anaphylaxis
Resuscitation of hypoglycaemic shock
Set up and record 12-lead ECG
Shave biopsy
Sigmoidoscopy
Skin graft repair
Spacer device use – child
Spirometry and peak flow measurement including child
Splinting / plastering common fractures
Splints, small (eg : finger)
Stabilization of injured spine
Strap a 'sprained' ankle
Staining with fluorescein
Suprapubic aspiration – child
Suprapubic catheterisation
Suture deep laceration, including subcutaneous suture
Suture lacerations of face and scalp
Suture simple laceration
Synchronized DC cardio version including child
Syringe external auditory canal
Therapeutic ultrasound / TENS
Thoracocentesis including child
Thrombolytic therapy
Topical anaesthesia
Umbilical catheter
Urethral catheterization – child
Urethral catheterization - female
Urethral catheterization - male
Vaccination of infants and children
Venipuncture
Venom detection kit use
Venous blood sampling - child
Visual acuity and field testing
Visual testing (Ishihara)
Wound debridement
Wound dressings