



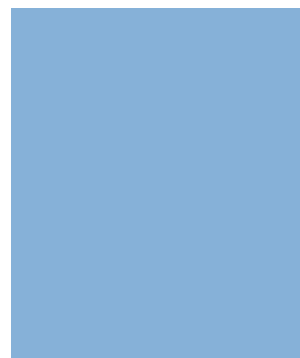
RACGP



National Rural
Faculty

Fellowship in Advanced Rural General Practice

Curriculum for palliative care logbook



Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Guidelines for use

The Fellowship in Advanced Rural General Practice (FARGP) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP).

A core component of the FARGP is the completion of 12 months of Advanced Rural Skills Training (ARST) in an accredited training post.

This logbook must be maintained by all ARST candidates for the full 12 months of training in order to demonstrate completion of all assessment items of the ARST palliative care curriculum.

The logbook must record all of the activities outlined in the 'Assessment' section of the ARST palliative care curriculum.

Logbook sections

Section A: Personal and training post details

Section B: Palliative care patients' logbook

Section C: Record of specific palliative care activities

Section D: Case studies

Section E: Supervisor statement of completion

Section F: Notes

Training requirements

ARST in palliative care requires registrars and practising general practitioners (GPs) to complete 12 months full-time equivalent (FTE) in an accredited training post with a specialist palliative care unit. The 12-month training period will include a minimum:

- six months (FTE) in a hospital or hospice setting
- six months (FTE) in the same hospital or hospice setting, a different hospice or hospital setting, a community-based palliative care unit, or a general practice or primary care environment that has GPs providing palliative medicine services.

The specialist palliative care unit will include time spent working in all of the following:

- hospice or specialist inpatient palliative care unit
- community palliative care service
- general hospital consultative service.

Work performed in a specialist oncology (medical and radiation) unit is also highly desirable.

Supervision

The training post must be under the supervision of a:

- palliative care physician who is a Fellow of the Royal Australasian College of Physicians (FRACP) or a Fellow of the Australasian Chapter of Palliative Medicine (FACHPM)
- rural GP supervisor or mentor
- medical educator.

Section A

Personal and training post details

Please complete all training post details. Note that the training can be completed as one 12-month (FTE) block in the same specialist palliative care unit, or as two six-month (FTE) blocks in two different specialist palliative care units.

Name:	RACGP number:
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Please ensure you upload an up-to-date curriculum vitae (CV) on to the FARGP online learning platform.

Training post 1

Name of hospice/hospital/practice:
Who accredited the training post?
Start and finish dates:
Training time (eg 35 hours per week for 26 weeks):

Palliative care physician supervisor details

Name:	
Phone:	RACP number:
Email:	

Rural GP/mentor details

Name:	
Phone:	RACGP number:
Email:	

Medical educator details

Name:	
Phone:	RTO:
Email:	

Section B

Palliative care patients' logbook

A logbook of cases should be kept by each candidate during the training program. The purpose of the logbook is not to maintain a list of the palliative care cases seen during the program, but for the trainee to reflect on the subsequent learning from experiencing those cases. It is recommended that the candidate review a wide variety of experiences (a range of issues, symptoms, presentations, diagnoses and treatments). These can, and should, include examples of symptom or problem management from a 'biopsychosocial' model of care.

All patients seen during the clinical placement should be noted in the logbook. Where ongoing care/visits occur with the same patients, this should also be noted.

Case number	Date first reviewed	Gender	Ethnicity	Age	Spiritual beliefs
Psychosocial circumstances					
Main presenting symptoms					
Management					
Outcome					
Challenges					
Learning – case reflection (What did you learn by managing this patient?)					
What follow-up activities (if any) were undertaken for this patient?					

Training post 2

If the details of other training posts are not yet available, a candidate can submit an ARST notification form at a later date.

Name of hospice/hospital/practice:
Who accredited the training post?
Start and finish dates:
Training time (eg 35 hours per week for 26 weeks):

Palliative care physician supervisor details

Name:	
Phone:	RACP number:
Email:	

Rural GP/mentor details

Name:	
Phone:	RACGP number:
Email:	

Medical educator details

Name:	
Phone:	RTO:
Email:	

Case number	Date first reviewed	Gender	Ethnicity	Age	Spiritual beliefs
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Learning – case reflection (What did you learn by managing this patient?)					
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Learning – case reflection (What did you learn by managing this patient?)					
What follow-up activities (if any) were undertaken for this patient?					

Section C

Record of specific palliative care activities

You are required to complete 36 specific activities as part of the palliative care curriculum. These activities must be recorded here. Your clinical supervisor should provide feedback and sign off to confirm completion.

Any additional completed activities can be recorded in Section F: Notes, at the back of this logbook.

Hospice/inpatient facility

Teaching ward rounds with supervising palliative medicine physician

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Admission (clinical clerking) of new patients with reasons for admission and plans for care

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
4	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
5	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
6	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Multidisciplinary meeting with nursing and allied health professional staff

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Family conference in the home setting and/or hospital or hospice

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Community palliative care service

Home visit

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Discussion (and completion, if appropriate) of advanced care directive

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Referral to other specialist, which could include oncology, inpatient palliative care, general hospital admission (emergency department, surgery etc)

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Hospital consultative service

Teaching consultation with supervisor regarding patient with cancer

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Teaching consultation with supervisor regarding patient with non-cancer diagnoses

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Interdisciplinary meeting with other specialties (eg oncology, surgery, cardiology, renal, intensive care) regarding patients with advanced illness

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Presentation at a multidisciplinary clinical meeting (eg medical grand round)

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Oncology meetings and/or ward rounds

Meeting and/or ward round with patients undergoing chemotherapy or radiotherapy

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Meeting and/or ward round with patients with complications of chemotherapy or radiotherapy

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Meeting/interview with a patient/family and cancer services in which cessation of active treatment is discussed

1	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
2	Date	Name of supervisor	Supervisor feedback
	Time	Signature	
3	Date	Name of supervisor	Supervisor feedback
	Time	Signature	

Section D

Case studies

Two case studies (in grand round report format), each of approximately 1200 words, will be completed as part of the final assessment. One case should be about a patient with cancer, and one about a patient with a non-cancer condition requiring palliative medicine input. They should include detailed analyses of the most pertinent aspects of that case (rather than necessarily being all encompassing), referencing reasons why the patient was managed in a certain way. They should reflect on the learning each of the cases provided.

Title of case study	
Analysis	
Reflection	
Supervisor comments (please provide feedback)	Supervisor signature

Title of case study	
Analysis	
Reflection	
Supervisor comments (please provide feedback)	Supervisor signature

Section E

Supervisor statement of completion

On completion of the attachment, the supervising palliative medicine physician must sign the following to confirm that the candidate has met all curriculum requirements.

I confirm the candidate has successfully completed the appropriate palliative care patients' logbook requirement for this training (refer to Section B: Logbook)	
Supervisor comments (please provide feedback)	Supervisor signature
	Date
I confirm the candidate has successfully completed the appropriate specific palliative care activities requirement for this training (refer to Section C: Record of specific palliative care activities)	
Supervisor comments (please provide feedback)	Supervisor signature
	Date
I confirm the candidate has successfully completed the appropriate case reports requirement for this training (refer to Section D: Case studies)	
Supervisor comments (please provide feedback)	Supervisor signature
	Date

Section F

Notes

Any additional completed activities to be recorded here.



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