Small Town Rural General Practice ARST Logbook

Registrars will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community needs.

This logbook will need to be regularly reviewed by the supervisor and reviewed by the medical educator at each meeting.

Where it is not possible to directly participation in some of the activities, a discussion with your supervisor/mentor with a reflection on this discussion can be logged.

**Personal Information and Contact Details**

|  |  |
| --- | --- |
| Name |  |
| RACGP Number |  |
| Address |  |
| Email |  |
| Phone Number |  |

**Training Details**

|  |  |
| --- | --- |
| Name of hospital/clinic |  |
| Who accredited the training post? |  |
| Training term dates |  |
| Training time (e.g., 20 hours per week for 26 weeks) |  |

**Supervisor Details**

|  |  |
| --- | --- |
| Supervisor Name |  |
| Supervisor relevant qualifications |  |
| Phone |  |
| Email |  |

***Please note: if training is completed at two locations, please complete the training and supervisor details sections twice***

**Training Plan**

To guide planning of training outcomes, please refer to the Small Town Rural General Practice ARST curriculum.

If the number of training needs identified exceed the number of rows below, you may enter in additional rows to the document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Needs Identified | Training outcomes planned | Strategies for Achieving Outcomes | Outcomes Achieved | Date Reviewed with Supervisor / Medical Educator |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Manage normal obstetric antenatal care and shared care of appropriate complex cases with tertiary hospital.**

|  |  |  |
| --- | --- | --- |
| Date antenatal care completed | | Brief de-identified details of patient, level of complexity managed and obstetric outcomes |
| 1 | Date |  |
| 2 | Date |  |
| 3 | Date |  |
| 4 | Date |  |
| 5 | Date |  |

**Manage obstetric complications such as antepartum haemorrhage and first trimester pregnancy loss**

|  |  |  |
| --- | --- | --- |
| Date | | Brief de-identified details of patient, complications managed and obstetric outcomes |
| 1 | Date |  |
| 2 | Date |  |
| 3 | Date |  |
| 4 | Date |  |
| 5 | Date |  |

**Identify the early signs of *mental illness* and provide *appropriate interventions*, including level 2 mental health skills.**

**Manage patients with acute and chronic psychiatric conditions using a variety of mental health resources available in the community**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief de-identified details of patient, early signs, interventions related to Level 2 mental health skills, and/or managing acute/chronic psychiatric conditions using a variety of mental health resources.** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Manage *involuntary admissions* according to legal and legislative requirements**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief de-identified details of reasons for involuntary admission and outcomes** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Manage patients with chronic diseases and disabilities**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief de-identified details of patient and management type: palliative care, Residential Aged Care, disability and special needs** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Use and interpret a range of *medical imaging modalities* where appropriate and available, including x-rays and ultrasound**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief de-identified details of patient, medical imaging modality utilised by GP for the patient (e.g. unaccredited obstetric ultrasound, FAST scan in ED, accredited x-ray and interpretation)** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Initiate or participate in regular audits of local resources**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief details of participation in audit activities** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Lead or participate in disaster or emergency triage, retrieval and management; and provide pre-hospital emergency care. Include any simulations exercises related to these.**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief details of emergency case** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Develop or participate in the development of an emergency management plan where appropriate**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Brief details of emergency management plan and append any relevant documents** |
| **1** | **Date** |  |
| **2** | **Date** |  |
| **3** | **Date** |  |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Undertake rural health related research and evaluation**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Details of Clinical Audit, projects or activities undertaken to address the following criteria:** |
| **1** | **Date** | **Research and apply current evidence-based practices and information** |
| **2** | **Date** | **Access and critically analyse relevant, up-to-date information and evidence about current health needs and issues relevant to the community (e.g. this may form part of your community profile)** |
| **3** | **Date** | **Develop and apply evaluation methodology to health-related services, programs and activities** |
| **4** | **Date** | **Participation in rural health research and evaluation activities** |
| **5** | **Date** |  |

**Construct a profile of the community’s health and wellbeing**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Details of appended documents that build the profile to address the following criteria:** |
| **1** | **Date** | **Identify the demographics of the community and region** |
| **2** | **Date** | **Identify the *social, cultural and economic issues* that impact on a patient’s health** |
| **3** | **Date** | **Identify *health priority areas* in the community** |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Engage with the community**

**Consult with consumers, carers and community members about their health needs and those of the community. Participate in community activities as appropriate (e.g. mini-projects, health promotion and education activities, committee participation).**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | C**onsumers, carers and community members consultations,** meetings, activities | |
| 1 | Date | Community group / members: | Details on activity |
| 2 | Date | Community group / members: | Details on activity |
| 3 | Date | Community group / members: | Details on activity |

**Manage public health in the community**

**Initiate and participate in health service provision policies and activities**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Details of appended documents that support your involvement regarding the following criteria where relevant:** |
| **1** | **Date** | **Assess, manage and report *public health risks* according to state and federal guidelines** |
| **2** | **Date** | **Undertake *public health roles* and responsibilities as required** |
| **3** | **Date** | **Research and review current data and initiatives as they relate to public health in a rural setting (e.g. this may form part of your community profile)** |
| **4** | **Date** | **Use relevant guidelines and where need, develop new guidelines for both acute and preventative health service provision that may be either missing or in need of reform in your community** |
| **5** | **Date** |  |

**Engage with local area health services and local government (NB: this may also form part of your community profile)**

|  |  |  |
| --- | --- | --- |
| **Date** | | **Details of appended documents that support your involvement regarding the following criteria where relevant:** |
| **1** | **Date** | **Identify relevant jurisdictional and local government departments that provide information, guidelines, funding and support for general practice** |
| **2** | **Date** | **Identify key stakeholders in all relevant jurisdictional and local government departments** |
| **3** | **Date** | **Participate in lobbying and applying for funding for health services or resources as appropriate** |
| **4** | **Date** |  |
| **5** | **Date** |  |

**Statement of Completion**

I confirm I have completed all clinical and assessment requirements of the ARST Curriculum for Small Town Rural General Practice and have attached all relevant evidence required by the Rural Censor.

|  |  |
| --- | --- |
| Registrar Name |  |
| Signature |  |

**Supervisor Approval**

I confirm the registrar has successfully completed all clinical and assessment requirements, and I have provided feedback in an ongoing manner, for the ARST Curriculum for Small Town Rural General Practice.

|  |  |
| --- | --- |
| Supervisor Name |  |
| Signature |  |