

# Adult Internal Medicine

## Advanced Rural Skills Curriculum Overview

December 2009

### Introduction

The National Rural Faculty of the RACGP has recently revised its advanced rural skills curricula. This Adult Internal Medicine advanced rural skills curriculum statement is current as from December 2009.

### Definition of Rural Practice

The National Rural Faculty of the RACGP defines rural general practice primarily in functional terms as requiring procedural and other skills to enable a greater range and depth of primary care because continuous specialist services are less accessible.

### Vocational Training

The Adult Internal Medicine advanced rural skills curriculum is offered as an integrated component of the rural pathway of four years duration consisting of the core three years of training required for Fellowship of the RACGP (FRACGP) and 12 months of advanced rural skills training leading to the Fellowship of Advanced Rural General Practice (FARGP).

### Award of the FARGP

The Fellowship of Advanced Rural General Practice is an additional professional qualification for those registrars who have met core training requirements. To be eligible for the award of the FARGP candidates must have:

- obtained the FRACGP
- completed a minimum of 12 months of rural general practice
- completed an additional 12 months of advanced rural skills training
- undertaken specified rural general practice curriculum modules
- developed an approved learning plan
- maintained a learning portfolio of education and training activities undertaken.

### Selection

Eligibility for entry is assessed using criteria related to previous experience living and working in rural communities, training and clinical experience, and level of interest and commitment to rural general practice.

### Prerequisite / assumed prior experience

Advanced rural skills training posts in Adult Internal Medicine are open to GP registrars and experienced general practitioners. The main prerequisite is 6 months full-time experience in rural general practice and demonstrated ability to perform a specified range of clinical procedures.

## **Duration**

Minimum of six months; however a twelve month attachment is recommended.

## **Context of Rural General Practice**

Rural general practice is distinguished by higher than average morbidity and mortality in most health status indicators, and the resources and services are likely to be relatively scarce and less easily accessible. Rural GPs are therefore more likely to be required to manage patients who in metropolitan areas might be referred to secondary or tertiary care. Advanced rural skills training provides opportunities for rural pathway registrars to develop advanced medical knowledge and skills relevant to rural general practice.

## **Advanced rural skills training**

Advanced rural skills training augments core training with more specialised training in procedural disciplines or other disciplines which are important in meeting the needs of rural communities. The particular disciplines chosen depend on the previous experience, learning needs and future aspirations of the candidates and are determined in consultation with his/her training adviser.

## **Adult Internal Medicine Curriculum Rationale**

This advanced rural skills curriculum statement in Adult Internal 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.

## **Learning Objectives**

The learning objectives reflect the context of the working in a rural environment whether it be as a rural doctor working in a large rural town with tertiary support or in a one-doctor community in a geographically isolated area. The objectives identify the competencies which all GPs require to deal effectively with Adult Internal Medicine in rural general practice. The objectives define the scope of practice in terms of the competencies required by a rural GP in the area of Adult Internal Medicine under the domains of:

- Communication Skills and the Patient-Doctor Relationship
- Applied Professional Knowledge and Skills
- Population Health and the Context of General Practice
- Professional and Ethical Role
- Organisational and Legal Dimensions

## **Curriculum Content**

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. The way in which the Adult Internal Medicine ARSP extends the breadth and depth of the core curriculum is described in detail in the full curriculum statement.

## Systems / specific conditions - skills

### **Cardiac**

<ul style="list-style-type: none"> <li>• cardioversion</li> <li>• drug management in rural areas</li> <li>• administration of streptokinase and TPA</li> </ul>	<ul style="list-style-type: none"> <li>• polypharmacy management</li> <li>• post infarct management and rehabilitation</li> <li>• using cardiac echo</li> </ul>
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### **Circulatory / Oncology**

<ul style="list-style-type: none"> <li>• use of GCSF</li> <li>• principles of chemotherapy and side effects and management</li> <li>• palliative care in rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• therapy of neutropenia</li> <li>• DVT management</li> <li>• management of detoxification / envenomation</li> <li>• iatrogenic drug problems</li> </ul>
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### **Endocrine / Metabolic**

<ul style="list-style-type: none"> <li>• insulin regimens - IV / acute treatment</li> <li>• genetic counselling / referral</li> </ul>	<ul style="list-style-type: none"> <li>• chronic wound care</li> </ul>
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### **Gastrointestinal**

<ul style="list-style-type: none"> <li>• dental first aid</li> <li>• stoma care</li> <li>• sigmoidoscopy</li> <li>• insertion of naso gastric tube</li> </ul>	<ul style="list-style-type: none"> <li>• principles of rehydration</li> <li>• resuscitation of shocked patient</li> <li>• overdose treatment</li> </ul>
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### **Musculoskeletal**

<ul style="list-style-type: none"> <li>• joint aspiration / injection</li> <li>• skin biopsy</li> </ul>	<ul style="list-style-type: none"> <li>• fine needle biopsy</li> </ul>
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### **Neurological**

<ul style="list-style-type: none"> <li>• neurological examination</li> <li>• investigations</li> <li>• lumbar puncture</li> <li>• rehabilitation</li> <li>• dementia screening</li> </ul>	<ul style="list-style-type: none"> <li>• fundoscopy</li> <li>• treating status epilepticus</li> <li>• management of VP shunt</li> <li>• investigation and managing vertigo</li> <li>• indications for CT Scans or MRI</li> </ul>
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### **Renal**

<ul style="list-style-type: none"> <li>• peritoneal dialysis management</li> <li>• rural post-transplant management</li> </ul>	<ul style="list-style-type: none"> <li>• suprapubic / urethral catheter</li> <li>• insertion</li> <li>• urine microscopy</li> </ul>
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### **Respiratory**

<ul style="list-style-type: none"> <li>• treatment of difficult asthma</li> <li>• pleural tap / aspiration / biopsy</li> <li>• anti-coagulation therapy</li> <li>• antibiotic choices</li> </ul>	<ul style="list-style-type: none"> <li>• insertion of intercostal catheter</li> <li>• intubation and ventilation</li> <li>• administration / reading a mantoux</li> </ul>
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### **Other**

<ul style="list-style-type: none"> <li>• management of serious / chronic skin disorders</li> </ul>
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### **Public Health/Social/Lifestyle Issues**

<ul style="list-style-type: none"> <li>• conducting immunisation programs</li> <li>• screening / surveillance programs</li> <li>• responding to an infectious disease outbreak</li> </ul>	<ul style="list-style-type: none"> <li>• toxicology in primary industry</li> <li>• principles of STD control and follow-up</li> </ul>
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### **Management Issues**

<ul style="list-style-type: none"> <li>• Patient transfer and evacuation</li> <li>• Documentation and certification</li> <li>• Legal compliance</li> </ul>	<ul style="list-style-type: none"> <li>• presentation and education skills</li> <li>• business management skills</li> </ul>
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## **Teaching / supervision approaches, resources, references**

Most of the learning activities are experiential and take place in the accredited teaching practice, regional hospitals, small country hospitals, other facilities, clinical skills laboratories, simulation centres, and retrieval services. A strong emphasis is placed on self-directed learning under the supervision of accredited rural specialists and accredited GP supervisors. Teaching and supervision methods strongly emphasise the acquisition of competence in applying the clinical knowledge and skills described in the curriculum.

A wide variety of learning resources are accessible to enable candidates to meet their learning needs and achieve the goals of their learning plan. These include web-based resources, workshops, learning modules and self assessment tools. A comprehensive reference list is appended to the curriculum statement.

## **Staffing**

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

1. The Medical Specialist Clinical Supervisor.
2. The Rural GP Supervisor/Mentor.
3. Medical Educator/Training Advisor.

## **Feedback**

Regular feedback on performance is an essential part of the training provided by the designated clinical specialist supervisor and GP supervisor/mentor.

## **Assessment methods**

The following activities must be completed in order to satisfy the assessment requirements of the Adult Internal Medicine advanced rural skills training curriculum.

- Approved learning plan
- Completed learning portfolio
- Participation in relevant courses
- Case histories
- Vivas
- Supervisor and medical educator/training advisor reports