



# **Adult Internal Medicine**

## **Advanced Rural Skills Curriculum Statement**

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## **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   |
| ARSCS  | Advanced rural skills curriculum statement                      |
| ARST   | advanced rural skills training                                  |
| 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 |
| FRACP  | Fellowship of the Royal Australian College of Physicians        |
| 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 Physicians                        |
| RANZCP | Royal Australian and New Zealand College of Psychiatrists       |
| RTP    | regional training provider                                      |

























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|---|---|
| <p><b>Musculoskeletal</b></p> <ol style="list-style-type: none"> <li>1) rheumatoid arthritis</li> <li>2) osteoarthritis</li> <li>3) connective tissue disease</li> <li>4) myopathies</li> <li>5) chronic fatigue syndrome</li> </ol>  | <ul style="list-style-type: none"> <li>• joint aspiration / injection</li> <li>• skin biopsy</li> <li>• fine needle biopsy</li> </ul>   |
| <p><b>Neurological</b></p> <ol style="list-style-type: none"> <li>1) cerebrovascular disease</li> <li>2) dementia</li> <li>3) Parkinsons disease</li> <li>4) demyelinating disease</li> <li>5) headache</li> <li>6) infections</li> <li>7) altered conscious state</li> <li>8) epilepsy</li> <li>9) vertigo</li> <li>10) neuropathy</li> </ol>  | <ul style="list-style-type: none"> <li>• neurological examination</li> <li>• investigations</li> <li>• lumbar puncture</li> <li>• rehabilitation</li> <li>• dementia screening</li> <li>• fundoscopy</li> <li>• treating status epilepticus</li> <li>• management of VP shunt</li> <li>• investigation and managing vertigo</li> <li>• indications for CT Scana or MRI</li> </ul> |
| <p><b>Renal</b></p> <ol style="list-style-type: none"> <li>1) proteinuria</li> <li>2) haematuria</li> <li>3) obstruction</li> <li>4) renal failure -acute and chronic</li> <li>5) infections</li> </ol>   | <ul style="list-style-type: none"> <li>• peritoneal dialysis management</li> <li>• rural post-transplant management</li> <li>• suprapubic / urethral catheter</li> <li>• insertion</li> <li>• urine microscopy</li> </ul>   |
| <p><b>Respiratory</b></p> <ol style="list-style-type: none"> <li>1) asthma</li> <li>2) chronic obstructive airways disease</li> <li>3) occupational lung disease</li> <li>4) interstitial lung disease</li> <li>5) malignant lung disease</li> <li>6) pulmonary embolus</li> <li>7) pneumothorax</li> <li>8) effusions</li> <li>9) infections / opportunistic / TB</li> </ol>   | <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> <li>• insertion of intercostal catheter</li> <li>• intubation and ventilation</li> <li>• administration / reading a mantoux</li> </ul>   |
| <p><b>Other</b></p> <ol style="list-style-type: none"> <li>1) dermatology</li> <li>2) gerontology</li> </ol>  | <ul style="list-style-type: none"> <li>• management of serious / chronic skin disorders</li> </ul>  |
| <p><b>Public Health/Social/Lifestyle Issues</b></p> <ol style="list-style-type: none"> <li>1) public health infrastructure</li> <li>2) disease control arrangements</li> <li>3) recognition of an infectious disease outbreak</li> <li>4) rural environmental health issues</li> <li>5) social / lifestyle issues</li> <li>6) health promotion</li> <li>7) HIV / AIDS management</li> <li>8) preventative resources in rural areas</li> </ol> | <ul style="list-style-type: none"> <li>• conducting immunisation programs</li> <li>• screening / surveillance programs</li> <li>• responding to an infectious disease outbreak</li> <li>• toxicology in primary industry</li> <li>• principles of STD control and follow-up</li> </ul>  |



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| <p><b>Management Issues</b></p> <ol style="list-style-type: none"> <li>1) principles and guidelines for evacuation and transport of patients</li> <li>2) autopsy guidelines</li> <li>3) GP legal responsibilities</li> <li>4) basic hospital management skills</li> <li>5) QA and accreditation issues</li> <li>6) principles of adult learning</li> <li>7) communication skills</li> </ol> | <ul style="list-style-type: none"> <li>• presentation and education skills</li> <li>• small business management skills</li> </ul> |
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## 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, regional hospitals and other facilities. These learning activities are augmented by participation in educational workshops, clinical skills laboratories, simulation centres, and other relevant educational activities.

A strong emphasis is placed on self-directed learning under the supervision of accredited rural specialists and accredited GP supervisors. Teaching approaches recognise the needs of candidates as adult learner. 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

Candidates are expected to determine the depth and extent of coverage of the listed content in consultation with the medical specialist supervisors and rural GP supervisor/mentor and document this as part of their learning plan.

## 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.

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.

### Medical Specialist Clinical Supervisor

The medical clinical specialist supervisor is a Fellow of the RACP whose role 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 rural GP supervisor is a Fellow of the RACGP or ACRRM whose role 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
- 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

## **Feedback**

The designated rural general practitioner and specialist supervisors take 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.

### **Feedback – formative assessment**

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

## **Assessment**

Assessment is 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 Adult Internal Medicine advanced rural skills training curriculum.

### **Approved learning plan**

The learning plan is 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 the 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/training advisor is responsible for approving the learning plan.

### **Completed learning portfolio**

A learning portfolio is to be maintained and updated on a regular basis by the candidate. 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. The portfolio must contain evidence of completion of learning activities undertaken as part of the candidate's learning plan. The portfolio includes a record of completion of required assessment activities, clinical

journals and logbooks with written records of patients managed and other learning activities undertaken.

The portfolio is maintained throughout the duration of the attachment and is regularly reviewed by supervisors. Reviews should take into account factors such as the workloads and the clinical exposure of the candidate, the changing interests of the candidate and the strengths and limitations of their work in the management of their role.

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.

With the prior approval of the medical educator, other relevant courses or conferences should be attended and included in the Learning Portfolio. .

### **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 the RACP 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 medical 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.

### **Recommended texts and references**

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