RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Emergency medicine

RACGP Curriculum and syllabus for Australian general practice (7th edition): Emergency medicine.

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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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Emergency medicine

Context

GPs will be involved in acute, emergency type presentations, especially in rural and regional areas. Acute life-threatening emergency and trauma presentations are likely to be rare but will require time-critical and effective responses.[1,2] On average Australian GPs refer 0.2% of patient presentation to emergency departments.[3] GPs are unique amongst medical professionals in having to respond to emergency presentations in a variety of different contexts and environments, including clinics, hospitals, urgent care settings, nursing homes, disability facilities, correctional institutions, and pre-hospital in the community. Unlike emergency and critical care professionals, the general practice environment is rarely structured to facilitate the management of these situations. The ability to be flexible is a defining feature of a GP; providing independent and team-based care in unfamiliar environments and unpredictable circumstances.[4]

Australia is geographically vast and response times for emergency services can vary. The ability to appropriately respond to time-critical emergencies is associated with improved patient outcomes.[5] GPs also provide significant input into the compassionate management of death during resuscitation attempts or in futile care.[6] In many rural communities, GPs with advanced training will be part of the retrieval and first responders emergency service.[5,7]

The role of the GP in the management of emergency and trauma presentations will be varied. It will often include significant input into leadership, coordination, assessment, management, debrief, and education. GPs must know the red flags for common acute presentations and how to triage them; identifying whether to immediately escalate or wait until the next day. Advocacy in Aboriginal and Torres Strait Islander communities is also especially vital with higher rates of emergency presentations and poorer outcomes with delayed presentations.[8] GPs need to consider how social determinants of health, health literacy, population characteristics, and rural and remote location impact on the escalation to emergency care and the appropriateness of inpatient care.

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Learning outcomes

The GP is able to:

- recognise acute, life-threatening emergency and trauma presentations
- assess and manage emergency and trauma presentations
- plan a team-based structured and algorithmic approach to emergency and trauma presentations
- integrate effective communication skills when managing or transferring an emergency or trauma presentation
- utilise available resources (human and other resources) effectively and efficiently
- understand the personal impact of trauma and resuscitation on the individual, staff, and community
- apply additional specific training according to the emergency and trauma needs of the community.

Key areas of learning

Assess and manage emergency and trauma presentations

Assess and manage resuscitations in specific population groups and presentations, including:

- neonatal
- paediatric
- adult
- obstetric
- trauma

Assess and manage the following in a resuscitation event:

- airway:
  - oropharyngeal suction
  - airway opening manoeuvres
  - bag-valve-mask ventilation
  - placement of oropharyngeal or nasopharyngeal airway adjuncts
  - placement of second-generation laryngeal mask airway (i-gel)
- cervical spine:
  - understand the principles of immobilisation
- breathing:
  - titration of oxygen appropriate to the resuscitation
  - appropriate use of oxygen supply devices
  - tension pneumothorax
- circulation:
  - appropriate use of an automated defibrillator (use of manual defibrillator if appropriate competency)
  - placement of intravenous or intraosseous access and appropriate fluid resuscitation
- disability:
  - appropriate blood sampling and interpretation
  - appropriate use of overdose reversal agents
  - pain management in emergency and trauma.

Time-critical, life-threatening emergency presentations

Initiate immediate triage and assessment consistent with the primary survey approach to emergency care with the goal of identifying and responding to immediate life, limb, or sight threats

Identify red flag presentations and conditions and employ the principles of managing emergency and trauma presentations which have the potential to immediately threaten life, limb, or sight, including:

- non-specific presentations:
  - fever with signs of shock
  - loss of consciousness
  - multi-trauma
  - anaphylaxis / angio-oedema
  - overdose and poisoning

  - caustic ingestions
  - envenomation
  - drowning
  - electrocution
  - the unwell child
  - hyper / hypothermia
- cardiovascular:
  - acute chest pain
  - syncope
  - acute coronary syndromes
  - life-threatening arrhythmias (ventricular fibrillation, ventricular tachycardia, tachy / brady arrhythmias with circulatory compromise)
  - acute pulmonary oedema
  - aortic dissection
  - malignant hypertension
  - shock
  - cardiac tamponade
  - acute vascular occlusion (limb ischaemia)
- respiratory and airway:
  - acute airway obstruction (including trauma, inhaled foreign body, epiglottitis, croup, bacterial tracheitis, quinsy, retropharyngeal abscess)
  - acute dyspnoea
  - hypoxia
  - acute exacerbation of chronic obstructive pulmonary disease (COPD)
  - severe asthma with status asthmaticus
  - acute respiratory distress syndrome (as seen in influenza, novel coronavirus, SARS)
  - hypoventilation
  - active pulmonary tuberculosis:
  - infantile apnoea
  - bronchiolitis
  - pulmonary embolism
  - pneumothorax including tension pneumothorax
- gastrointestinal:
  - acute abdominal pain
  - abdominal visceral rupture
  - acute pancreatitis
  - acute liver failure
  - bowel obstruction
  - appendicitis
  - ischaemic bowel
  - intussusception
  - sigmoid volvulus
  - incarcerated hernia
  - acute gastrointestinal bleed
- neurology:
  - altered mental state
  - acute severe headache
  - cerebrovascular ischaemia
  - intracerebral haemorrhage
  - subarachnoid haemorrhage
  - subdural haemorrhage
  - meningitis
  - encephalitis

  - status epilepticus
  - raised intracranial pressure
  - spinal trauma (including cervical spine trauma)
  - Guillain-Barré syndrome
  - cauda equina syndrome
- endocrine:
  - diabetic ketoacidosis
  - acute hypoglycaemia
  - Adrenal crisis (also known as Addisonian crisis)
  - thyrotoxic crisis
  - hyperosmolar coma
  - myxoedema coma
- renal and urology:
  - testicular torsion
  - acute kidney injury
- electrolyte:
  - disorders of electrolyte balance (including hypo / hyperkalaemia, hypo / hypernatraemia, hypo / hypercalcaemia, acidosis, alkalosis)
- haematology:
  - acute bleeding in the anticoagulated patient
  - acute leukaemia
  - clotting disorders
  - thrombocytopenia
  - febrile neutropenia
- infectious diseases:
  - sepsis and septic shock
  - pertussis
  - necrotising fasciitis
  - meningococcal septicaemia
- orthopaedic, musculoskeletal and rheumatological:
  - osteomyelitis
  - long bone fractures
  - compound fractures
  - fractures with neurovascular compromise
  - compartment syndrome
  - rhabdomyolysis
  - acute systemic vasculitis
- ear, nose, throat:
  - mastoiditis
  - major epistaxis
  - post-tonsillectomy bleeding
  - palatal/laryngeal trauma
- dental and oral:
  - maxillofacial trauma
  - Ludwig’s angina
- dermatology:
  - facial / deep / large burns
  - deep or large lacerations (including contaminated)
  - staphylococcal scalded skin syndrome
  - eczema herpeticum
  - erythroderma
  - Stevens-Johnson syndrome and toxic epidermal necrolysis

- ophthalmology:
  - ocular trauma (blunt, penetrating, chemical and flash burns)
  - herpes simplex / zoster
  - periorbital / orbital cellulitis
  - giant cell arteritis
  - acute visual loss
  - sudden diplopia
  - acute glaucoma
  - retinal detachment
  - vascular occlusion
  - proptosis
  - papilloedema
  - red eye with blurred vision
  - flashes / floaters with reduced vision or visual changes
- obstetric and gynaecological:
  - ectopic pregnancy
  - first trimester bleeding (threatened miscarriage / miscarriage)
  - bleeding after 20 weeks
  - puerperal infection
  - abdominal trauma in pregnancy
  - pre-eclampsia and eclampsia
  - placental abruption
  - premature labour (including precipitant delivery)
  - acute pelvic pain
  - ovarian torsion
  - tubo-ovarian abscess
- psychological:
  - acute suicidal ideation
  - psychosis (including drug induced, schizophrenia, and bipolar)
  - anger and agitation
  - withdrawal syndromes (including alcohol and benzodiazepine).

Other emergency presentations

Identify and understand principles of managing the following potential emergency and trauma presentations:

- non-specific presentations:
  - fever
  - minor trauma
  - acute rash
- cardiovascular:
  - arrhythmias (atrial fibrillation, tachy / brady arrhythmias without circulatory compromise)
- respiratory and airway:
  - lower respiratory tract infections
- gastrointestinal:
  - acute cholecystitis
  - acute hepatitis
  - diverticulitis
  - swallowed foreign body
- neurology:
  - seizure
  - head trauma (including concussion)

    - delirium
- endocrine:
    - hyperglycaemia (including first presentation of type 1 diabetes)
- renal and urology:
    - acute urinary obstruction
    - priapism
- electrolyte:
    - disorders of electrolyte balance (including hypo / hyperkalaemia, hypo / hypernatraemia, hypo / hypercalcaemia, acidosis, alkalosis)
- haematology:
    - anaemia (inclusive of multiple causes)
- infectious diseases:
    - cellulitis, abscess
    - needle-stick injury
- orthopaedic, musculoskeletal and rheumatological:
    - fractures (including growth plate injuries)
    - dislocations
    - acute back pain and sciatica
- ear, nose, throat:
    - barotrauma
    - tympanic membrane perforation
    - temporal bone fracture
    - ear / nose foreign body
    - otitis externa
    - otitis media
    - labyrinthitis
    - minor epistaxis
    - nasal trauma
    - quinsy
    - acute hearing loss
- dental and oral:
    - dental trauma
    - avulsion / luxation / broken dentition
    - complications of dental procedures
    - dental abscess and infection
- dermatology:
    - minor burns
    - minor lacerations
    - blistering skin conditions
    - pyoderma gangrenosum
    - erythema multiforme
    - systemic lupus erythematosus (SLE)
    - acute febrile neutrophilic dermatosis
    - signs of abuse
- ophthalmology:
    - haemorrhage (vitreous / retinal)
    - superficial foreign body
    - uveitis
    - iritis
    - corneal ulcer
    - optic neuritis
- obstetric and gynaecological:
    - hypertension in pregnancy

  - complicated ovarian cysts
  - acute pelvic inflammatory disease
  - pelvic injury and trauma (including rape)
  - concealed pregnancy
  - premature rupture of membranes
- psychological:
  - severe depression / anxiety
  - mania and hypomania.

Plan a team-based structured and algorithmic approach to emergency and trauma presentations

Appraise the significance of the environmental context when calling for help and managing emergency and trauma presentations, including locations such as:

- public area
- roadside
- clinic
- aged care or disability facility
- small or large hospital
- metropolitan and rural locations.

Manage the following in emergency and trauma care:

- dangers to self and others in all contexts (including use of appropriate personal protective equipment)
  - local resources; and understand how to activate these (including retrieval, ambulance, police, fire, and other emergency services)
- effective interventions, appropriate to level of skill
  - algorithmic approach to resuscitation and time-critical emergency and trauma presentations using basic and advanced life support structures depending on your context, environment, and available personnel and resources
  - post-resuscitation care.

Integrate effective communication skills when managing and/or transferring an emergency or trauma presentation

Apply effective non-technical skills in an emergency or trauma presentation including:

- formulate a succinct handover to team members and coordinate the care of the patient including arranging disposition for the definitive management of the patient
- leadership with situational awareness and a shared mental model of communication
- membership of a team, with closed loop communication and use of graded assertiveness where required
- make timely and appropriate decisions when under pressure of an emergency presentation
- manage stress and cognitive fatigue of team members in an emergency presentation
- communication with family, including decisions to cease resuscitation efforts and institute end-of-life care
- consent in emergency and trauma (in particular, decisions regarding detention under mental health acts)
- respect for cultural expectations, even during life-threatening emergency and trauma care.
- collateral information from relevant health professionals, family, friends, witnesses and medical records.

Understand the personal impact of trauma and resuscitation on the individual, staff and community

- Understand duty of care to patients, colleagues and the community when providing emergency care
- Support members of the health team when exposed to emergent and confronting clinical challenges through hot and cold debriefs in a trauma informed way
- Be self-aware of mental and physical wellbeing following clinically confronting presentations and implements strategies to improve health and wellbeing

Apply additional specific training according to the emergency and trauma needs of the community

Opportunities for learning

Words of wisdom

- By having a structured algorithmic approach to emergency life-threatening presentations and trauma you will reduce your own anxiety and improve the effectiveness of your interventions.

- Use of appropriate cognitive aids, such as the basic and advanced life support algorithms (see Australian Resuscitation Council website), should be encouraged rather than seen as a weakness.

- Before working in a new environment, find out about the local resources and how to call for help.

- Mentally rehearse how you will respond to potential life-threatening presentations in your place of work to help you plan and prepare for these rare events.

- Staying calm and saying out loud your thought process during the assessment and management of life-threatening presentations is a helpful way to ensure a shared mental model with the rest of your team. This also fosters a safe environment to allow for closed loop communication and graded assertiveness.

Learning strategies

On your own

Review your practice emergency kit. Compare the emergency kit with the RACGP standards for general practices.

- *Does the kit meet the RACGP standards? Why do you think the standards are not more or less comprehensive?*
- *Can you think of anything that could be added, including cognitive aids?*
- *Thinking about where your practice is located, is there anything else that should be added to or changed in the kit? Does it need to be more portable or need different equipment?*

Review the available cognitive aids for resuscitation.

- *Would you feel confident using the current aids in a resuscitation?*
- *How would you develop a cognitive aid for resuscitation?*
- *Where could these be kept in your practice?*

With a supervisor

Reflect on an emergency or trauma presentation that you or your supervisor have been involved in.

- *What went well and what didn't go so well? What resources were useful or would have been useful in managing this situation?*

- *How would you manage the same situation in different environments (eg in a nursing home, supermarket, outreach clinic, hospital, or on the side of the road)?*

Describe to your supervisor the process of declaring life extinct.

- *Would you include the family in the process of examining a deceased person?*
- *When does a death need to be referred to the coroner?*
- *What paperwork is required to complete a death certificate?*

Identify locations where you might be called on to provide resuscitation care.

- *Do you know where to find the emergency kit? Who could you call for help? How would you call for help?*
- *Discuss with your supervisor the contents of the kit; is there anything else that should be included? What is the process in your clinic for ensuring it is up to date?*

In a small group

Plan and practise a simulation run-through of a patient with severe asthma. Practise being both a team leader and a team member.

- *Discuss what makes a good team member and a good team leader.*
- *How would you use the practice staff to help?*
- *What went well and what could be improved?*

Plan and practise a simulation run-through of a patient in decompensating heart failure and rapid atrial fibrillation. Practise being both a team leader and a team member.

- *What are the crucial steps to help stabilise this patient?*
- *Should they be admitted to hospital? Locally or to a major centre? Why?*
- *Are there any culturally appropriate supports that you may consider linking your patient with if they identify as Aboriginal or Torres Strait Islander? If requiring emergency transfer to hospital? If requiring outpatient Cardiac services?*

With a friend or family member

With a friend or family member

An advance care directive is important. Understand your process in your state or territory and practise having a conversation with a family member about the importance of completing one.

- *What questions did they ask? How could you better explain the importance of this? Are there resources that could help?*
- *Where should copies of this be kept? Should it be uploaded to My Health Record?*

Review the principles and practicalities of basic life support. With consent, explain basic life support to a family member or friend who doesn't have a healthcare background.

- *Did this activity improve your understanding of basic life support? Were you asked questions you were unsure about?*
- *Use this uncertainty to identify learning areas.*

Case example

You are working on a Friday afternoon in your rural practice, along with a nurse and receptionist. Suddenly, the practice emergency alarm sounds and the call of 'Help!' comes from your nurse immunisation clinic. You run in to find an elderly patient collapsed, unconscious on the floor, with laboured breathing. The nurse quickly tells you that the patient and her husband have come in for their routine immunisations. Shortly after the patient was immunised, she complained of feeling short of breath and faint. She then collapsed.

In a case-based discussion, questions relating to each role could be:

Communicator

- The patient's husband is in the room. How would you manage him in this situation? What if the couple did not speak English?
- You need to call for help; who could you call and how would you do this? What if you were in a remote outreach clinic?
- What are the important points that need to be relayed to any other helpers or emergency services that arrive? How would you communicate this information?

Clinician

- What immediately important clinical information do you need to be able to manage this patient?
- What other information do you need to help you make a diagnosis?
- In this situation, what are the possible causes for the patient suddenly collapsing?
- Would knowing the diagnosis change the way you immediately manage this patient? Why or why not?
- What interventions may need to be performed to manage this patient? What if the patient were a child?
- It is possible that this is a case of anaphylaxis related to the immunisation. What strategies would you use to make sure that other life-threatening diagnoses are not missed?

Health advocate and leader

- Does your community have access to publicly available automated defibrillators? If not, is this something you could advocate for?
- What are the regulatory requirements for resuscitation resources in a clinic setting? Is your clinic prepared? What resources are available in other settings, or on home visits?
- Is there a system to quickly call for emergency help in your practice?

Professional

- Who should be involved in the decision to continue or cease resuscitation efforts? Attitudes towards death can vary based on culture; what if this occurred in a patient who identified as Aboriginal or Torres Strait Islander patient?
- If this situation makes you feel anxious or nervous, what steps can you take to improve your confidence?
- What are the possible issues with confidentiality and consent in this case? What if this were a child with an aunt / uncle or grandparent?
- Reflect on the chances of causing harm with life support interventions when you are unsure of the diagnosis.

Scientist, educator and researcher

- You are running a session for medical students on collapse in the general practice setting. What are the key points you would plan to cover? What teaching strategies would you use?
- You are planning a multidisciplinary learning session in your practice about anaphylaxis with GPs, nurses, reception, and the allied health professionals who visit (psychologists, podiatrists, and physiotherapists). How would you design a session of relevance to all.
- What clinical guidelines are most likely to be relevant to collapse?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise

RCA – Random case analysis

MSF – Multi source feedback

CBD – Case-based discussion

AKT – Applied knowledge test

KFP – Key feature problem

CCE – Clinical competency exam