



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
ARSP	advanced rural skills post
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

Introduction

The National Rural Faculty (NRF) of the Royal Australian College of General Practitioners (RACGP) was established to advise the College Council in matters relating to the specific academic and training requirements of rural practitioners and to represent the academic interests of rural members within the College. As such, the focus of the faculty is the education of rural doctors, from undergraduate level, through to vocational training and retraining, professional and academic development, and the continuing education level.

This advanced rural skills curriculum statement is one of nine advanced rural skills curriculum statements published in 1997 or later. The initial statements were developed through a process of wide consultation with members of the NRF and others who participated in working parties and reference panels.

The eight statements cover the areas of:

- Aboriginal Health
- Adult Internal Medicine
- Anaesthetics
- Child and Adolescent Health
- Emergency Medicine
- Mental Health
- Obstetrics
- Small town rural general practice
- Surgery

The Adult Internal Medicine ARSP Curriculum Statement was reviewed and revised in 2008.

Definition of rural practice

The NRF of the RACGP has defined rural practice primarily in functional rather than geographical terms:

- Rural practice is medical practice outside urban areas which requires some general practitioners to have, or to acquire, procedural and other skills not usually needed in urban practice.
- Remote rural practice is rural practice in communities which geographically are over 1 hour by road from a centre with no less than a continuous specialist service in anaesthesia, obstetrics and surgery and a fully-functional operating theatre.

Vocational training

The NRF believes that general practitioners intending to enter rural practice should acquire the skills which are necessary for competent, independent practice in a rural setting.

Therefore the general practice training program has an integrated rural pathway of four years duration consisting of the core three years of training required for Fellowship of the RACGP and 12 months of advanced rural skills training leading to the Fellowship of Advanced Rural General Practice (FARGP). The FARGP has been developed by the NRF of the RACGP in

recognition of the additional and different knowledge and skills required for general practice in rural communities.

The curriculum for the FARGP is closely integrated with the RACGP core curriculum for general practice and incorporates the various curriculum statements for Advanced Rural Skills Posts (ARSPs) which candidates may choose to undertake.

Award of the FARGP

General Practice registrars who meet the core requirements of the Australian General Practice Training (AGPT) program and pass the college examination, are eligible for Fellowship of the RACGP (FRACGP). The Fellowship of Advanced Rural General Practice (FARGP) is an additional professional qualification for those candidates who have met core training requirements, are eligible for the FRACGP, and have successfully completed the specific requirements of the rural pathway including, the advanced rural skills year.

To be eligible for the award of the FARGP, candidates must satisfactorily complete all educational and training requirements of the rural pathway.

The requirements are to:

- obtain the FRACGP
- complete a minimum of 12 months of rural general practice
- complete an additional 12 months of advanced rural skills training
- undertake specified rural general practice curriculum modules
- develop an approved learning plan
- maintain a learning portfolio of education and training activities undertaken.

An ARSP in Adult Internal Medicine which satisfies the requirements set out in this Curriculum Statement can be counted towards meeting the requirements for award of the FARGP.

Selection

Any applicant accepted for enrolment into general practice training in accordance with the Australian General Practice Training (AGPT) selection policies and procedures is eligible for selection into the training pathway for the FARGP after submitting some additional information upon application.

To determine eligibility for entry applicants are assessed against the following criteria:

- experience living in rural communities
- undergraduate experience in a rural area
- exposure to rural professional role models in a rural area
- hospital experience in a non metropolitan hospital
- the effect of the occupation of spouse or significant other
- background or preference
- other criteria such as bonding, cadetship or scholarship.

Assessment against these criteria is intended to determine the level of interest and commitment the applicant has toward rural general practice and their ability to meet the education and training requirements for award of the FARGP.

It is recognised that International Medical Graduates (IMGs) make an important contribution to rural general practice. The NRF is keen to acknowledge this contribution and encourage IMGs to participate in the training pathway for the FARGP.

Procedure

The key steps are:

1. Applicants obtain an Application Form available from the Regional Training Provider (RTP) or (RACGP).
2. Completed Application Form is submitted to candidate's RTP.
3. Applicant interviewed by RTP designated medical educator (normally the Director of Training or Enhanced Rural Training (ERT) Coordinator).
4. RTP makes recommendation to NRF censor.

Prerequisite / assumed prior experience

An ARSP in Adult Internal Medicine is open to general practice registrars in vocational training and experienced general practitioners wishing to further develop their knowledge and skills.

The candidate should satisfy the following criteria:

- a minimum of 6 months full-time experience in a rural general practice in their intern or post-intern years.
- eligible to undertake Advanced Rural Skills Post in accordance with relevant AGPT policies and procedures
- demonstrated ability to perform:
 - history taking, examination and assessment
 - cardiopulmonary resuscitation
 - intravenous cannulation and venipuncture
 - insertion of cannulae/catheters - endotracheal - intercostal, urethral
 - basic and essential investigations in pathology
 - interpretation of ECGs
 - follow principles of basic medical imaging
 - spirometry
 - basic computer skills.

Duration

The duration of an advanced rural skills training post using this curriculum is a minimum of six months. To gain full benefit from the experience and achieve the full range of competencies described in the curriculum a twelve month attachment is recommended.

Context of Rural Practice

In many ways, general practice in a rural context is unique. Rural general practice is distinguished by an environment in which people have 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.

The problems of recruiting GPs to rural areas of Australia have been well documented over the years. Adequate initial training and ongoing educational opportunities are essential contributing factors in attracting and retaining GPs in rural areas. Over the past decade rural workforce planning has increasingly relied on the recruitment of international medical graduates. The provision of adequate training and ongoing educational opportunities are essential to support these doctors to enable them to meet the primary medical care needs of Australian rural communities.

By being made available to Australian or overseas medical graduates whether as GP registrars in vocational training or as experienced rural GPs, advanced rural skills training is designed to contribute to these needs. Through participation in rural general practice, candidates increasingly gain experience in the unique aspects of meeting the needs of patients in rural communities. This involves developing confidence and competence in managing a broad range of patient presentations, being responsive to calls for assistance, using available expertise and resources in the community to best effect, understanding the close knit social and family relationships of rural communities and the implications this has for their practice.

Advanced rural skills training

Advanced rural skills training is designed to augment core training by providing opportunities to develop more specialised and/or a broader range of knowledge and skills to meet the needs of rural communities. During advanced training, a balance is struck between the training needs of the individual candidate and the service needs of the community in consultation with the candidates supervisor and training adviser.

Prior to undertaking advanced rural skills training the candidates will have had previous experience in hospital settings and community practice under supervision. As they advance through the training program, candidates benefit from feedback, formative assessment, and encouragement to become self-directed in their approach to learning.

At the completion of rural pathway training, registrars will have appropriate experience in the core curriculum areas of acute medical and traumatic conditions, obstetrics, medicine, mental health, aboriginal health, and child and adolescent health which link to advanced rural skills training. This experience may be obtained in an integrated manner in rural hospitals and practices or as hospital terms in these disciplines.

Candidates may choose to specialise in certain procedural disciplines, such as emergency medicine, anaesthetics, surgery, obstetrics, or in the non-procedural disciplines of adult internal medicine, child and adolescent health, mental health, and aboriginal health. Advanced skills training in Child and Adolescent Health provides a unique opportunity for candidates to build on many elements of their previous core training and experience.

The training is designed to meet the professional accreditation standards of the RACP and RACGP. The training also reflects the scope of clinical practice required for credentialling and privileging to enable doctors to work as visiting medical officers in State Government rural health services.

The Adult Internal Medicine ARSP Curriculum Statement is designed to satisfy these requirements.

Adult Internal Medicine Curriculum Rationale

The rural General Practitioner (GP) is usually the first line service provider for any health problems which may arise. GPs in small rural towns have limited access to tertiary hospitals, so often need to be able to manage a patient throughout the primary and secondary stages of medical care, while at the same time being aware of their own limitations. They are often

confronted with challenging health problems in relatively isolated areas without immediate specialist backup.

The health status of people in rural communities is below the national average as measured by most indicators of mortality and morbidity. Preventable medical conditions, particularly cardiovascular disease and cancer constitute two of the major causes of death in Australia. A large part of the usual daily workload of the rural GP is in the area of adult internal medicine

It is envisaged that with better training in Adult Internal Medicine, rural general practitioners will be more competent and confident in this area and better able to cope with working in isolation.

In many rural and remote areas there are large populations of Aboriginal children whose health status is often equated to that of the third world¹, and whose health needs are greater than those of the wider community. Rural GPs frequently advise on public health and community health issues, and require additional knowledge in these areas, and the principles of social justice.

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 GPs and the needs of rural communities for GPs with advanced skills. The development of knowledge and skills in Adult Internal Medicine is seen as an essential element of the core general practice training program. In addition, rural GPs can improve their ability to serve their rural communities by undertaking relevant advanced skills training as reflected in this Adult Internal Medicine Curriculum Statement.

Learning Objectives

The Learning Objectives for this curriculum are structured under the domains of general practice; however, they should be regarded as supplementary to the objectives contained in the RACGP curriculum covering the core years of vocational training.

The Learning Objectives are written in recognition of the different backgrounds of candidates and are intended to identify the additional breadth and depth of competencies necessary for assuming the role of a rural GP with specialist skills in Adult Internal Medicine.

Additionally, reference should be made to the NRF's FARGP Curriculum Guidelines. These provide a general framework within which the curriculum statements for each advanced rural skills training post fit.

Rural practice is significantly different from urban practice. Therefore these learning objectives seek to account for the context of the work environment of the rural doctor who may be working in a large rural town with tertiary support or a one-doctor community in a geographically isolated area. These objectives should be seen as competencies which GPs require to manage Adult Internal Medicine matters effectively within rural general practice.

Communication Skills and the Patient-Doctor Relationship

The candidate will be able to

- develop effective listening skills and provide empathic advice and support to patients, carers and other team members
- demonstrate an holistic approach to identifying the most important issues in relation to patients' health and management

¹ *National Aboriginal Health Strategy Working Party Report.* (xii) Government Printing Office, Canberra 1989.

- demonstrate the different skills required in cross-cultural communication, and demonstrate an ability to acquire them
- establish and utilise a comprehensive professional referral network

- recognise emotional stress symptoms in parents and their families, and provide appropriate support and follow-up
- accurately assess levels of knowledge of patients and families and provide education sufficient for the management of their illness
- be familiar with the process and need for critical incident stress debriefing and referral procedures

Applied Professional Knowledge and Skills

The candidate will be able to:

- take an accurate and detailed medical history and perform a thorough clinical examination
- develop the clinical skills required to competently manage illness and disease in rural and remote practice
- competently perform a range of internal medicine emergency procedures required for rural and remote practice
- perform competently appropriate diagnostic procedures relevant to the advanced skills of rural general practice
- demonstrate ability to apply the principles of blood transfusion and utilise available resources and procedures for cross-matching in rural areas
- demonstrate an understanding of the principles of chemotherapy and its side effects
- demonstrate an understanding of the principles and management of detoxification and envenomation
- effectively utilise and manage palliative care and gerontology support systems in a rural community
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within their own limitations
- utilise a problem-solving approach to medical care demonstrating an ability to think in the long term.
- demonstrate ability to exercise GP responsibilities in the recognition of, and response to, an infectious disease outbreak
- be aware of the State-specific public health surveillance, screening and disease control arrangements and procedures
- clearly outline and use infection control procedures for general practice

- recognise and be acquainted with the pathology related to environmental toxins and zoonoses.
- work effectively as part of a multidisciplinary rural health

Population Health and the Context of General Practice

The Candidate will be able to

- demonstrate an understanding of epidemiology and public health principles
- recognise the signs of an infectious disease outbreak, and utilise appropriate infrastructure and protocols for management
- demonstrate an understanding of the environmental, social and cultural influences on illness, health needs and priorities of rural and remote people and their communities
- develop a flexible approach to health management of those with cultural and social differences
- effectively utilise the available human and physical resources in the management of rural and remote patients
- take into account social aspects related to the management of patients in rural communities
- utilise the extended role of other health care practitioners in rural areas

- provide health promotion and educational sessions about relevant health issues to rural health staff and consumers.
- recognise the importance of the family unit and the home environment in illness and health, and acknowledge the extended support structures
- demonstrate an understanding of the determinants of community health (eg. maternal education, socioeconomic status)
- understand the differing values and priorities of rural people for their healthcare, due to social, economic and cultural influences
- demonstrate an understanding of the environmental factors which contribute to illness in a rural community
- advise and participate in appropriate public health surveillance and screening and disease control procedures

Professional and Ethical Role

The candidate will be able to

- demonstrate an understanding of the difficulties and importance of maintaining confidentiality in small communities
- critically review relevant literature and evidence, analysing and utilising it appropriately in the workplace
- develop skills in balancing the case load and demands of working in isolation in a rural practice with social and personal responsibilities
- demonstrate an ability to establish professional networks and utilise available rural resources and referral agencies
- develop a commitment to continuing self-directed learning and professional development sufficient to provide quality medical care
- develop the appropriate skills for self-care and self-reliance.
- develop a commitment to continuing self-directed learning and professional development sufficient to provide quality care for children in rural and remote areas.

Organisational and Legal Dimensions

The candidate will be able to

- work effectively as part of a multidisciplinary team
- develop an understanding of the principles of small business management appropriate to a rural general practice
- understand and utilise relevant protocols and guidelines and where necessary participate in development of these guidelines
- understand the principles of public health including disease control arrangements within their State, and utilise appropriately public health infrastructure
- outline legal responsibilities regarding notification of disease, birth, death, autopsy etc.
- appropriately prioritise patient management in rural general practice, according to individual patient needs, time, and other resources available
- be aware of the local issues which impact upon the GP's decision to treat the patient locally or refer on
- arrange the local rural community transport and safe evacuation processes.
- develop small business management skills suitable for general practice
- utilise appropriate practice and local hospital triaging procedures to ensure that a sick patients have easy and fast access to care
- be aware of the differing capabilities and limitations of staff in both the general practice and rural hospital setting
- develop a knowledge of local support networks and resources and an involvement in their development and function.

Content

The way in which the curriculum content for the Adult Internal Medicine ARSP extends the breadth and depth of the core curriculum is depicted in the following table. The relevant RACGP core curriculum areas are included as hyperlinks to enable ready access to the details in each area.

(ARSP)		
Relevant Curriculum Areas (extracted from RACGP core curriculum -)	Major Focus of this ARSP	Advanced Knowledge/Competencies (Outcomes expected from this particular ARSP)
The discipline of general practice		
Common learning objectives	Application of learning objectives at increased depth in Child & Adolescent Health in rural areas	
Philosophy and foundation of general practice	Child & Adolescent Health as extension of the role of the rural general practitioner	
People and their populations		
Aboriginal health (in development)	An important at risk group for emergency care requiring special understanding in management	
Aged care	Higher prevalence of minor surgery conditions, falls, fractures.	
Children's and young people's health	An important at risk group for surgery arising from accidents, requiring special understanding in management	
Disability		
Doctor's health	The workload and intensity associated with surgery requires particular attention to self-care	
Genetics		
Men's health		
Multicultural health		

Population health and public health		
Rural general practice		
Women's health		
Presentations		
Acute and serious illness		
Chronic diseases		
Dermatology		
Drug and alcohol		
Eye and ear medicine (in development)		
Mental health		
Pain management		
Musculoskeletal medicine (in development)		
Occupational health and safety		
Oncology		
Palliative care		
Sexual health		
Sports medicine		
Processes of general practice		
Critical thinking and research		
Dealing with undifferentiated problems in general practice (in development)		
GP's as teachers and mentors		
Health informatics		
Integrative medicine		
Patient safety (in development)		

Practice management		
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The following content list provides guidelines for the candidate and the Supervisor regarding topics to be covered. Many of the common Adult Internal Medicine matters would have been covered in the core curriculum therefore it is a non-exhaustive list of desirable knowledge and skills to meet the needs of rural communities. It is anticipated that this list maybe adapted to address the particular learning goals of candidates and in the particular rural context in which the ARSP is located.

Organisation of the list along “system” rather than “problem orientated” lines reflects the belief that an ARSP in Adult Internal Medicine will focus on management rather than diagnostic issues. Diagnostic issues are assumed to have been well-covered in the Core Curriculum.

Systems / specific conditions	Clinical and other skills
<p>Cardiac</p> <ol style="list-style-type: none"> 1) cardiac arrhythmias 2) acute and chronic CCF 3) infarct - acute coronary care 4) acute and chronic hypertension 5) chronic unstable angina 	<ul style="list-style-type: none"> • cardioversion • drug management in rural areas • administration of streptokinase and TPA • polypharmacy management • post infarct management and rehabilitation • using cardiac echo
<p>Circulatory / Oncology</p> <ol style="list-style-type: none"> 1) haematology 2) thrombocytopaenia 3) anaemia 4) polycythemia 5) lymphoma 6) bleeding disorders 7) septicaemia 8) drug toxicology 9) snake bite / envenomation 10) principles of blood transfusion 11) solid tumour oncology 	<ul style="list-style-type: none"> • use of GCSF • principles of chemotherapy and side effects and management • palliative care in rural areas • therapy of neutropenia • DVT management • management of detoxification / envenomation • iatrogenic drug problems
<p>Endocrine / Metabolic</p> <ol style="list-style-type: none"> 1) diabetes and complications 2) thyroid disease 3) electrolyte disturbance 4) hypercalcaemia 5) haemochromatosis 6) gout / hyperuricaemia / osteoporosis 	<ul style="list-style-type: none"> • insulin regimens - IV / acute treatment • genetic counselling / referral • chronic wound care
<p>Gastrointestinal</p> <ol style="list-style-type: none"> 1) acute dental problems 2) ulcer disease 3) hepatic disease - all types 4) GI bleeding - upper / lower 5) irritable bowel syndrome 6) infections - all types 	<ul style="list-style-type: none"> • dental first aid • stoma care • sigmoidoscopy • insertion of naso gastric tube • principles of rehydration • resuscitation of shocked patient • overdose treatment

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

<p>Management Issues</p> <ol style="list-style-type: none"> 1) principles and guidelines for evacuation and transport of patients 2) autopsy guidelines 3) GP legal responsibilities 4) basic hospital management skills 5) QA and accreditation issues 6) principles of adult learning 7) communication skills 	<ul style="list-style-type: none"> • presentation and education skills • small business management skills
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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

Aviation medicine and the transportation of patients : Clinical resource:
<http://www.flyingdoc.net/Aviation-Medicine-Transportation-of-Patients.html>

- Central Australian Rural Practitioners Association. *CARPA standard treatment manual : a clinical manual for professional health care practitioners in remote and rural communities in Central and Northern Australia*. 4th edition. Alice Springs :Central Australian Rural Practitioners Association. 2004.
- Choo. C. *Aboriginal Child Poverty Review No 2*. Brotherhood of St Lawrence, Melbourne. 1990.
- Commonwealth Department of Human Services and Health *National Aboriginal Health Strategy Working Party Report*. AGPS, Canberra. 1989.
- Commonwealth Department of Human Services and Health. *National Rural Health Policy*. AGPS, Canberra. 1994.
- Communicable Diseases Section, Public Health Group. *The blue book : guidelines for the control of infectious diseases*. Melbourne : Communicable Diseases Section, Public Health Group Vic Health, Department of Human Services. 2005. Also available online at : <http://www.health.vic.gov.au/ideas/bluebook>
- Gunzberg J. *The family counselling casebook*. McGraw Hill. 1991.
- Harris RD and Ramsey A. *Health Care Counselling - A Behavioural Approach*. Williams and Wilkins and Associates Pty Ltd. 1988.
- Healey J. *Child poverty*. Thirroul, NSW : Spinney Press. 2007.
- Jenkins A. *Invitations to responsibility. The therapeutic engagement of men who are violent and abusive*. Dulwich Centre Publications. 1990.
- Langford SA. *Preparation of patients for transport*. RFDS Monograph Series No 2. RFDS. Hurstville NSW. 1991.
- Langford SA. *Preparation of patients for transport*. RFDS Monograph Series No 2. RFDS Hurstville NSW. 1991.
- McWhinney IR. *A Textbook of Family Medicine*. New York, Oxford University Press, 1989.
- Murtagh J. *John Murtagh's general practice*. 4th edition. North Ryde, NSW : McGraw Hill. 2007.
- National Health and Medical Research Council. *Australian immunisation handbook*. 9th Edition. Canberra: NHMRC. 2008. Also available online at <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>
- Rakel RE. *Textbook of Family Practice*. 5th edition, Philadelphia, WB Saunders Co. 1995.
- Read A. *Clinical Skills in Medicine*. Butterworth-Heinmann, Chatsworth. 1989.
- Riegelman RK and Hirsch RP. *Studying a Study and Testing a Test - How to read the Medical Literature*. 2nd edition, Little, Brown. 1989.
- Rowntree. *Statistics Without Tears*. Penguin. 1981.
- Scott NA. *Procedures in Practice*. 3rd edition BMJ Books. 1994.
- Stone R. *Pretest self-assessment and review*. McGraw Hill. (800 Multiple choice questions). 1995.

Stone RM (Ed). *Harrison's Principles of Internal Medicine* - CD ROM - pre-test self-assessment. 13th edition. McGraw Hill. Also *Companion Handbook*. 13th edition. McGraw Hill. (if CD ROM used) 1994.

Therapeutic Guidelines. *Antibiotic*. Version 13. Melbourne : Therapeutic Guidelines. 2006.

Weatherall D, Ledingham JGG and Warrell DA. *Oxford Textbook of Medicine*. 2nd edition. Oxford Medical Publications, University Press. 1987

Wynngaarden JB and Smith LH. *Cecil Textbook of Medicine*. 18th edition. Philadelphia: Saunders Company. 1988.



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