

GP Procedural Training Program

INFORMATION SHEET

Emergency Medicine Advanced Rural Skills Post (ARSP)

Specific accreditation requirements

Accreditation for ARSP's is through the Joint Consultative Committee in Emergency Medicine (JCCEM) and is for a period of 3 years.

Approved training post is for 6 months which includes 3 months in an accredited emergency department and 3 months in an accredited intensive care unit.

Training can take place in a teaching hospital emergency department, accredited rural hospitals, retrieval services, or a mixture of these.

Trainees are expected to take on the roles and responsibilities of a junior emergency medicine registrar.

Training supervision

Each post must have 2 supervisors, one emergency medicine specialist and one rural GP with experience in emergency medicine.

Trainees may be under the supervision of other staff in their day-to-day work activities.

Trainees are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other staff.

Registrars are required to maintain clinical diaries which should be regularly reviewed with their supervisor.

Registrars are required to have either previously completed or alternatively, undertake an EMST or ELS course as part of their training.

Learning plans

To ensure that training needs are adequately covered each trainee should develop a learning plan in negotiation with their supervisors. Final plan contents need to include clear learning goals in regards to the ARSP curriculum. The learning plans should be agreed upon and signed by both supervisors and the trainee. It is suggested that reviews and appropriate modifications should be made on a regular basis.

Curriculum

The topic list provided is a guide to the areas of emergency medicine which should be considered. The determination of topic coverage should be negotiated and documented in the trainees' learning plan.

1. Airway/breathing emergencies
2. Circulatory emergencies
3. Toxic emergencies
4. Metabolic/endocrine
5. Paediatric
6. Orthopaedic emergencies
7. Environmental emergencies
8. Emergency anaesthesia
9. Ophthalmology
10. Psychiatry
11. Ear, nose & throat
12. Wound
13. Obstetric
14. Rural communities

Assessment

The assessment should be conducted primarily by the supervisors appointed at the beginning of the training.

Formative assessment is via weekly discussion between registrars and supervisors including review of the trainees' clinical diary or log book of cases and procedures. Progress should be monitored against the curriculum.

Summative assessment is to be performed towards the end of the training period. This includes the completion of a training report jointly by the 2 supervisors. Training report is based on:

1. Unit attachment report
2. Two cross table vivas of 1 hour duration with fellow of AC of EM/ICU/Anaesthetics and a GP supervisor
3. 2 Case History reports either of written or grand round presentations, (approx 1,200 words).
4. Successful completion of the EMST course or ELS course.

Training Posts

Training Post available in Wagga Wagga.



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