

**THE ROYAL AUSTRALIAN COLLEGE  
OF  
GENERAL PRACTITIONERS  
TRAINING PROGRAM**

**SURGERY**

***ADVANCED RURAL SKILLS  
CURRICULUM STATEMENT***

***SECOND EDITION***

***April 1998***

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## INTRODUCTION

The following curriculum statement has been developed as the final stage in the process of curriculum development, spanning several years. It follows the development of curricula in anaesthetics, obstetrics and surgery for rural general practice. Information, which has been accessed for this development, has come from numerous sources, in particular the Rural Faculty of the RACGP.

The purpose of the Rural Faculty is 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. Acknowledgment is made to the members of the Rural Faculty for the work in developing these materials.

### Definitions

The Rural Faculty 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 over 80 km or 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 Rural Faculty 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 RACGP Training Program has an integrated rural training stream (RTS) of four years duration, including 12 months of Advanced Rural Skills training, during which the requirements of the RACGP Training Program will be met.

The organisation of the blocks of experience depend upon individual curriculum requirements and the educational pathways of the individual Registrar. The Training Program may approve a period of elective training and/or leave of absence to a combined maximum of three years. Not more than two years may be taken as leave of absence.

### Selection

Any applicant accepted for enrolment into the Training Program in accordance with the RACGP selection policies and procedures is eligible for selection into the Rural Training Stream (RTS), after submitting some additional information upon application. Applications are then considered by a nominee of the State Director of the Training Program, a regional Rural Health Training Unit representative, and a Rural Faculty representative.

Interview and survey techniques used to assess various criteria, include:

- a strong rural background
- undergraduate experience in the rural area
- a professional role model 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.

Preference will be given to Registrars who demonstrate a commitment to rural practice and who can meet the requirements of the RTS enrolment, which be found in the *Graduate Diploma in Rural General Practice Handbook*.

## **Context of Rural Practice**

A fundamental principle of the program is that general practice experience is gained in the appropriate context. For the rural training stream, that is in rural practice. Rural practice differs significantly from urban practice, due to the differing resources in rural areas and the advanced skills GPs require to manage patients who their urban colleagues might refer to secondary or tertiary care. Registrars should acquire the necessary skills in hospital settings prior to developing them in rural practice.

The expectation is that prior to undertaking advanced rural skills training the Registrars will have had previous experience under supervision. As they advance through the training program, gaining more experience feedback and encouragement, their learning will become more self-directed. The ultimate outcome is gaining sufficient confidence to manage any presenting problem.

Advanced rural skills training provides opportunities for Rural Training Stream (RTS) Registrars to develop advanced medical knowledge and skills relevant to rural general practice.

## **Advanced Rural Skills Training**

The program is designed to augment core training by providing community-based, Registrar-level training in various disciplines. During advanced training, both training and service needs of the hospital should be balanced. Hospital terms offered will depend on the Registrar's previous experience and future practice needs, and will be determined in consultation with his/her training adviser.

At the completion of Rural Training Stream (RTS) training, Registrars will have appropriate experience in the Core Curriculum areas of Acute and Traumatic Conditions, Women's Health, Medicine, Mental Health, Aboriginal Health, and Child and Adolescent Health which link to advanced rural skills training. Experience is not synonymous with terms in these disciplines, since this experience is often gained in an integrated manner in rural hospitals and practices.

Registrars 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.



## **Graduate Diploma in Rural General Practice**

GP Registrars who meet the core requirements of the Training Program and pass the College Examination, are eligible for the Fellowship of the RACGP, which is a universally-recognised professional award. The Graduate Diploma in Rural General Practice is an additional professional qualification for those Registrars who have met core training requirements, are eligible for the Fellowship, and have successfully completed the specific requirements of the RTS including, the Advanced Rural Skills year.

To be eligible for the award of the Graduate Diploma in Rural General Practice, Registrars must satisfactorily complete all educational and training requirements of the RTS. The key education and training requirements of the RTS can be found in the *Graduate Diploma in Rural General Practice Handbook*.

## **TITLE      Surgery**

### **RATIONALE**

This Advanced Rural Skills Curriculum Statement has been written and modified from the 1992 version which was developed in response to the identified training needs of existing or potential rural general practitioners. The need for additional training for rural general practice is a long standing one and has been well documented <sup>1</sup>. Surgery has been identified as one of the key procedural areas for additional training.

The Rural Doctors' Association of Australia (RDAA) has been active for a number of years in pressing for provision of some surgery training for rural practitioners. This has included the preparation of a comprehensive position paper on the subject<sup>2</sup>. This was an important paper in the preparation of the 1992 curriculum statement. Members of the RDAA have also initiated and undertaken complex negotiation about the content of surgery training with the Royal Australian College of Surgeons (RACS).

### **LEARNING OBJECTIVES**

The context of rural general practice differs from urban practice. These learning objectives therefore seek to account for the context of the work environment of the Rural Registrar who may be working in a large rural town with tertiary support or a one doctor community in a geographically isolated area.

#### ***Communication Skills and the Patient-Doctor Relationship***

The RTS Registrar will be able to:

- work effectively as part of a multi-disciplinary team;
- develop good listening skills and provide empathic advice and support to patients, carers and other team members;
- demonstrate an holistic approach to identifying issues of the most importance to patients' health and management;
- understand the different skills required in cross-cultural communication and demonstrate an ability to acquire them;
- establish and utilise a comprehensive professional referral network;

<sup>1</sup> Craig M, Nichols A, *The design and Development of Training Curricular for Rural General Practice*, Project Synopsis. 1992.

<sup>2</sup> Shepard JW, Arnetts P, on behalf of RDHA, *Position paper on Surgical Services*, M. Craig RDAA. 1992

### ***Applied Professional Knowledge and Skills***

The RTS Registrar will be able to:

- take an accurate and detailed surgical history and competently perform a physical examination;
- develop the clinical skills required to competently diagnose, investigate and manage common surgical conditions in rural and remote practice;
- competently perform a range of common surgical procedures under minimal or distant supervision (*refer list in contents section*)
- demonstrate knowledge of relevant anatomy, physiology, pathology and research findings in management of common surgical conditions;
- demonstrate knowledge and skills in the pre- and post-operative management of common surgical conditions and associated complications;
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within their limitations;
- utilise a problem solving approach to surgical care demonstrating an ability to think in the long term;
- understand the principles of blood transfusion, surgical bleeding and fluid replacement therapy (includes procedures for cross-matching in rural areas);
- understand the principles of bone fixation, fracture and dislocation management, recovery and mobilisation;
- demonstrate appropriate skills in the early management of severe trauma.

### ***Population Health and the Context of General Practice***

The RTS Registrar will be able to

- understand and utilise relevant protocols and guidelines and, where necessary, participate in development of these guidelines;
- 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;
- understand the social aspects related to the management of patients in rural communities;
- understand and utilise the extended role of other health care practitioners in rural areas.

### ***Professional and Ethical Role***

The RTS Registrar will be able to:

- develop a commitment to rural general practice and the provision of medical services for rural Australians;
- demonstrate an understanding of the particular need and difficulty in maintaining confidentiality in small communities;
- develop skills in balancing the case load and demands of working in isolation in a rural practice with social and personal responsibilities;
- develop an understanding of the principles of small business management appropriate to a rural general practice;
- demonstrate an ability to establish professional networks, organisations 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;
- identify ones own strengths and limitations;
- provide ongoing health education and health promotion sessions to other rural health professionals and members of the rural community.

### ***Organisational and Legal Dimensions***

The RTS Registrar will be able to:

- outline legal responsibilities regarding notification of disease, birth, death and autopsy etc;
- appropriately prioritise patient management in rural general practice, according to individual patient needs, time and other resources available;
- demonstrate an awareness of the local issues which impact upon the GPs decision making to treat the patient locally or refer and arrange the local rural community transport and safe evacuation processes;
- consider the availability of local and transfer resources in making decisions about surgical management.

## CONTENT

The curriculum statement is focused on the principles of assessment, triage and management of common surgical conditions. The content is organised under the following headings:

1. the management process;
2. common surgical conditions;
3. common surgical skills and procedures;
4. common practices in surgical management.

### 1. The Management Process

Steps in the management process have been set out below.

*Initial Assessment:*

- history;
- physical examination;
- arranging and interpreting appropriate investigations;
- reaching a differential diagnosis;
- initial management.

*Management Plan:*

- deciding whether management should be local, local with consultation or involve referral and transfer;
- arranging for referral and transfer if appropriate;
- implementing local management or local management with consultation:
  - ⇒ arranging and interpreting further investigations;
  - ⇒ undertaking conservative measures as appropriate;
  - ⇒ undertaking operative measures as appropriate.

*Post operative care and follow up:*

- undertaking immediate post-operative care for locally managed patients, including perception, assessment and management of surgical complications with consultant advice, if necessary;
- undertaking long term follow-up for local or transfer patients;
- undertaking follow -up of conservatively managed patients.

*This management process provides the underlying framework for the presentation of the specific content set out below.* The emphasis is on reflective thinking and considered decision-making processes in management of surgical conditions with due consideration of knowledge of relevant anatomy, physiology, pathology and research. Gaining of skills and experience in operative measures should take place within the management framework with particular consideration of:

- the nature of the disease or presenting condition;
- the nature of the patient;

- the availability of resources for local, emergency or definitive management of conditions;
- the availability and limitations of local resources for consultation, referral and transfer;
- the expertise and limitations of the Registrar.

## 2. Common Surgical Conditions

Experience and expertise should be gained in the *recognition and appropriate initial management* of the following common conditions. Generic presenting conditions from which management decisions are made are listed.

The conditions should be studied by following the management of patients from initial contact to discharge or follow up in the RTS Registrar's clinical setting.

Abscesses, haematomata and cellulitis	Ingrown toenails
Abdominal mass	Joint pain
Abdominal trauma	Leg ulcers
Acute abdominal pain	Ligament injury
Acute gynaecological problems, ectopic pregnancy, PID, ovarian problems	Limb fractures/dislocations - upper & lower limbs
Altered bowel habits	Limb pain including ischaemia
Arterial trauma	Lumps in the groin
Back pain	Lumps in the neck
Breast infection	Nerve entrapment
Breast lumps	Pelvic injuries
Burns - major	Perianal conditions
Burns - minor	Peripheral vascular disease
Chest pain	Pilonidal abscess/sinus
Chest trauma	Prostate disease
Compartment syndrome	Rectal bleeding
Contusions	Renal pain
Claudication	Scrotal swellings/pain
Deafness, ear infection	Simple plastic surgery conditions (flaps, grafts)
ENT emergencies including epistaxis	Skin lesions
Eye trauma	Spinal injury
Facial injuries	Sterilisation
Foreign bodies	Tendon entrapment/repair
GIT bleeding	Urinary tract infection
Hand injuries	Voiding difficulties
Head injuries	Wounds - simple and complex infections

### 3. Common Surgical Skills and Procedures

- Trauma Skills

These skills are acquired during the EMST course. An outline of the course is included as Appendix 1. Opportunities can be provided for practice and reinforcement of the skills where the EMST course is undertaken prior to this programme.

- Minor procedures

Minor surgical procedures are included as part of the study of the common surgical conditions listed above. The following procedures are of particular importance to rural practitioners and will receive additional attention in this program. Some observation of and experience in the procedures is assumed on entry. Clinical attachments in this program should provide for opportunities to perform these procedures with increasing independence as experience and competence are gained.

- excision of skin lesions and simple plastic surgery;
- suturing in most surgical situations;
- cryotherapy and cautery;

#### *Operative procedures*

Experience and skills in appropriate operative procedures associated with common surgical conditions should be gained according to the complexity of the operation, the proficiency of the individual Registrar and the Registrar's likely location after completion of the course. This should include a consideration of the potential availability of surgical facilities and specialist support. Some Registrars may gain experience and proficiency in caesarean section and associated obstetric knowledge and skills as part of their major studies in surgery.

### 4. Common Practices in Surgical Management

There are common practices in the management of surgical conditions. The study of the conditions should provide specific examples of the practices which should be introduced and reinforced during such study.

- the assessment of surgical patients;
- fluid and electrolyte balance;
- nutrition;
- surgical bleeding and blood replacement;
- shock;
- sterilisation;
- wounds and wound healing;
- surgical infections;
- other common surgical complications;
- pain management;
- fracture/dislocation management including principles of fixation;
- recovery and mobilisation.

## TEACHING AND SUPERVISION APPROACHES

### Surgical and General Practice Attachments

This curriculum is designed for four initial periods of attachment.

- 1) attachment to a general surgical unit in the RHTU;
- 2) attachment to an orthopaedic surgical unit in the RHTU;
- 3) attachment to a rural practice;
- 4) attachment to an appropriate unit in a location where the Registrar is likely to work.

Each of the conditions listed on page 10 should be covered through patient management in the unit attachments. While under normal circumstances it is expected that Registrars would cover all of the listed topics, it is recommended that an agreement be negotiated between the Registrar, the Supervisor from the FRM and the surgical supervisor, to determine the depth and extent of coverage for the listed content.

The negotiation process should take account of:

- 1) the selection of a broad and representative set of common surgical conditions likely to be encountered in most general practice contexts;
- 2) the potential geographical location of the trainee and the perceived needs arising from that location;
- 3) the background and experience of the trainee.

The outcome of the negotiation process should be a written statement setting proposed coverage of content for the year of study which should be signed by the three parties concerned. The content should be subject to periodic review. At the very least reviews should take place at the beginning of each of the attachments described below. Reviews should take into account factors such as the workloads and clinical exposure of the units to which the trainee is attached, changing interests of the trainee and the strengths and limitations of the trainee's work in the management of surgical conditions.

The duration and form of each attachment is not specified here. The first two, for example, may be taken together or separately. The exact nature of the program should be determined in each RHTU according to facilities available and the negotiation of content set out in the previous section. Where Registrars have spent some time in areas in which they are likely to work in the first three attachments, alternatives to the stated fourth attachment may be negotiated. Such attachments could include work in surgical specialties although some specialty work should be included in the general surgery attachment. Registrars may choose to spend further time in a general surgery or orthopaedic attachments particular if their negotiated programs are associated with the needs of isolated practice. An attachment to an accident and emergency department associated with the RHTU may also be appropriate. This would include involvement with accident and emergency retrieval teams.

### Surgical Attachments

Where possible, surgical attachments should take place in the region where the Registrar intends to practise to enable an ongoing consultant-registrar relationship. During the attachments Registrars

are expected to take on the roles and responsibilities of a junior surgical registrar under the direction of the head of the unit or surgical supervisor. In general the duties would include:

- admission and assessment of patients;
- drawing up and implementing management plans under supervision with increased responsibility over time;
- assistance at operations with increased responsibility over time;
- performance of operations initially under supervision but with increasing independence over time;
- post operative management including management of complications;
- preparation of discharge summaries and plans for follow up;
- participation in takes and emergency duties in the unit;
- participation in retrieval teams and acute trauma situation.

One-to-one teaching should occur in the context of these activities. This teaching should be active and interactive and should recognise the needs of Registrars as adult learners. Registrars are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities. References to the literature should be provided for studies of relevant anatomy, physiology, pathology and research although Registrars are expected to use the library facilities of the RHTUs to locate reference material for themselves. The small number of Registrars undertaking a major in surgical studies at any one RHTU may preclude the conduct of a tutorial program. However, Registrars should be encouraged to join other educational programs in the RHTUs or attend sessions offered to other surgical staff.

Registrars are required to maintain clinical journals and logbooks with written records of patients managed and check these against the negotiated topics. There should be regular review and discussions between Registrar and Supervisors. Cases can be presented at the regular audits and meetings in the surgical departments of the RHTU. A selected number of cases should be prepared for assessment as set out in 'Feedback and Assessment' on pages 14 to 16.

### **Rural Practice Attachments**

Registrars should spend a period of attachment with an accredited rural general practitioner who undertakes surgical work preferably in a region where the Registrar may work after the completion of the Training Program. Again, the level of responsibility should be the equivalent to that of a junior Registrar in a hospital environment with the Registrar consulting with patients under supervision, participating in management and follow up and undertaking general practitioner emergency work. The Registrar should assist the general practitioner surgeon in theatre and perform appropriate surgical procedures under supervision.

As in the surgical unit, attachment should be on a one-to-one basis while engaged in general practice work. Clinical logbooks should be maintained in a similar manner to the above and should be subject to review in regular discussion, with some cases prepared for more formal assessment.

## PREREQUISITES / ASSUMED PRIOR EXPERIENCE

The GP Registrar should satisfy the following criteria:

- be eligible to undertake Advanced Rural Skills Post in accordance with the Training Program Operating Procedures ie:
  - ⇒ be accepted into the Rural Training Stream;
  - ⇒ have completed a minimum six months in rural general practice terms;
  - ⇒ successful completion of the early management of severe trauma course;
  - ⇒ successful completion of core requirements of the acute and traumatic curriculum statement.
- It is assumed that Registrars should have developed a knowledge of anatomy, physiology, pathology and research appropriate for a Resident Medical Officer in a general surgical unit. The emphasis in this curriculum statement is on the utilisation of this basic knowledge in the management of common surgical conditions.
- Competence in the performance of the following basic skills is assumed
  - ⇒ clean and sterile technique;
  - ⇒ insertion of tubes, drains and catheters;
  - ⇒ interpretation of common radiological or evidence from other investigations;
  - ⇒ suturing;
  - ⇒ plastering and splintage;
  - ⇒ care and dressing of wounds, minor burns and ulcers.
- Performance of physical examination of the major body systems, including the musculoskeletal system.

## FEEDBACK AND ASSESSMENT

### Assessment Principles

This curriculum uses a combination of formative and summative assessment. The purpose of assessment, particularly the former kind, is supervisory as well as judgmental. It should provide an indication of progress in the program and guidelines for Registrars in directing their own learning as well as an outline of overall development over the twelve month period. The assessment should be conducted primarily by the general practitioner and surgical supervisors in the RHTU. They should be appointed at the beginning of the Registrar's program and continue their involvement with the Registrar under their supervision for the whole year. For some of the attachments, notably the orthopaedic and rural practice attachments, the Registrar may be under the supervision of other accredited teaching staff in their day to day work. In such cases the unit attachment components of the assessment process set out below should be conducted through consultation between supervisors and the other staff. There is some provision for external moderation of components of the assessment.

## **Formative Assessment**

Regular discussions should take place between Registrars and mentors using the diaries containing notes of the Registrar's work in the unit attachments. The contents of the diaries are to be checked against the lists of topics derived from the negotiation of content. These discussions should take place on a weekly basis and brief annotations could be made in the trainees' diaries by supervisors. The style and format of the diary should be based on the RACS format but, in general, they should contain details of the following:

- 1) a succinct statement of patient details and presentation;
- 2) notes on the management of the patient;
- 3) comment on the application of any of the common practices in obstetric or gynaecological management;
- 4) brief indications of clinical skills and procedures learned or extended;
- 5) comment on the application of any of the common practices in surgical management;
- 6) indications of any post operative complications that occurred and how these were managed.

Where staff other than supervisors are responsible for an attachment there should be at least fortnightly discussion using the diary as a basis for the interchange although annotations may not be necessary.

## **Summative Assessment For Unit Attachments**

### *Outline of Assessment*

Summative assessment should be conducted jointly by the two supervisors at the end of each attachment. This summative assessment should comprise a unit attachment grade and a case study grade. Satisfactory and unsatisfactory gradings only should be used. Pro formas, designed by the FRM in consultation with the RACS and the RHTU staff, should be used in this process. They should contain space for supervisor, staff and Registrar comments.

### *Supervisor Assessment*

The unit attachment grade accompanied by brief written comments should be assigned by the staff member (supervisor or otherwise) to whom the Registrar is responsible in the attachment. This grade should be assigned on the basis of ability to:

- 1) reach a differential diagnosis and develop a management plan from acquired patient information about the presenting condition
- 2) summarise relevant patient information and management plans and communicate these to others
- 3) order appropriate investigations and interpret the results of such investigations
- 4) participate in the implementation of the management plan under an appropriate level of supervision
- 5) participate in decisions about the discharge and follow up of patients
- 6) maintain patient records in a regular and orderly manner, including a legible discharge referral management
- 7) develop competence in the conduct of common practices in surgical management
- 8) develop competence in new skills that are important in rural practice and reinforce and extend existing skills

- 9) develop personal confidence and competence in the management of common surgical conditions and an awareness of the limitations of personal competence
- 10) use reflective thinking and considered decision making processes in management of surgical conditions.

### ***Case Studies***

Registrars should submit five written case studies on a range of surgical conditions for each attachment. A case study should contain details of the management plan of one of the patients under the care of the Registrar during the attachment. Each case study should deal with a different condition. The following details should be included:

- 1) patient information;
- 2) presenting complaint;
- 3) brief history relating to the condition;
- 4) physical examinations conducted and their outcomes;
- 5) investigations conducted and their outcomes;
- 6) differential diagnosis;
- 7) details of management plan;
- 8) a discussion of the management plan with a statement indicating why treatment chosen was regarded as the most appropriate option from the alternatives available and comments on the plan from the perspective of rural general practice;
- 9) a discussion of possible anticipated or actual complications and their management;
- 10) a summary statement that could form the basis of a progress or discharge letter;
- 11) an indication of the Registrar's learning about the management of surgical condition, including management of complications.

The case studies should be of 1000-1200 words in length. A concise summary of patient information, history, examination and diagnosis should be presented, but the major part of the written report should be focused on points 8-11. The case studies should be graded by the two supervisors. The following should be taken into account in assessment of the case studies:

- 1) the clear statement of the present and relevant background information;
- 2) the organisation and critical review of relevant information in discussing management;
- 3) the presentation of a reasoned argument for management including comment on management from a rural practitioner's perspective;
- 4) the presentation of a concise summary and concluding statement.

Two case studies from each attachment should be submitted to a panel of outside moderators on a quarterly basis. The panel should be a joint initiative of the FRM and the RACS. Under normal circumstances the panel would provide written comments only on the case studies. If a change of grade was thought to be necessary this should be discussed with the two supervisors at the RHTU.

### ***Additional Work***

Where an unsatisfactory grading is received for a unit attachment or case study, the supervisors should indicate any additional work to be undertaken. Progress in the program should be reviewed by supervisors in consultation with the Registrar should a number of unsatisfactory gradings be received.

## Program Summative Statement

At the end of the program a final summative statement should be prepared for each Registrar by the two mentors. This should include:

- 1) indication of successful completion of the EMST course;
- 2) a summary of the unit attachments undertaken;
- 3) a list of case studies submitted with an indication of those which were moderated externally;
- 4) a brief summary statement by the two supervisors indicating the Registrar's development in the course and understanding of the important issues in surgical management in rural general practice;
- 5) an indication of the capacity of the Registrar to perform appropriate unsupervised general practitioner surgery.

## EVALUATION METHODS

The Advanced Rural Skills Curriculum is evaluated by several means, including continuous monitoring by the RACGP Training Program and by the Rural Health Training Units. A standardised Registrar feedback form, which the Registrars complete at the end of each attachment, is also used. The form is designed to obtain ratings on the extent to which the Advanced Rural Skills Post contributed to achievement of the overall program objectives, and specifically, to the requirements of this ARS Post.

## TIME AND LEARNING RESOURCES

### *Duration*

The duration of this advanced rural skills post can only be taken over twelve months.

### *Staffing*

This unit will be largely self directed by the Rural Registrar. It is expected that they will utilise and develop their own professional network throughout the term. Essential people and their roles, are as follows:

**Rural GP Supervisor and Rural Specialist** whose role is to:

- assist in the development, implementation and evaluation of learning materials;
- participate in the workshops on specific topics, in person or by teleconference;
- contribute to formative and summative assessment of the Registrar by providing learning opportunities and monitoring competency;
- act as a rural role model, mentor and support person;
- facilitate learning opportunities for procedural skills development and other abilities.

**Medical Educator** whose role is to:

- co ordinate workshops on specific topics;

- ensure learning package availability for Registrars;
- facilitate Registrar access to learning opportunities for procedural skills and other abilities;
- contribute to formative assessment of Registrar using clinical skills log book to monitor progress;
- participate actively in curriculum evaluation process;
- provide information from other Rural Registrars who have been previously involved in this unit.

**Other RHTU staff, eg Librarian and Administrative Support Officers,** whose role is to

- provide necessary support in the areas of distance learning, library resources, administrative support for educational activities assessment and evaluation.

### ***Training Resources***

The Rural Registrar will require access to:

- curriculum document;
- clinical skills log book;
- clinical diaries;
- workshops on specific topics (outlined in content);
- learning packages;
- interactive workshops via audio/video conferencing, satellite telecasts;
- resources, learning materials provided through RHTUs;
- telemedicine facilities;
- PC/CD ROM;
- library with e-mail facility;
- access to data base searching;
- CheckuP 2;
- evaluation forms;

### ***Recommended Texts and References***

## ACKNOWLEDGMENTS

The Rural Medicine Curriculum Design Project is indebted to the following individuals and organisation who were involved in the initial ARS curriculum development.

Funding for the Project was provided by Department of Health, Support, Education and Training Grants Program. *In alphabetical order:*

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This curriculum statement was revised in consultation with JCC Surgery and Faculty of Rural Medicine in April 1998 by Ms Janie Smith, National Education Development Officer and Dr Sarah Strasser, Director of Rural Training.

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