QRGP Prevocational Training Program: Emergency Medicine training outcomes

Learning objectives

QRGP Prevocational Trainees need to gain the required experience, capability and skill to assess and manage:

1. ambulatory and non-ambulatory undifferentiated patients presenting to either a community facility (e.g. general practice) or emergency department.
2. acutely unwell ambulatory and non-ambulatory patients presenting either to a community facility or emergency department.
    a. The ability to reliably and accurately assess the level of clinical, geographic, social and situational risk given the clinical scenario and context of care is a foundational skill for RG vocational trainees.
    b. Early recognition, management, resuscitation, and when necessary, expeditious transfer of seriously or critically ill patients is a critical skill.

Emergency departments and general practices are the most appropriate sources of undifferentiated care experience for rural generalist prevocational doctors. Undifferentiated inpatient experiences do not provide the broad ambulatory caseload that is required.

The emergency department is the most appropriate source of acute and critical care experience for rural generalist trainees.

Either rural or regional referral hospital emergency medicine placements are suitable. A minimum of 10-weeks in Emergency Medicine is a program requirement, however if there is capacity, a second Emergency Medicine placement is highly desirable. In this instance, it would be particularly appropriate if one of these placements was in a rural Emergency Department.

Rural Generalist trainees require well developed emergency medicine capabilities and skills, including airway and resuscitation experience. An anaesthetic placement is a college requirement. Clinical experience in Intensive Care, Coronary Care, High Dependency Medical and Surgical Units are valuable supplementary sources of critical care experience if available. Basic Life Support, Advanced Life Support, Paediatric Life Support, and Trauma courses are strongly recommended.

Emergency Medical Care

RG prevocational doctors should gain sufficient experience to be able to:

- assess, prioritise, stabilise, investigate, and provide initial treatment to undifferentiated emergency presentations in hospital and community settings.
- recognise the need to urgently consult with supervisors, senior staff, and external specialist services, and when indicated, expediate retrieval to definitive care.
- perform emergency procedures as detailed in the QRGP Prevocational Logbook.
- perform basic life support, commence resuscitation of a patient following the ABC algorithm, undertake a primary survey and contribute to a resuscitation or trauma team.
- assess and manage acutely disturbed mental health patients.

A minimum of 10-week experience in Emergency Medical care is required, 20 weeks is highly desirable. This placement would be suitable as an undifferentiated or acute clinical care experience.

Rural Emergency Medicine Placement

RG Prevocational doctors should gain experience living and working in a rural community, while gaining experience in emergency medicine, and:

- consolidate commitment to a career in rural general practice / rural generalism.
- develop skills in the provision of hospital care in a rural context.
- understand how systemic issues and social context affect health, wellbeing, and the delivery of healthcare in rural communities.
- experience a broad ambulatory caseload in a rural context.
- have an authentic role as a member of the staff or a rural hospital.

At the end of the placement the trainee should be able to:

- assess, prioritise, stabilise, investigate, and provide initial treatment to undifferentiated emergency presentations in hospital and community settings.
- recognise the need to urgently consult with supervisors, senior staff, and external specialist services, and when indicated, expedite retrieval to definitive care.
- perform emergency procedures as detailed in the QRGP Prevocational Logbook.
- perform basic life support, commence resuscitation of a patient following the ABC algorithm, undertake a primary survey and contribute to a resuscitation or trauma team.
- assess and manage acutely disturbed mental health patients.

Rural emergency medicine experience is highly desirable if available.
This placement would be suitable for an undifferentiated and/or acute care experience.

QRGP Prevocational Logbook

Items listed under anesthetics in the QRGP Prevocational Logbook are equally relevant for an emergency medicine placement. Regardless of the clinical placement they are undertaking, QRGP Prevocational Trainees should take every opportunity to develop and consolidate these important critical care skills.

Logbook items marked in blue are also suitable for an Entrustable Professional Activity (EPA). While it is not a requirement, trainees seeking out a supervisor to sign off these logbook items, may wish to consider asking their supervisor to undertake an EPA at the same time as this would substantially enhance the learning obtained from this episode of care.

Anaesthetics

A - Prevocational doctor operating independently – demonstrate on a real patient
IV access
Blood transfusion
Oxygen saturation monitoring
Digital nerve block

B - Performed to a pass standard in a certified course in a simulated environment
Oropharyngeal airway
Nasopharyngeal airway
Laryngeal mask
Endotracheal intubation
Bag/mask ventilation
External cardiac massage
Defibrillation
Synchronised DC cardioversion
Adult sedation

C – Practitioner under supervision – performed on a real patient
Rapid sequence induction Note: As this activity must have taken place under supervision, it would be particularly suitable for either EPA 2 or 3 depending on the scenario

EPAs

As in any 10-week clinical placement, the Australian Medical Council (AMC) requires two EPAs: EPA1 plus one of either EPAs 2, 3 or 4.

EPA 1 – Clinical Assessment	e.g.: Assessment of a patient presenting with an emergent medical problem, incorporating history, examination, investigations, formulation of a differential diagnosis, and a management plan. Suitable presentations would include: • Emergency department presentation (preferably category 1-3) • Patient presenting to General Practice with an emergency problem • Request to review a patient on the ward with an emergent concern

plus one of either:

EPA 2 – Recognition and care of an acutely unwell patient	e.g.: Stabilisation / resuscitation of an acutely unwell / deteriorating patient • Acutely unwell patient presenting to emergency with an airway/breathing/circulation/acute neurological issue • Patient collapse in a general practice setting • MET call attendance for an inpatient

OR

EPA 3 – Prescribing	e.g.: prescribing new medication • Provide advice and prescribe appropriate acute analgesia • Prescribe & administer early antibiotics in sepsis

OR

EPA 4 – Handover	e.g.: Handover of care to another team / person • Referral and handover to an inpatient team e.g. general medicine, general surgery team • Referral and handover to Intensive Care Unit staff • Referral to retrieval service for transfer from rural facility • Discharge and clinical handover to the patient's usual GP

Many of the items listed in the QRGP Prevocational Logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the QRGP Logbook can and are encouraged to be undertaken. While undertaking EPAs of Logbook items is not a QRGP requirement, the list does provide Rural Generalist trainees valuable guidance on the types of everyday clinical tasks that are important for vocational training and can assist to meet EPA requirements.

The QRGP has provided four examples of suitable emergency medicine EPAs (unrelated to the QRGP Logbook) overleaf to assist trainees to identify suitable cases and understand the standard that is expected**.** *These are intended as a guide to fulfilling the AMC's two EPAs per term requirement.*

EPA1: Clinical assessment of an emergent presentation

Title	**Assessment of a patient presenting with an emergent medical problem, incorporating history, examination, investigations, formulation of a differential diagnosis, and a management plan.**
Focus and Context	This EPA is based on EPA 1 and applies to the assessment of a patient presenting with an emergent problem. This activity can be undertaken in multiple settings (urban, regional or rural) including, GP clinic, emergency department, rural hospital and inpatient wards.
Description	This activity requires the ability to, where appropriate or possible to: 1. Obtain a history from the patient and/or collateral history 2. Examine the patient. 3. Consider and integrate information from the patient's social circumstances and support systems, clinical record, clinical assessments, relevant facility protocols, locally available services, guidelines or literature. 4. Develop provisional and differential diagnoses and/or problem lists. 5. Produce a management plan, confirm as appropriate with a senior colleague. 6. Communicate critical information in a concise, accurate and timely manner to facilitate decision-making: 7. Explain the diagnosis, answer questions and negotiate the proposed plan with the patient and/or carer 8. Implement the management plan, initiate and perform appropriate investigations and procedures, document the assessment, including indications for follow-up. *Perform this activity in multiple settings (urban, regional of rural) including inpatient and ambulatory care settings or emergency departments.*

EPA2: Recognition and care of an acutely unwell patient

Title	**Stabilisation and/or resuscitation of an acutely unwell or deteriorating patient presenting with an airway/breathing/circulation/acute neurological issue**
Focus and Context	This EPA applies to an acutely unwell patient presenting to a GP clinic, ED, or other setting who requires stabilisation and/or resuscitation. For example: • Acute airway compromise • Acute breathing difficulties • Circulatory collapse • Acute neurological impairment
Description	This activity requires the ability to, where appropriate or possible to: 1. Request appropriate assistance from colleagues as required 2. Perform a primary survey, simultaneously addressing/correcting compromise 3. If stable, progress to secondary survey 4. Perform a brief history (eg AMPLE) and/or seek collateral history 5. Anticipate patients requiring urgent transfer to another unit/facility (e.g. ICU, theatre, retrieval to a referral hospital) and communicate the patient needs in a timely manner. *This activity may occur in multiple settings - urban, regional or rural or community, including inpatient and ambulatory care settings or in emergency departments, in- and after-hours.*

EPA3: Prescribing in an emergency situation

Title	**Prescribing a new medication with appropriate advice**
Focus and Context	This EPA is based on EPA3 and applies to a patient requiring emergency management and include either: 1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product OR 2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate for the patient *Perform this activity in multiple settings (urban, regional of rural) including inpatient and ambulatory care settings or emergency departments.*
Description	This activity requires the ability to: 1. Respond to requests from team members to prescribe medications. 2. Obtain and interpret medication histories. 3. Consider the most appropriate medication. 4. Use appropriate resources to check dose. 5. When appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration. 6. Actively consider drug—drug interactions and/or allergies. 7. Provide instruction on medication administration, effects and adverse effects. 8. Address any patient concerns about benefits and risks and provide appropriate advice and support to address those concerns. 9. Write an accurate and clear prescription or entry in the medication chart. 10. Monitor medications for efficacy, safety, adverse reactions. 11. Review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist.

EPA4: Handover of a patient presenting with an emergency

Title	**Referral or handover care of a patient presenting with an emergent problem, to another team/person**
Focus and Context	This EPA applies to the transfer of care of a patient across a health sector boundary (e.g. private specialist, outpatient department, general practitioner, inpatient unit or another hospital). Critical aspects are to: 1. Provide effective, accurate and concise verbal or oral handover of care. 2. Produce timely, accurate and concise documentation. 3. Provide appropriate administrative and social support for the patient, and where indicated, expedite retrieval and/or transport. *Perform this activity in multiple settings including general practice, hospital emergency department and rural hospital.*
Description	This activity requires the ability to: 1. Communicate effectively to: • ensure continuity of care. • share patient information with other health care providers and multidisciplinary teams in conjunction with referral or the transfer of responsibility for patient care. 2. Use local agreed modes of information transfer, including oral, electronic and written formats to communicate: • patient demographics. • a concise medical history and relevant physical examination findings. • current problems and issues. • details of relevant and pending investigation results. • medical and multidisciplinary care plans • planned outcomes and indications for follow-up. 3. Document effectively to: • enable other health professionals to understand the issues and continue care. • produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation. • produce accurate records appropriate for secondary purposes. • complete accurate medical certificates. • appropriate use of clinical handover tools.

College Emergency Medicine Prevocational Training Requirements

ACRRM and RACGP have not previously independently required emergency medicine term experience as it has been a mandatory pre-requisite for all interns to attain General Registration. However, as emergency care is a core component of Rural Generalist practice, it is critical that aspiring rural generalists have adequate exposure and experience in emergency medicine, as outlined in RACGP and ACRRM's fellowship handbooks. Accordingly, all QRGP Prevocational Trainees are required to undertake an emergency medicine clinical experience of at least 10 weeks, which will ideally include a mix of adult and paediatric patients.