



SPECIAL SKILLS PLACEMENT– GLOBAL EMERGENCY CARE

1. PURPOSE AND SCOPE

The purpose of these guidelines is to outline the minimum criteria for the accreditation of a Special Skills Placement (SSP) in Global Emergency Care (GEC).

The scope of the guidelines is for the assessment of single applications which are processed as Category 'T' placements and are received from individual trainees for the purpose of meeting the requirements of the FACEM training program.

2. DEFINITIONS

Global Health (GH) is defined as an area for study, research and practice that places a priority on improving health and achieving health equity for all people worldwide. It emphasises transnational health issues and synthesises population-based prevention with individual-level care.

Global Emergency Care (GEC) is a subset of global health, and is primarily concerned with the development and practise of emergency care in resource limited environments.

GEC relates to emergency care in developing countries (as defined in COR446 Policy on Defining 'Developing Country'). It does **not** include remote or resource challenged environments within Australasia or other developed settings.

GEC encompasses all aspects of emergency care, including direct clinical service provision, teaching and training, emergency health systems development, quality improvement, leadership, advocacy and research.

GEC practice generally falls within two broad areas:

- 1) Capacity building for emergency care and
- 2) Humanitarian assistance in the setting of disasters and complex emergencies (Surge Support).

SSPs in GEC may fall anywhere within the spectrum of these categories. ACEM supports a number of GEC placements focussed on capacity building in GEC such as the Visiting Emergency Medicine Registrar Program (VEMRP) that support the delivery of the Colleges Memorandum of Understanding (MoUs) and partnership agreements.

Note: If it is apparent that any of these ACEM supported sites has had multiple Category T application requests, the College may choose to request that site applies for a Category A status. In this instance, the process for applying for Category A will be initiated and no further Category T applications will be accepted for that site.

3. SETTING AND DEMOGRAPHICS

A wide variety of settings and facilities potentially fulfil the criteria for an SSP in GEC. The appropriateness of the setting will be determined on a case-by-case basis.

4. PREPARATION AND SAFETY

It is the trainee's responsibility to prepare for the GEC placement. Preparation should include discussions with experienced GEC practitioners, as well as the following:

- Pre-reading around the unique challenges of working and training in resource limited environments
- Consideration of the ethical issues implicit in GEC assignments, including strategies to avoid a negative impact on the host organisation and community (the ACEM GEC Desk can provide guidance on partnering with a reputable organisation supporting locally-led capacity development in emergency care)
- Updates of specific skills and knowledge relating to the GEC placement
- Adequate arrangements for health, immunisation, registration, indemnity, visas and travel documents, financial and logistic issues
- If a placement destination is assigned a Level 4: "do not travel" designation on the Australian Smart Traveller website (<https://www.smarttraveller.gov.au/>), the placement will not be approved.

It is the trainee's responsibility to manage their own safety and security, in conjunction with the deploying organisation, host facility and/or employer. As with placements in Australasia, the College does not accept responsibility for health, safety, security and financial matters related to special skills placements undertaken overseas. Trainees are expected to undertake a thorough risk assessment prior to their placement and develop strategies for minimising harm to themselves and their host community.

Note: This is not applicable for ACEM supported placements such as VEMRP where all pre-departure arrangements and safety and security are supported by a volunteer deploying specialist agency.

5. DURATION

Placements may be either three (3) or six (6) months in duration. All placements may be considered for approval for up to six months duration, however are usually accredited for a maximum equivalent to 3 months at 1.0 FTE only. ACEM supported placements, such as VEMRP will always be considered for approval for six months duration, where appropriate. Placements must be full-time appointments.

6. ACTIVITIES AND DUTIES

The activities and duties undertaken within a GEC SSP must relate to the trainee's learning objectives for the placement. A component of clinical exposure is strongly encouraged; however, placements are not limited to pre-hospital or hospital-based practice. Activities may include teaching and training, research, curriculum development, capacity development for emergency care systems and advocacy.

7. LEARNING OBJECTIVES

GEC placements are highly variable. Many are characterised by the prevalence of health problems that are uncommon in the Australasian environment (such as TB, malaria, malnutrition and HIV/AIDS) and by challenges to the provision of clinical care (through delayed presentation, illness severity, and limited resources).

SSPs within a GEC setting should aim to provide the trainee with at least one of the following learning objectives:

- An understanding of emergency care systems in resource limited environments
- A greater level of independent practice and decision making
- Knowledge and skills for practising medicine with limited diagnostic tools or treatment options
- Knowledge and skills in the clinical care of common diseases (such as malaria, tuberculosis, HIV/AIDS, malnutrition, specific poisonings, envenomation and injuries)

- Knowledge and skills in cross-cultural communication and engagement with diverse cultural, language and socioeconomic groups.

7.1 Learning Outcomes from the Curriculum Framework

When the trainee applies for accreditation of this SSP, the learning outcomes should be clear and achievable in the duration of the placement. The nature of the placements and the assumed levels of experience and skills of the trainee requires the learning outcomes to reflect those attributed to Advanced Training Stage 2 and/or Advanced Training Stage 3 of the Curriculum Framework.

A specific focus of the placement may be defined in the application. These general learning objectives must relate to the distinct learning outcomes in the Curriculum Framework of ACEM's specialist training program. SSPs within a GEC setting should define learning outcomes from a minimum of three (3) domains of the Curriculum Framework.

The placement will have a focus on achieving one or more of the learning outcomes under at least three (3) of the following domains and topics from the ACEM Curriculum framework at Advanced Training Stage Level 2 and/or at Advanced Training Stage Level 3:

Domain	Topic
1. Medical Expertise	<ul style="list-style-type: none"> – Initial emergency medicine care – Resuscitation and Stabilisation – Core Emergency Medicine Care (all topics) – Patient disposition
2. Prioritisation and Decision Making	<ul style="list-style-type: none"> – Prioritisation of Patient Management – Clinical Risk – Decision Making
3. Communication	<ul style="list-style-type: none"> – Principles of Effective Communication – Communication with patients, carers and the General Public – Communication with Colleagues
4. Teamwork and Collaboration	<ul style="list-style-type: none"> – Principles of Teamwork – The Effective Emergency Department Team – The Effective Resuscitation Team – Collaboration in Emergency Medicine
5. Leadership and Management	<ul style="list-style-type: none"> – Human Resource Management – Operational Management in the Emergency Department – Leadership – Operational Management of the Floor – Patient Safety and Quality Management
6. Health Advocacy	<ul style="list-style-type: none"> – Principles of Health Advocacy – Cultural Competence – Health Advocacy for Specific Groups – End of Life Care
7. Scholarship and Teaching	<ul style="list-style-type: none"> – Finding and Critically Appraising the Evidence – Applying Academic Knowledge to Emergency Medicine Practice – Basic Elements of Creating Research – Ongoing Learning Skills – Teaching Skills

8. Professionalism	<ul style="list-style-type: none"> – Ethics and Professionalism – Responsibility to Patients and Society – Responsibility to Profession and Self
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8. LOCAL SUPERVISION

The local in-country, on-site supervisor will ideally be a specialist in emergency medicine, disaster medicine, public health, rural medicine or general practice with a minimum of 3 years post-graduate experience in the relevant area.

However, ACEM acknowledges that this may not be feasible for all GEC placements. Supervisors with qualifications in other disciplines will be considered, provided that the qualification relates to the placement being undertaken. If the supervisor does not have a formal specialist qualification, or a non-medical supervisor is proposed, then they must have considerable experience in the practise of the relevant discipline.

The responsibilities of the local supervisor will include:

- To provide local expertise and insight into appropriateness of activities for the specific placement environment and the challenges of the proposed GEC practice
- To meet with the trainee at the start of the placement and ensure that the learning objectives and assessment requirements are mutually understood
- To provide expert supervision over the objectives of the GEC placement, be it in clinical care, capacity development activities, advocacy, research, or other activities.
- To ensure proposed activities match learning objectives
- To assess the trainee as outlined below
- To provide advice to ACEM and the trainee about the logistic requirements of the placement.

9. REMOTE FACEM SUPERVISION

The role of the Remote FACEM Supervisor is to provide added support and mentoring for the trainee during and after their time overseas. All trainees should nominate one in their application. The Remote FACEM Supervisor will ideally be a FACEM experienced in GEC and familiar with the context or environment of the GEC placement being undertaken. If such a FACEM cannot be found, a DGMT the trainee trusts would also be adequate.

9.1 Communication Plan

Arrangements for communication between the trainee and the Remote FACEM Supervisor will be negotiated in advance of the placement. Ideally, contact will occur between the trainee and their Remote FACEM Supervisor at least every 2-4 weeks whilst the trainee is in the placement.

Before the placement commences the trainee and the Remote FACEM Supervisor (in conjunction with the Local Supervisor) should:

- Develop specific learning objectives and outcomes for the placement
- Clarify expectations and logistics of the in-country supervision
- Review ethical and other logistical considerations
- Review any necessary security precautions

During the placement, the Remote FACEM Supervisor or local supervisor:

- Reviews the activities of the trainee and guides the trainee appropriately
- Reviews questions or challenges arising from experiences and provides feedback

- Offers general support

After the completion of the placement, the trainee and Remote FACEM Supervisor will conjointly:

- Debrief, follow-up and document a completed critical reflection on the placement
- Review the learning activities undertaken including the Learning Portfolio and the end-of-placement assessment.

10. ASSESSMENT

10.1 Learning Portfolio

The trainee is required to maintain a Learning Portfolio in which all learning activities and outcomes are documented. Prior to the placement, the trainee will describe the activities they will perform to achieve their specific learning outcomes.

Throughout the placement, the trainee will record relevant learning activities. Examples include:

- educational sessions delivered and/or attended
- clinical duties and case reports that demonstrate learning objectives
- research or project(s) undertaken
- documented fortnightly supervisor meetings
- other professional activities

At the end of the rotation, the trainee is to write a reflection piece of the experience, which is to be submitted as part of their assessment with the Supervisor and to the Accreditation subcommittee. The Accreditation subcommittee may use this review in the future should another trainee request a similar category T.

At the end of the placement, the Local Supervisor will sign off that the Trainee's Learning Portfolio has been reviewed and displays sufficient evidence that the learning outcomes have been reasonably attained.

10.2 In-Training Assessment (ITA)

An in-Training Assessment must be completed on-line or on paper every three months. Ideally, this is completed by the Local Supervisor. In situations of limited internet access, ACEM undertakes to ensure a paper version of the ITA is made available to Local Supervisors.

11. ACCREDITATION PROCESS

Please refer to AC95 SSP Accreditation Process Guide

Approval must be sought from the College at least 3 months before the placement is due to begin where the placement does not involve emergency assistance as part of a humanitarian assistance/surge support response. In the instance of humanitarian assistance/surge support response, the application may need retrospective consideration for approval.

It may be helpful to submit additional supporting information alongside your application, to provide clarification and details regarding your placement. This could include a supporting letter from the remote and / or in-country supervisor, highlighting their experience of supporting ACEM trainee's (both remotely and in-country), their knowledge of the placement environment, availability (both remotely and in-country) to provide support during the placement and any other information that could be of may assistance to the Accreditation Unit/Team.

12. ASSOCIATED DOCUMENTS

- [COR446 Policy on Defining ‘Developing Country’](#)
- [AC303 General Category ‘T’ Guidelines](#)
- [ACEM Curriculum Framework](#)
- [Regulation B](#): ACEM Specialist Training Program
- AC95 SSP Accreditation Process Guide

13. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

13.1 Responsibilities

Document authorisation: Council of Education
 Document implementation: Director of Training and Education
 Document maintenance: Manager Accreditation and GEC Desk

13.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	26 Apr 2017	Guideline approved by the Council of Education
V1-1	22 Sep 2017	Replacement of “term” with placement as per Regulation B
V2	Jan 2020	Review and added references to VEMRP