



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

ACCREDITATION GUIDELINES

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SPECIAL SKILLS PLACEMENT – INDIGENOUS HEALTH

1. PURPOSE AND SCOPE

The purpose of these guidelines is to outline the minimum criteria for accreditation of a Special Skills Placement Category A for Indigenous Health.

2. ABBREVIATIONS

SSP	Special Skills Placement
FTE	Full-time equivalent
LDP	Learning and Development Plan
ITA	In-Training Assessment

3. SUPERVISOR

The trainee will require both a clinical and a cultural supervisor to meet all the learning objectives of this placement. In some circumstances, one supervisor could meet both requirements, but if this is not possible, then two separate supervisors need to be identified to cover the requirements of the placement.

The cultural supervisor should be a Māori, Aboriginal or Torres Strait Islander health practitioner and hold membership with an Indigenous Health Advocacy Group.

The clinical supervisor will hold a relevant qualification such as FACEM, FRACGP or FACRRM or other specialist qualification with a minimum 3 years post Fellowship experience.

Both supervisors should be experienced in the provision of health care to Māori and/or Aboriginal, Torres Strait Islander peoples.

4. PLACEMENT STRUCTURE

The placement may be undertaken at 0.5 FTE to 1.0 FTE with a minimum term equivalent to 3 months at 1.0 FTE; however, full-time (i.e. 1.0 FTE) appointments for three months or six months duration are desirable. It should be recognised that differing placement lengths may result in differing learning objectives and duties.

5. DEMOGRAPHICS

Hospitals or health services seeking to provide special skills training in Indigenous Health should have a patient cohort which is predominantly Aboriginal and/or Torres Strait Islander and/or Māori. This would include some rural and remote hospitals, clinics, and metropolitan Aboriginal Medical Services or a combination of these.

6. LEARNING OBJECTIVES

The broad objectives for the placement seek to:

- Ensure the trainee receives the appropriate orientation
- Allow the trainee to develop the necessary knowledge and skills to work with Aboriginal and Torres Strait Islander and/or Māori patients and their families/whānau in a culturally safe way.
- Expose the trainee to health care systems that strive to be culturally safe.

These are addressed by achieving the following learning outcomes:

- Essential
 - Completion of the ACEM Indigenous Cultural Competency Training Modules 1–10
 - Completion of an orientation program appropriate for the service
 - Provide continuing care with a focus on the central role of family/whānau and culture
 - Demonstrate an understanding of the barriers to care Indigenous people may face
 - Demonstrate an awareness of the social determinants of health and how this impacts on the person, family and cultural group
 - Develop skills in working with interpreters, team members of Māori Health Units and other cultural brokers, such as Indigenous Liaison Officers and Indigenous Health Workers
 - Demonstrate an awareness of the structural elements necessary in creating cultural safety in a health service.
- Desirable
 - External course, such as Graduate Certificate in Indigenous Health to be completed within the timeframe of the term
 - Research or audit project as undertaken during the placement
 - Evidence of how this placement will influence their future practice as a specialist.

7. ACTIVITIES AND DUTIES

Activities and duties must reconcile with the set learning objectives for the placement.

A proportion of the duties should involve community engagement beyond the provision of direct patient care (e.g. home visits, strong mothers' groups, regular community forums, accompanying an Indigenous Health Liaison Officer) with a view to understanding community controlled health services and the extended role of family and community in health and wellness.

The trainee should not be considered part of the usual ED workforce when undertaking an Indigenous health placement in a hospital, although a 0.5 FTE special skills term appointment may be combined with a 0.5 FTE ED appointment.

8. SUPERVISION AND PLACEMENT ASSESSMENT

8.1 In general

Regular formal contact with the cultural and clinical supervisor is required throughout the placement (e.g. weekly meetings) and direct access to a clinician suitably experienced in Indigenous Health should be available at all times.

Direct supervision of the trainee as they undertake clinical assessment and management, or bedside consultation is highly desirable during usual working hours. Mechanisms should be in place for the supervisor(s) to review and discuss cases managed or consulted on by the trainee in the absence of direct supervision.

Achievement of each learning objective should be evident through:

- Learning portfolio/logbook entries/reflective journal
- Completed tasks e.g. research, audit, teaching

- Individual assessments e.g. learning module, ITA
- Short essay on one aspect a mainstream ED (or emergency medicine in general) could adopt to improve the health care provision to the local Indigenous community.

8.2 Learning Portfolio

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan (LDP). The trainee describes the activities they will perform to achieve the learning outcomes during their placement. These activities must include a logbook of patients encountered (see below). In addition, the following should be included in the LDP:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities
- a copy of any research or project(s) performed
- the essay as above.

At the end of the placement, the supervisor will sign off that the trainee's LDP has been reviewed and displays sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement. The supervisor who assesses the learning portfolio and logbook is expected to liaise with all relevant supervisors of the trainee including the cultural supervisor, before completing the assessment tools.

The short essay will be submitted to the Indigenous Health Subcommittee for their attention and analysis.

8.3 Logbook

The trainee will maintain a logbook of all cases encountered. The logbook should specify case details, the nature of the trainee's involvement (e.g. direct clinical management, bedside consultation, or telephone consultation) and the nature of the supervision provided (direct or indirect). Relevant meetings, education sessions attended or provided by the trainee, reading lists and or tutorial programs should also be noted.

The completed logbook should provide evidentiary support that the trainee has met the placement learning objectives.

Reflections on learning from particular cases and other learning opportunities should also be recorded in the logbook.

8.4 In-Training Assessment (ITA)

An in-training assessment must be completed every three months.

9. REVIEW

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

9.1 Responsibilities

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

9.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v01-0	3 Oct 17	Final guidelines approved by the Council of Education
v02-0	Jan 2020	Review
v02-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)

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