



Australasian College
for Emergency Medicine

Special Skills Placement – Indigenous Health

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Document Review

Timeframe for review:	Every two years, or earlier if required
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Revision History

Version	Date	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)
V02-2	Dec 2023	Routine review Standardising formatting and layout All SSP terms are standardized to 6 months at 1 FTE LDPs are no longer required but are strongly recommended

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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

FACEM	Fellow of the Australasian College for Emergency Medicine
FRACGP	Fellow of the Royal Australian College of General Practitioners
FACRRM	Fellow of the Australian College of Rural and Remote Medicine
FTE	Full-time equivalent
ITA	In-Training Assessment
LDP	Learning and Development Plan
SSP	Special Skills Placement

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 three (3) years post Fellowship experience.

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

4. Placement Structure

The placement may be undertaken up to the maximum training time equivalent to six (6) months at 1.0 FTE. (Please note the minimum term length is three (3) months at 1.0 FTE or equivalent, as per Regulation G.)

It should be recognised that differing placement lengths may determine 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 must not be considered part of the usual ED workforce for the component of the 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 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 Education/Learning Portfolio

The trainee is highly recommended to maintain an Education/Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan.

The trainee should describe the activities they will perform to achieve the learning outcomes during their placement. These activities should 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.

The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the placement.
- Supervisors will use it to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The accreditation inspection team may use the information to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the placement, the supervisor must sign off that the trainee's LDP has been reviewed and displayed 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.

83 Logbook

The trainee is highly recommended to maintain a logbook of all cases encountered for personal reflection. 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.

84 In-Training Assessment

An in-training assessment must be completed every three months



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