

Curriculum

Associateship in Pre-Hospital and Retrieval Medicine

Developed by

Australasian College for Emergency Medicine
Australian College of Rural and Remote Medicine
Australian and New Zealand College of Anaesthetists
College of Intensive Care Medicine of Australia and New Zealand
Royal Australian College of General Practitioners

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1. Introduction

History

The Australasian College for Emergency Medicine (ACEM), Australian College of Rural and Remote Medicine (ACRRM), Australian and New Zealand College of Anaesthetists (ANZCA), College of Intensive Care Medicine of Australia and New Zealand (CICM) and the Royal Australian College of General Practitioners (RACGP) are committed to improving access to rapid response, high level medical care for seriously sick and injured people of Australia and Aotearoa New Zealand.

This commitment acknowledges that medical practitioners who provide pre-hospital and retrieval services require a range of clinical, academic, personal and professional attributes and expertise to deliver these services with confidence and at a consistently high standard. As such, the Associateship in Pre-hospital and Retrieval Training Program (PHRMTP) is part of the process of developing clinical expertise in PHRM.

The education and training program aims to equip medical practitioners for the delivery of high quality health care and outcomes for critically ill and injured patients requiring urgent on-scene medical management, or those whose medical needs exceed the facility they are in and require urgent or elective inter-facility transfer.

Conjoint Committee of Pre-hospital and Retrieval Medicine

The Conjoint Committee of PHRM (CCPHRM) was established in 2019 and is responsible for the implementation and ongoing administration of all aspects of the PHRMTP. The CCPHRM comprises representatives from ACEM, ACRRM, ANZCA, CICM and RACGP, all of whom are actively and passionately involved in the clinical delivery of PHRM services as part of their regular work.

This multi-College and broad jurisdictional membership is seeking to establish the CCPHRM as the pre-eminent medical group for matters pertaining to PHRM across Australia and New Zealand, to help drive high standards of practice and acknowledging the broad range of pre-hospital and retrieval services and models across the jurisdictions.

The Associateship Curriculum has been developed by the PHRM Curriculum Expert Reference Group (ERG) with representation from all Colleges in the CCPHRM. The PHRM Curriculum ERG members were nominated by their colleges on the basis of their extensive clinical experience in PHRM, as well as in medical education and training.

The Pre-hospital and Retrieval Environment

Pre-hospital and retrieval medical practice involves specialist on-location clinical management and safe transport with ongoing medical care of patients from the scene of an accident or emergency to an appropriate health care facility or between two healthcare facilities.

Medical PHRM services utilise a physician as part of the team, to help provide a seamless interface between pre-hospital and hospital care. PHRM services also utilise a range of transport platforms primarily, but not limited to, road and aeromedical (rotary and fixed-wing) assets. Clinical staff must possess specialised medical knowledge as well as technical and non-technical skills and approaches unique to PHRM practice.

This practice includes the care of differentiated and undifferentiated critically ill or injured patients. PHRM practitioners must be able to apply their expertise in often unpredictable, and sometimes precarious, environments. The breadth and scope of PHRM practice, and the dynamic nature of out-of-hospital work, requires specific training, education and ongoing support of the PHRM workforce to ensure pre-hospital, inter-facility and in-transit critical care needs of patients are met in a consistent and organised manner, and to a high standard.

2. Curriculum framework

Domain	Theme	Subtheme
1.0 Medical Expertise	1.1 The PHRM Context and Environment	1.1.1 Introduction to PHRM
		1.1.2 PHRM systems
		1.1.3 Principles of flight operations
		1.1.4 Scene safety and awareness
		1.1.5 Transport safety
		1.1.6 Transport physiology
		1.1.7 Working in a transport environment
		1.1.8 Entrapment and extrication
		1.1.9 PHRM equipment
		1.1.10 Complex interdisciplinary tasks
	1.2 Clinical Practice	1.2.1 Initial assessment, treatment and transport prioritisation
		1.2.2 Patient packaging
		1.2.3 Clinical management of the trapped patient
		1.2.4 Management of emergencies during retrieval
		1.2.5 Pre-hospital and retrieval anaesthesia and sedation
		1.2.6 Invasive life, limb and sight saving procedures
		1.2.7 Mechanical ventilation and respiratory support
		1.2.8 PHRM management of the critically injured patient
1.2.9 PHRM management of the critically ill patient		
1.2.10 PHRM management of obstetric emergencies		
1.3 Multi-casualty and Major Incident Management	1.2.11 PHRM management of acute behavioural disturbance	
	1.2.12 PHRM management of critically ill or injured paediatric patients	
	1.2.13 PHRM management of neonatal patients by non-neonatal retrieval services	
	1.2.14 PHRM management of the bariatric patient	
	1.2.15 PHRM management of older patients	
	1.2.16 PHRM management of infectious diseases	
	1.2.17 PHRM management of environmental emergencies	
	1.2.18 PHRM management of the dying patient	
2.0 Prioritisation and Decision Making	2.1 Cognition and Decision Making	1.3.1 Principles of emergency preparedness, response and recovery
		1.3.2 Operational and tactical response to multi-casualty and major incidents
		2.1.1 Critical thinking and clinical decision making
3.0 Communication	3.1 Communication in the PHRM context	2.1.2 Principles of mindful and reflective practice
		2.1.3 Strategies for mitigation of cognitive bias
		3.1.1 Principles of successful communication in PHRM
		3.1.2 Communication processes
		3.1.3 Communication devices and procedures

Curriculum framework (continued)

Domain	Theme	Subtheme
4.0 Teamwork and Collaboration	4.1 Teamwork	4.1.1 Principles of teamwork and CRM in the PHRM environment
		4.1.2 Critical incident debrief
5.0 Management and Leadership	5.1 Management	5.1.1 Development and maintenance of a safety culture in PHRM
		5.1.2 Safety systems in PHRM
		5.1.3 Adverse events investigation and management
	5.2 Leadership	5.2.1 Retrieval co-ordination processes
	5.3 Governance	5.3.1 Audit and quality assurance
6.0 Health Advocacy	6.1 Support and Access	6.1.1 Regional and remote health support
		6.1.2 Cultural competence
		6.1.3 Recognition and management of psychological risk in PHRM
7.0 Scholarship and Teaching	7.1 Scholarship	7.1.1 Research in the PHRM context
		7.1.2 Evidence-based medicine in the PHRM environment
	7.2 Teaching	7.2.1 Teaching in the PHRM context
8.0 Professionalism	8.1 Personal responsibility	8.1.1 Fitness to practice
		8.1.2 Commitment to ongoing learning
	8.2 Legalities and Ethics	8.2.1 Medico-legal frameworks impacting on PHRM practice
	8.3 Media management	8.3.1 Media management

3. Prerequisites

Due to the nature of PHRM practice, PHRMTP trainees will be expected to have a high level of functional independence, and as such will need to be suitably experienced and advanced in their parent specialty training, with significant and appropriate critical care experience prior to application for the PHRMTP. There is an expectation of a significant degree of prior knowledge and experience carried forward from the trainee's base specialty training into the commencement of training in PHRM.

While there is a broad range of resuscitation and life support courses available, it is expected that independent PHRM practitioners undertaking the Associateship will be developing their skills beyond the basic competence required for many of these. In addition, the curriculum reflects the underpinning knowledge for best practice in pre-hospital and retrieval medicine, which may not always align to guidelines of practice from other respected bodies whose directives may be aimed at an in-hospital model of care.

This curriculum is not exclusive to adult patients. Unless otherwise explicitly stated, **learning outcomes apply equally to both paediatric and adult patients.** There are also specific paediatric and neonatal subthemes in this curriculum.

4. Training and assessment requirements

-----	Requirement
Placement duration	Minimum 6 months 1.0 FTE
Task Logbook (LB)	Daily record of the experience relevant to the training undertaken.
Training Supervisor's Report (TSR)	Conducted at 3-monthly intervals throughout training.
Written examination (Ex(W))	Multiple-choice, single best answer questions and short answer questions.
OSPE	Objective Structured Practical Examination
Multi-source Feedback Assessment (MSF)	Four MSF
Workplace based Assessments (WBAs)	<p>2 x Mission Assessment + e.g. Targeted patient assessment or management</p> <p>3 x DOPS selected from:</p> <ul style="list-style-type: none"> + Prehospital or Retrieval Emergency Anaesthesia* + Difficult ventilation strategy + Intra-osseous access + Management of patient on a transport balloon pump + Central venous access + Neonatal/Newborn resuscitation + Front of neck access airway + PHRM eFAST + Resuscitative thoracotomy + Pelvic trauma management + Limb/extremity splinting + Resuscitative Hysterotomy/Caesarean section + Arterial access and monitoring + Thoracostomy and/or chest drain insertion + Lateral canthotomy + Escharotomy + Temporary cardiac pacing + Retrieval amputation <p>Major haemorrhage management</p> <ul style="list-style-type: none"> + Arterial Tourniquet use + PPH management including use of uterine balloon tamponade + Massive GI bleed including use of oesophageal balloon tamponade + Junctional haemorrhage control + Maxillofacial haemorrhage control <p>Advanced airway techniques</p> <ul style="list-style-type: none"> + alternative laryngoscopes + upper airway topicalisation + fiberoptic intubation
	<p>3 x CbD + e.g., Management of trapped patient, complex ICU transfer, or patient who experiences in-transit deterioration.</p>
	<p>4 x DOTS</p> <ul style="list-style-type: none"> + Transport Monitor/Defibrillator* + Transport Ventilator* + Transport Infusion pump /syringe driver + Portable Ultrasound device + Handheld/vehicle Radio + Automatic chest compression device + Point of care blood testing device + Neonatal transfer cot + Vacuum mattress + Infant T-piece resuscitator (i.e. NeoPuff) + External Ventricular Drain for transport + Portable suction + Scoop stretcher + Portable blood/fluid warming device

* mandatory

5. Assessment methods

Task Logbook (LB)

The Task Logbook enables trainees to maintain a daily record of the experience relevant to the training undertaken. It is used by Training Supervisors and the CCPHRM to monitor trainees' experiences and to ensure they are obtaining adequate clinical exposure to enable them to develop as PHRM physicians and complete the Associateship.

Training Supervisor Report (TSR)

Training Supervisor Reports are conducted at three-monthly intervals throughout training. Training Supervisors may complete these reports in consultation with consultants, paramedic and nursing staff, flight crew and other relevant staff, either informally or via the MSF assessment. The tool is designed to track the trainee's progress against specific learning outcomes in the PHRMTP Curriculum.

Multi-source Feedback (MSF)

Multi-source Feedback assessments are completed by those with whom the trainee has worked closely and can provide informed and specific feedback on the trainee's practice and professionalism. Consultants, paramedics, nursing staff, flight crew and other relevant staff may complete these assessments, which are aligned to specific learning outcomes in the PHRMTP curriculum.

Workplace-based Assessments (WBA)

The encounters that trainees face every day provide learning experiences that are assessable. The purpose of Workplace-based Assessments (WBAs) is to assess trainees, whenever possible, at the time of doing, in real patient scenarios during normal everyday work. When a trainee is involved in a clinical encounter, or performing a procedure that may be assessed, a suitable Assessor utilises the relevant tool to assess the trainee's performance against the standards described for each criterion.

A suitable Assessor is one who has worked with the trainee and who can make a balanced and informed judgement of the trainee's performance. Assessors may be the Training Supervisor or another 'teacher' who has guided and supported the trainee's knowledge and skill development, namely other PHRM consultants or, in some circumstances, paramedics, nurses or flight crew, who have been trained and approved by the Training Supervisor to act as Assessors. Training Supervisors will be required to review all assessments on a regular basis to ensure consistency of assessment and that trainee's learning needs are being met.

Embedding this assessment process in the everyday work of trainees formalises the learning opportunities that already exist with each clinical encounter and enhances the overall training experience. The suite of WBAs for the PHRMTP include:

Mission Assessments (MA) These involve the trainee being directly observed by an Assessor whilst undertaking a clinical mission, from predeparture preparation to the completion of transfer at the receiving destination, e.g. targeted patient assessment or management.

Case-based Discussions (CbD) These are conducted between the trainee and the Assessor after the clinical encounter has taken place. The Assessor rates and provides feedback on the trainee's clinical reasoning in the case, e.g. management of trapped patient, complex ICU transfer or patient who experiences in-transit deterioration.

Direct Observation of Procedural Skill (DOPS) A DOPS involves a trainee being observed by an Assessor whilst performing a specific clinical procedure from the preparation for performing the procedure to post-procedure management.

Direct Observation of Technical Skill (DOTS) A DOTS involves a trainee being observed by an Assessor whilst performing a specific technical skill, and it includes the preparation and use of clinical equipment from the commencement of a mission through to post-task handover.

Examinations

Written examination (Ex(W)) The Written Examination consists of multiple-choice, single best answer, and short answer questions. The pass mark is determined using a rigorous standard setting process.

Objective Structured Practical Examination (OSPE) The OSPE consists of a variety of clinical stations based on scenarios that candidates would expect to see as part of their work in a PHRM setting. Relevant clinical, technical and non-technical skills will be assessed at each station. Each station includes reading time, followed by assessment. The pass mark will be determined using a rigorous standard setting process.

6. Teaching and learning strategies

Learning Support Resources (LSR)

The PHRM Educational Resources site provides trainees with readily accessible online learning support resources. These resources are mapped directly to the learning outcomes articulated in the curriculum, and they can be accessed at the trainee's own pace according to their individual needs. The resources will be designed to support educators and Training Supervisors, as well as trainees, and serve as a useful point of reference for appraisal and assessment.

Supervised Training (ST)

The PHRMTP follows an apprenticeship model of learning whereby trainees develop the requisite knowledge and skills during everyday work in CCPHRM-accredited sites under the supervision of suitably skilled consultants and other personnel. Training sites utilise models of care and sound rostering practices to ensure trainees are supervised in the workplace appropriate to their level of training and the site's case-mix. Given the nature of PHRM practice, and the limited passenger capacity on various transport platforms, training sites must ensure that there is a rostered consultant for trainees to access, when direct clinical supervision is not possible.

Structured Education Program (SEP)

Structured Education Programs are delivered in accredited training sites by PHRM consultants, flight paramedics, nurses and crew and, where appropriate, other facilitators. The programs reflect adult learning principles, consider different learning styles of trainees and are designed to align with the learning outcomes detailed in the PHRMTP Curriculum and the needs of the trainees. The education program may include simulation-based practical training and should include opportunities for trainees to deliver education and/or facilitate preparation for examinations, as appropriate.

7. Key

Abbreviation	Meaning	WBAs	Workplace-based Assessments
LB	Task Logbook	MA	Mission Assessments
TSR	Training Supervisor Report	CbD	Case-based Discussion
MSF	Multi-source Feedback assessment	DOPS	Direct Observation of Procedural Skill
Ex(W)	Written examination	DOTS	Direct Observation of Technical Skill
OSPE	Objective Structured Practical Examination		
LSR	Learning Support Resource		
ST	Supervised Training		
SEP	Structured Education Program		

Domain 1 Medical Expertise

1.1 The PHRM Context and Environment

1.1.1 Introduction to PHRM

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.1.1 Definition of PHRM and commonly used terms related to PHRM.	SEP	Ex(W)
1.1.1.2 History and evolution of PHRM, including but not limited to; <ul style="list-style-type: none"> a. Rescue versus retrieval b. Tyranny of distance c. Private NGOs and state-based retrieval services d. Evolution of co-ordination systems and drivers of these e. Evolution of equipment, crewing models and governance in PHRM 	SEP	Ex(W)
1.1.1.3 Basic principles underpinning PHRM practice, including; <ul style="list-style-type: none"> a. Equity of access to care b. Safety – you, team, scene, patient c. Ability to work in multidisciplinary teams d. Teamwork and communication e. Dynamic leadership and active team membership f. Situational awareness g. Prioritisation of care h. Anticipating and planning i. Transport as a treatment 	SEP	Ex(W)
1.1.1.4 Pre-hospital agencies, including police, fire and rescue, paramedics, volunteer ambulance officers, volunteer rescue agencies (e.g., VRA, SES).	SEP	Ex(W)
1.1.1.5 Types of missions (e.g. pre-hospital, inter-hospital, rescue, repatriation, international etc.).	SEP	Ex(W)
1.1.1.6 Role of the doctor in PHRM teams.	SEP	MSF Ex(W)

1.1.2 PHRM Systems

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
1.1.2.1 Triage systems in PHRM co-ordination and management of PHRM resources.	SEP	Ex(W)
1.1.2.2 Basic risk stratification as applies to PHRM tasking and co-ordination.	SEP	Ex(W)
1.1.2.3 Commonly used crew-mixes, their source and rationale for deployment within the retrieval system context.	SEP	Ex(W)
1.1.2.4 Roles of sub-specialised retrieval organisations, (e.g., neonates).	SEP	Ex(W)
1.1.2.5 Structures of contemporary retrieval systems and their integration within the broader health network (e.g., trauma systems, stroke services, cardiac services, etc.)	SEP	Ex(W)
1.1.2.6 Integration of PHRM systems with regional/national disaster management systems for mass casualty incidents.	SEP	MSF

1.1.3 Principles of Flight Operations

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.3.1 Principles of flight, flight characteristics and forces acting on rotary and fixed wing aircraft.	SEP ST	Ex(W)
1.1.3.2 Effects of temperature, altitude, weight and balance on the performance of rotary and fixed wing aircraft.	SEP ST	Ex(W)
1.1.3.3 Rotary and fixed wing aircraft structure, effects of aircraft design on the forces acting on an aircraft and its passengers.	SEP ST	Ex(W)
1.1.3.4 Relevant pilot considerations within the context of aeromedical operations, with specific regard to: <ul style="list-style-type: none"> a. weather b. CASA/CAA regulations c. over-water operations d. in-flight emergencies e. sterile cabin f. weight and balance g. passenger compliance h. dangerous goods (e.g., oxygen, patient's belongings) i. communication / airspace j. crew resource management k. instrument and visual flight rules 	SEP ST	Ex(W) OSPE
1.1.3.5 Factors that influence landing site decisions.	SEP ST	Ex(W) OSPE
1.1.3.6 Basic principles of winching operations.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.1.3.7 Effectively assess potential landing sites for helicopter operations.	SEP ST	MA Ex(W) OSPE

1.1.4 Scene Safety and Awareness

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.4.1 Personal safety responsibilities and limitations.	SEP ST	Ex(W) OSPE
1.1.4.2 PPE, tools and devices, including helmets, gloves, eye protection, ear protection, life vests, attire, footwear, reflective vests and harnesses.	SEP ST	MSF Ex(W) OSPE
1.1.4.3 Principles of hazard identification and risk assessment of PHRM environment, including self, scene and survivors.	SEP ST	MSF Ex(W) OSPE
1.1.4.4 Strategies to optimise the pre-hospital environment, including rescue operations for clinical assessment and care.	SEP ST	Ex(W) OSPE
1.1.4.5 Specific hazards identification, assessment and mitigation in complex situations, including but not limited to: <ul style="list-style-type: none"> a. vehicle collisions b. industrial site incidents c. aircraft-related incidents d. agricultural site incidents e. remote area incidents f. confined space incidents g. collapsed structures h. explosive device incidents i. firearms incidents j. scenes of violent assault k. hazardous materials incidents l. incidents at height m. incidents on steep slopes n. water-related incidents o. fires p. mass casualty incidents q. natural disasters r. terrorist event s. contagious disease t. wilderness environments u. correctional facilities and detention centres v. international jurisdictions w. regions of civil unrest 	SEP ST	Ex(W) OSPE
1.1.4.6 Safety and logistical responsibilities of police, fire, medical, specialist rescue and voluntary emergency services at a pre-hospital scene or incident.	SEP ST	Ex(W) OSPE
1.1.4.7 Medical capabilities of emergency services at scene, including police, fire, medical, specialist rescue and voluntary emergency services.	SEP ST	Ex(W) OSPE

1.1.4 Scene Safety and Awareness (continued)

Independently, be able to:			
1.1.4.8	Demonstrate effective use of scene safety PPE relevant to the pre-hospital and retrieval environment.	SEP ST	MA CBD MSF Ex(W) OSPE
1.1.4.9	Demonstrate a dynamic risk assessment in practice at a pre-hospital and/or rescue scene.	SEP ST	MA CBD MSF Ex(W) OSPE
1.1.4.10	Demonstrate a generic risk assessment for medical personnel supporting a typical rescue operation.	SEP ST	MA CBD MSF Ex(W) OSPE

1.1.5 Transport Safety

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.5.1 Safety requirements for operating and working with road vehicles, rotary and fixed wing aircraft.	SEP ST	Ex(W) OSPE
1.1.5.2 Principles of response vehicle driving, scene arrival and parking at scene.	SEP ST	Ex(W) OSPE
1.1.5.3 Response vehicle equipment, safety features and basic maintenance.	SEP ST	Ex(W) OSPE
1.1.5.4 Principles of management of motor vehicle collision occurring whilst on task.	SEP ST	Ex(W) OSPE
1.1.5.5 Factors affecting night operations and necessary modifications to standard procedures.	SEP ST	Ex(W) OSPE
1.1.5.6 Signs of inflight emergencies, including fire, smoke, decompression, lightning strikes, impending impact and pilot incapacitation.	SEP ST	Ex(W) OSPE
1.1.5.7 Safety issues and crew responsibilities related to post aircraft impact.	SEP ST	Ex(W) OSPE
1.1.5.8 Major structures, restrictions, legislation, security and procedures that are associated with airports, with specific references to differences between airports that influence PHRM operations.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.1.5.9 Manage inflight emergencies, including: <ol style="list-style-type: none"> Pan and Mayday procedures actions in case of pilot incapacitation actions in water ditching survival strategies in water, extreme cold and extreme heat environments actions in case of cabin fire (e.g.; basic fire-fighting with a standard aviation extinguisher) actions in case of sudden cabin depressurization actions in case of loss of aircraft power 	SEP ST	Ex(W)
Independently, be able to:		
1.1.5.10 Assess if a response vehicle is safe and appropriate for use in the PHRM context.	SEP ST	MA CBD MSF Ex(W) OSPE
1.1.5.11 Demonstrate safe movement to and from a response vehicle on tasking, scene arrival and departure.	SEP ST	MA MSF Ex(W) OSPE
1.1.5.12 Demonstrate aircraft familiarisation and safe movement around an aircraft, with specific reference to hazards, areas to avoid, aircraft shut-down and start-up, emergency exits, emergency equipment locations, evacuation procedures and propeller/rotor safety.	SEP ST	MA MSF Ex(W) OSPE
1.1.5.13 Correctly operate basic navigation, information management, and incident management equipment.	SEP ST	MA Ex(W) OSPE

1.1.6 Transport Physiology

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.6.1 Principles of physics underpinning the physiological changes encountered in surface and air transport, and impact on common clinical conditions carried in the transport environment, including gas laws, noise/vibration/harshness, temperature changes, hypoxia, humidity changes, dysbarism and motion-induced sickness.	SEP ST	Ex(W)
1.1.6.2 Physiological responses to changes encountered within the transport environment, including the effect of prolonged transfer.	SEP ST	Ex(W) OSPE
1.1.6.3 Equipment, processes and techniques to mitigate and manage the effects of the surface and air transport environment on patients, crew and equipment, including turbulence, vibration, G forces, gravity, temperature, hypoxia, altitude, confined space, motion-induced sickness.	SEP ST	Ex(W) OSPE
1.1.6.4 Relative advantages and/or disadvantages of PHRM transport platforms in relation to the effects of transport on patients and crew.	SEP ST	Ex(W)OSPE
1.1.6.5 Situations in which transport by air requires altitudes restrictions.	SEP ST	Ex(W) OSPE
1.1.6.6 Limitations of human sensorium in the flight environment and common confounders of the senses.	SEP ST	Ex(W) OSPE
1.1.6.7 Proprioceptive, kinaesthetic, visual and auditory changes within the flight environment.	SEP ST	Ex(W) OSPE
1.1.6.8 Factors influencing human performance in a transport environment, including but not limited to: <ul style="list-style-type: none"> a. fitness to fly b. physical fitness c. psychological fitness d. physiology: travel sickness, URTI, noise, vibration e. sleep inertia f. fatigue management 	SEP ST	Ex(W) OSPE
1.1.6.9 Effect of positioning and orientation of patients in transport vehicles.	SEP ST	Ex(W) OSPE
Independently, be able to:		
1.1.6.10 Assess and manage factors affecting human performance in a transport environment in self and team.	SEP ST	MA Ex(W) OSPE
1.1.6.11 Manage clinical conditions that are at risk when exposed to turbulence, vibration, G forces, gravity, temperature, hypoxia, altitude, confined space, motion-induced sickness.	SEP ST	MA CBD Ex(W) OSPE
1.1.6.12 Recognise, mitigate, avoid and manage hypoxia and 'trapped gas' due to altitude.	SEP ST	MA CBD Ex(W) OSPE
1.1.6.13 Demonstrate an ability to integrate patient condition with the potential physical and physiological effects of movement (biodynamics).	SEP ST	MA CBD Ex(W) OSPE

1.1.7 Working in a Transport Environment

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.7.1 Patient transport modalities.	SEP	Ex(W)
1.1.7.2 The risks versus benefits of various transport modalities for patient transfer.	SEP ST	Ex(W) OSPE
1.1.7.3 Constraints and physical limitations of patient transport modalities.	SEP ST	Ex(W) OSPE
1.1.7.4 Roles and responsibilities of all staff accompanying the patient during transfer.	SEP ST	Ex(W) OSPE
1.1.7.5 Minimum standards for monitoring during transfer.	SEP ST	Ex(W) OSPE
1.1.7.6 Interventions which can be undertaken during transfer.	SEP ST	Ex(W) OSPE
1.1.7.7 Challenges and limitations of performing clinical interventions during transport.	SEP ST	Ex(W) OSPE
1.1.7.8 Principles of work health and safety pertinent to the medical transport environment, including loading/unloading, ergonomics.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.1.7.9 Effectively manage critically ill or injured patients in a range of transport environments.	SEP ST	MA CBD TSR Ex(W) OSPE
1.1.7.10 Mitigate the restrictions and potential adverse effects of the transport environment on patient care.	SEP ST	MA CBD Ex(W) OSPE

1.1.8 Entrapment and Extrication

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.8.1 The clinician's role at the scene in the support of the rescue capabilities and responsibilities of police, fire, medical, specialist rescue and voluntary emergency services personnel	SEP ST	Ex(W) OSPE
1.1.8.2 Principles of safe extrication and rescue, including the role of medical interventions in facilitating extrication, in the following situations:		
a. industrial site incidents		
b. transport-related incidents		
c. agricultural site incidents		
d. confined space incidents	SEP ST	Ex(W) OSPE
e. collapsed structures		
f. incidents at height		
g. water-related incidents		
h. fires		
i. wilderness environments		
1.1.8.3 The immediate physiological, psychological and physical effects of rescue operations on patients, and rescue and healthcare personnel.	SEP ST	Ex(W) OSPE
1.1.8.4 Impacts of clinical urgency on standard and rapid extrication planning.	SEP ST	Ex(W) OSPE
1.1.8.5 Factors that influence patient extrication (e.g. medical, physical, psychological).	SEP ST	Ex(W) OSPE
1.1.8.6 Capabilities and limitations of commonly used rescue and extrication equipment.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.1.8.7 Facilitate extrication through medical intervention.	SEP ST	MA CBD TSR Ex(W) OSPE
Independently, be able to:		
1.1.8.8 Rapidly assess the extrication urgency and the clinical priorities of the trapped patient.	SEP ST	MA CBD TSR Ex(W) OSPE

1.1.9 PHRM Equipment

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.9.1 Principles of equipment selection in the transport environment.	SEP ST	DOTS Ex(W)
1.1.9.2 Function, design, utility, limitations and indications for all types of commonly used PHRM medical devices, including devices for: <ul style="list-style-type: none"> a. airway management b. ventilatory support c. controlling haemorrhage d. accessing circulation e. administering drugs, fluids and blood products f. managing wounds, burns and injuries g. immobilising joints, limbs and patients h. thermoregulation i. point of care testing j. patient monitoring k. invasive patient monitoring l. imaging & diagnosis m. moving & handling patients 	SEP ST	DOTS Ex(W)
1.1.9.3 Principles underpinning the regulation of the carriage of medical devices on aeromedical platforms.	SEP ST	Ex(W)
1.1.9.4 Principles of transport platform ergonomics with specific regard to medical equipment set-up and securing.	SEP ST	Ex(W)
Independently, be able to:		
1.1.9.5 Demonstrate effective vigilance for operation and monitoring of all types of commonly used PHRM medical devices, including the management of failure, alarms and error messages during all phases of patient care.	SEP ST	DOTS Ex(W) OSPE
1.1.9.6 Manage critical device failures and alarms within all types of commonly used PHRM medical devices.	SEP ST	DOTS Ex(W) OSPE
1.1.9.7 Supervise set up of commonly used PHRM medical devices.	SEP ST	DOTS Ex(W) OSPE
1.1.9.8 Demonstrate competent operation of all types of commonly used PHRM medical devices.	SEP ST	DOTS Ex(W) OSPE

1.1.10 Complex Interdisciplinary Tasks

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.1.10.1 Terminology adopted by other emergency services that are relevant to PHRM practice.	SEP	Ex(W)
1.1.10.2 The capacity for non-PHRM medical providers to assist in medically or surgically complex inter-hospital retrievals.	SEP ST	Ex(W) OSPE
1.1.10.3 Strengths and weaknesses of non-routine transport platforms in medical emergencies.	SEP ST	Ex(W) OSPE
1.1.10.4 Governance issues related to international retrievals, working with the military and with other NGOs in the PHRM environment.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.1.10.5 Work effectively as part of a multi-disciplinary team.	SEP ST	MA MSF TSR OSPE
Independently, be able to:		
1.1.10.6 Work effectively within the command and control structures and procedures at a pre-hospital scene.	SEP ST	MA TSR OSPE

1.2 Clinical Practice

1.2.1 Initial Assessment, Treatment and Transport Prioritisation

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.1.1 Limitations of initial tasking information.	SEP ST	Ex(W)
1.2.1.2 Initial scene survey and exit strategy in the PHRM environment.	SEP ST	Ex(W)
1.2.1.3 Initial patient assessment in the PHRM environment, including: <ol style="list-style-type: none"> handover identification of immediate life threats patient assessment: primary and secondary survey initial observations and investigations synthesis and communication of clinical picture 	SEP ST	Ex(W) OSPE
1.2.1.4 Factors impacting clinical assessment of patients in the PHRM environment.	SEP ST	Ex(W) OSPE
1.2.1.5 Prioritisation and timelines of care in the PHRM environment.	SEP ST	Ex(W) OSPE
1.2.1.6 Initial patient management in the PHRM environment, including: <ol style="list-style-type: none"> management of immediate life threats adapting the environment and resources appropriate resuscitation and monitoring rationalisation of therapeutic interventions appropriate analgesia 	SEP ST	Ex(W) OSPE
1.2.1.7 Diagnostic and ongoing therapeutic requirements of the critically ill or injured PHRM patient, relevant to the clinical condition.	SEP ST	Ex(W) OSPE
1.2.1.8 Initial and ongoing monitoring requirements of the critically ill or injured PHRM patient, relevant to the clinical condition.	SEP ST	Ex(W) OSPE
Independently, be able to:		
1.2.1.9 Identify and manage immediate life threats for patients in the PHRM environment.	SEP ST	MA CBD MSF Ex(W)
1.2.1.10 Conduct an appropriate, targeted patient assessment and communicate the key findings to the team.	SEP ST	MA CBD MSF TSR Ex(W)

1.2.1 Initial Assessment, Treatment and Transport Prioritisation (continued)

1.2.1.11	Interpret previously performed investigations, including radiological imaging, blood tests, ECGs, as is relevant to ongoing patient management and disposition.	SEP ST	MA CBD Ex(W) OSPE
1.2.1.12	Adapt the management of the PHRM patient in the context of initial diagnostic uncertainty or altered diagnosis.	SEP ST	MA CBD MSF TSR Ex(W) OSPE
1.2.1.13	Communicate the urgency of the patient's condition to the receiving team/ facility and help direct subsequent initial investigative and management strategies appropriately.	SEP ST	MA CBD MSF TSR Ex(W) OSPE
1.2.1.14	Identify the most appropriate transport platform for the patient's injury or illness.	SEP ST	CBD Ex(W) OSPE
1.2.1.15	Identify the most appropriate receiving facility on the basis of the patient's diagnosis, clinical condition and within transport limitations.	SEP ST	MA CBD Ex(W) OSPE
1.2.1.16	Plan ahead within the PHRM team for deterioration and contingencies.	SEP ST	MA CBD MSF TSR Ex(W) OSPE
1.2.1.17	Communicate effectively with patients and their family during clinical assessment.	SEP ST	MA CBD MSF TSR Ex(W) OSPE

1.2.2 Patient Packaging

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.2.1 Principles of safe movement and handling.	SEP ST	Ex(W)
1.2.2.2 Patient packaging as a treatment modality.	SEP ST	Ex(W) OSPE
1.2.2.3 Packaging strategies to minimise environmental risks to patient, including: <ul style="list-style-type: none"> a. reduced barometric pressure b. temperature extremes c. noise and vibration d. acceleration, deceleration and turbulence 	SEP ST	Ex(W) OSPE
1.2.2.4 Specific packaging needs of patients with special circumstances, including paediatric patients, patients with EVD, chest drain, VAC dressings.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.2.2.5 Package and care for the unconscious patient.	SEP ST	DOTS MA CBD TSR Ex(W) OSPE
1.2.2.6 Package in anticipation of patient deterioration and possible required interventions.	SEP ST	DOTS MA CBD MSF TSR Ex(W) OSPE
1.2.2.7 Safely transfer patient and equipment onto and off transport stretcher and between transport platforms.	SEP ST	DOTS MA CBD MSF Ex(W) OSPE
Independently, be able to:		
1.2.2.8 Secure airway, venous access and other invasive devices for transport.	SEP ST	DOTS MA CBD TSR Ex(W) OSPE
1.2.2.9 Splint injuries to reduce pain and movement complications.	SEP ST	MA DOPS CBD Ex(W) OSPE

1.2.3 Clinical Management of the Trapped Patient

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.3.1 Injury patterns and pathophysiology associated with entrapment and associated clinical management strategies, including: <ul style="list-style-type: none"> a. crush injury b. impalement c. hypothermia d. prolonged entrapment e. severe limb entrapment f. airway compromise g. suspension syndrome 	SEP ST	Ex(W) OSPE
1.2.3.2 Appropriate patient monitoring during entrapment and extrication.	SEP ST	Ex(W) OSPE
1.2.3.3 Risks of extrication to the patient.	SEP ST	Ex(W) OSPE
1.2.3.4 Pain management strategies for the trapped patient.	SEP ST	Ex(W) OSPE
1.2.3.5 Impact of entrapment, environment and poor access to the patient on clinical decision making.	SEP ST	Ex(W) OSPE
As part of the PHRM team, be able to:		
1.2.3.6 Effectively manage the trapped patient.	SEP ST	MA CBD TSR Ex(W) OSPE
1.2.3.7 Demonstrate the appropriate level of clinical monitoring during complex extrications.	SEP ST	CBD Ex(W) OSPE
Independently, be able to:		
1.2.3.8 Make a rapid assessment of the clinical needs of the trapped patient.	SEP ST	MA CBD MSF TSR OSPE
1.2.3.9 Show awareness of patient, self and team safety during prolonged extrication.	SEP ST	MA MSF OSPE
1.2.3.10 Show awareness of how medical interventions can impact on extrication timeframes.	SEP ST	MA CBD TSR OSPE
1.2.3.11 Demonstrate CRM in extrication and communicate clinical decisions and urgency to members of other emergency services.	SEP ST	MA CBD TSR OSPE
1.2.3.12 Demonstrate use of psychological, physical and pharmacological techniques to provide anxiolysis and analgesia in the trapped patient.	SEP ST	MA OSPE

1.2.4 Management of Emergencies During Retrieval

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.4.1 Pre-arrival and pre-transport strategies to minimise risks to patients during transfer.	SEP ST	Ex(W)
1.2.4.2 Principles of management of common patient deteriorations during the retrieval.	SEP ST	Ex(W)
1.2.4.3 Processes for notification of the tasking and coordination agency in the event of patient deterioration.	SEP ST	Ex(W)
1.2.4.4 Procedures for escalation in the event of an emergency involving the crew or transport platform.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.4.5 Demonstrate effective CRM in the event of patient deterioration.	SEP ST	TSR Ex(W) OSPE
1.2.4.6 Demonstrate communication with the tasking agency in the event of patient deterioration.	SEP ST	MA TSR Ex(W) OSPE
Independently, be able to		
1.2.4.7 Anticipate, plan and manage patient deteriorations requiring emergent action during transport, including but not limited to: <ul style="list-style-type: none"> a. cardiac arrest b. airway compromise c. accidental extubation d. failure to ventilate e. hypoxia f. tension pneumothorax g. hypotension h. loss of vascular access i. oxygen supply failure j. dysrhythmia k. emesis l. obstetric patient delivery m. acute agitation n. increase in pain severity 	SEP ST	MA CBD Ex(W) OSPE

1.2.5 Pre-hospital and Retrieval Anaesthesia and Sedation

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.5.1 Principles of emergency anaesthesia in the PHRM environment, including indications, standardisation of airway assessment, difficult airway planning, use of checklist, pre-intubation optimisation, positioning, pre-oxygenation, use of airway equipment, induction paralysis, confirmatory testing, post-intubation management, failed airway drills.	SEP ST	DOPS Ex(W)
1.2.5.2 Impacts of the PHRM environment on decision making in airway management.	SEP ST	Ex(W)
1.2.5.3 Essential elements of emergency anaesthesia for infants and children, bariatric patients, obstetric patients and older patients in the PHRM environment.	SEP ST	DOPS Ex(W)
1.2.5.4 Principles of analgesia and sedation in the PHRM environment, including risks and benefits.	SEP ST	DOPS Ex(W)
As part of the PHRM team, be able to:		
1.2.5.5 Manage the environmental and geographical considerations related to a PHRM intubation, including ambient light and temperature, weather and positioning.	SEP ST	MA Ex(W) OSPE
Independently, be able to:		
1.2.5.6 Demonstrate appropriate patient selection for intubation and ventilation in the PHRM setting.	SEP ST	DOPS Ex(W) OSPE
1.2.5.7 Demonstrate appropriate pre-intubation optimisation in the PHRM setting.	SEP ST	DOPS MA Ex(W) OSPE
1.2.5.8 Provide emergency anaesthesia to all PHRM patients, including infants and children, bariatric patients, obstetric patients and older patients.	SEP ST	DOPS Ex(W) OSPE
1.2.5.9 Demonstrate safe and appropriate clinical management of the post-intubation patient across all clinical scenarios in the PHRM environment.	SEP ST	DOPS Ex(W) OSPE
1.2.5.10 Demonstrate the appropriate procedural sedation techniques in the PRHM setting.	SEP ST	DOPS Ex(W) OSPE

1.2.6 Invasive Life, Limb and Sight Saving Procedures

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.6.1 Critical decision-making related to life, limb and sight saving procedures.	SEP ST	Ex(W)
1.2.6.2 Frameworks that apply to life, limb and sight saving procedures detailed below, including: <ol style="list-style-type: none"> a. Clinical Indications b. Contraindications (absolute and relative) c. Equipment required (and how this differs from in hospital) d. Controlling your environment to maximise the chance of success e. Teamwork and CRM considerations f. Roles and skill mix requirements g. Performance of the procedure h. Potential complications and mitigation of risk of these i. Risk mitigation to patient and staff 	SEP ST	DOPS Ex(W) OSPE
1.2.6.3 Principles of life, limb and sight saving procedures.	SEP ST	DOPS Ex(W)
Independently, be able to:		
1.2.6.4 Perform the following procedures in the PHRM environment: <ol style="list-style-type: none"> a. Front of neck access b. Thoracic decompression c. Tube thoracostomy d. Resuscitative thoracotomy e. Resuscitative hysterotomy f. Escharotomy g. Emergency amputation h. Lateral canthotomy/cantholysis i. Maxillo-facial haemorrhage control j. Application of arterial tourniquets k. Insertion and management of Sengstaken-Blakemore tubes l. Insertion and management of Bakri balloons m. Transcutaneous and transvenous pacing n. Haemostatic agents o. Methods of junctional haemorrhage control p. Suturing techniques for haemorrhage control 	SEP ST	DOPS TSR Ex(W) OSPE

1.2.7 Mechanical Ventilation and Respiratory Support

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.7.1 Principles, definitions, indications related to high-flow oxygen delivery systems.	SEP ST	Ex(W)
1.2.7.2 Principles, definitions, indications related to non-invasive ventilation as it pertains to the PHRM environment.	SEP ST	Ex(W)
1.2.7.3 Principles, definitions, indications related to mechanical ventilation as it pertains to the PHRM environment.	SEP ST	Ex(W)
1.2.7.4 Calculation of oxygen consumption for high-flow oxygen delivery, non-invasive and invasive ventilation and predict and manage oxygen supply in the PHRM environment.	SEP ST	Ex(W)
1.2.7.5 Principles of management of a difficult to oxygenate and difficult to ventilate patient, including recruitment strategies, positioning, maintenance of PEEP during transport, and considerations for escalation of care (e.g., ECMO).	SEP ST	Ex(W)
1.2.7.6 Capabilities and limitations of transport ventilators.	SEP ST	Ex(W)
1.2.7.7 Principles of management of ventilator alarms and troubleshooting.	SEP ST	Ex(W)
1.2.7.8 Role of capnography in PHRM, with specific reference to: <ul style="list-style-type: none"> a. Waveform interpretation b. Prognostic value c. Causes of high, low and inaccurate readings d. Assessing adequacy of ventilation e. Identifying airways resistance and gas flow issues 	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.7.9 Deliver safe and effective care to patients receiving ventilator and/or oxygenation support during transport.	SEP ST	DOTS CBD MSF TSR Ex(W) OSPE
1.2.7.10 Initiate and trouble-shoot non-invasive ventilation using an industry relevant transport ventilator.	SEP ST	DOTS Ex(W) OSPE
1.2.7.11 Choose appropriate modes and associated settings of mechanical ventilation, adapting them to the clinical context of the patient within the retrieval setting, with specific reference to patients with: <ul style="list-style-type: none"> a. increased airway resistance b. decreased lung compliance c. chest trauma d. haemodynamic compromise e. intracranial pathology f. VQ mismatch g. Severe ARDS 	SEP ST	DOTS CBD Ex(W) OSPE
1.2.7.12 Manage the complications of mechanical ventilation during transport including but not limited to: <ul style="list-style-type: none"> a. unplanned extubation b. circuit disconnection and ventilator failure c. gas trapping d. tension pneumothorax e. failure of gas supply 	SEP ST	DOTS CBD Ex(W) OSPE
1.2.7.13 Manage patient with tracheostomy, including paediatric and adult patients.	SEP ST	DOTS CBD TSR Ex(W) OSPE

1.2.8 PHRM Management of the Critically Injured Patient

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.8.1 Common mechanisms of injury and expected patterns of injury.	SEP ST	Ex(W)
1.2.8.2 Principles of trauma management in the PHRM setting, including: <ul style="list-style-type: none"> a. The multiply-injured patient b. Maxillo-facial and ocular trauma c. Airway trauma, including airway burns d. Neurological trauma e. Spinal injury f. Injury to the axial skeleton g. Abdomino-thoracic trauma h. Pelvic trauma i. Limb trauma j. Penetrating trauma due to guns, knives and explosive devices k. Major burns l. Blast injuries m. Inhalational injury n. Decompression injury 	SEP ST	DOPS Ex(W)
1.2.8.3 Role of point-of-care ultrasound in the assessment and management of the trauma patient in the PHRM environment.	SEP ST	Ex(W)
1.2.8.4 Trauma Bypass Systems and the integration of systems' principles of practice in the PHRM context.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.8.5 Effectively manage patients with major trauma in the PHRM environment.	SEP ST	MA DOTS DOPS CBD TSR Ex(W) OSPE
1.2.8.6 Expedite and facilitate the transfer of time-critical trauma patients to the appropriate level of care.	SEP ST	MA CBD Ex(W) OSPE
1.2.8.7 Effectively manage patients with traumatic cardiac arrest.	SEP ST	MA CBD TSR Ex(W) OSPE
Independently, be able to:		
1.2.8.8 Anticipate the clinical trajectory of the PHRM trauma patients and activate the appropriate clinical pathways.	SEP ST	CBD MSF TSR Ex(W) OSPE
1.2.8.9 Ensure injured patients receive timely and appropriate analgesia and sedation.	SEP ST	MA CBD Ex(W) OSPE
1.2.8.10 Perform clinical point-of-care ultrasound examination, including identification of: <ul style="list-style-type: none"> a. pneumo- and/or haemothorax b. free fluid in the abdomen c. pericardial effusion and tamponade 	SEP ST	DOTS MA DOPS CBD Ex(W) OSPE
1.2.8.11 Diagnose and manage severe haemorrhage in the pre-hospital context.	SEP ST	MA DOPS CBD Ex(W) OSPE

1.2.9 PHRM Management of the Critically Ill Patient

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.9.1 Role of PHRM teams in diagnosis, resuscitation management and transport of the patient with critical illness, including but not limited to: <ol style="list-style-type: none"> CNS illness (e.g., acute SAH, acute stroke, status epilepticus, acute CNS infection). cardiac illness (e.g., acute MI and decompensated heart failure, decompensated dysrhythmias, aortic dissection). respiratory illness (e.g. respiratory infection, ARDS, severe COPD, pulmonary embolism, pulmonary haemorrhage, pneumothorax). circulatory failure (e.g. septic shock, cardiogenic shock, massive and sub-massive pulmonary embolism, pericardial tamponade). severe abdominal emergencies, including leaking AAA, upper GI bleed and bowel obstruction. hepatic failure, renal failure, severe electrolyte disturbance, DIC, common life-threatening overdoses, and metabolic syndromes. 	SEP ST	Ex(W)
1.2.9.2 PHRM team provision of definitive care for some clinical conditions prior to transport.	SEP ST	Ex(W)
1.2.9.3 Requirement for case-by-case assessment of the degree of resuscitation and stabilisation that is appropriate prior to transport.	SEP ST	Ex(W)
1.2.9.4 Appropriate levels of patient monitoring during transfer as guided by patient condition and relevant standards.	SEP ST	Ex(W)
1.2.9.5 Use of mechanical circulatory support tools, including balloon pump, ECMO, mechanical CPR devices, external and internal pacing, by PHRM teams in the PHRM environment.	SEP ST	Ex(W)
1.2.9.6 Role of POCUS use by PHRM teams in critical illness to help differentiate causes of the shocked state, respiratory failure and ultrasound guidance of procedures.	SEP ST	Ex(W)
1.2.9.7 Indications for central access, IO access and arterial BP monitoring for critically ill patients in the PHRM environment.	SEP ST	DOPS Ex(W)
As part of the PHRM team, be able to:		
1.2.9.8 Effectively manage patients with medical cardiac arrest in PHRM environment.	SEP ST	MA CBD TSR OSPE
1.2.9.9 Diagnose, resuscitate and manage the patient with critical illness in the PHRM environment.	SEP ST	MA CBD TSR OSPE
1.2.9.10 Appropriately package and secure the critically ill patient and their ancillary devices and lines, including being able to rationalise intensive care therapies for transport.	SEP ST	DOTS MA DOPS CBD TSR OSPE
1.2.9.11 Safely load and unload patients on mechanical circulatory support devices on road and air transport frames.	SEP ST	DOTS MA CBD MSF OSPE

Independently, be able to:

1.2.9.12	Develop and implement management strategies for the post-surgical patient in the PHRM environment, with specific regard to complications, haemorrhage, infection, pain, temperature regulation, dressing and drain management and aeromedical and road transport considerations.	SEP ST	MA DOPS CBD TSR OSPE
1.2.9.13	Appropriately perform relevant vascular access for critically ill patients in the PHRM environment.	SEP ST	MA DOPS CBD TSR OSPE
1.2.9.14	Perform clinical Point-of-Care Ultrasound (POCUS) examination, with specific regard to: <ul style="list-style-type: none"> a. Focused Echo for Life Support b. Thoracic Ultrasound 	SEP ST	DOTS MA DOPS CBD TSR OSPE
1.2.9.15	Troubleshoot mechanical circulatory support device alarms and failure in the transport environment.	SEP ST	DOTS CBD OSPE
1.2.9.16	Implement, troubleshoot and optimise temporary cardiac pacing devices for transport with regards to capture, rate, sensitivity and output.	SEP ST	DOPS CBD TSR OSPE
1.2.9.17	Safely transport a patient with ICP monitoring and/or ventricular drain in-situ.	SEP ST	DOTS MA DOPS CBD TSR OSPE
1.2.9.18	Give a concise and accurate handover of the critically ill patient.	SEP ST	MA CBD TSR OSPE
1.2.9.19	Anticipate and communicate patient requirements to receiving facility.	SEP ST	MA CBD TSR OSPE

1.2.10 PHRM Management of Obstetric Emergencies

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.10.1 Physiological changes during pregnancy, and implications for patient management during transport.	SEP ST	Ex(W)
1.2.10.2 Obstetric patient presentations and contextual circumstances that commonly require retrieval, including but not limited to, antepartum haemorrhage, premature rupture of membranes, preterm labour, postpartum haemorrhage, obstructed labour, pre-eclampsia & eclampsia, death in utero, VTE, cardiac dysfunction/heart failure, cardiac arrest/maternal collapse.	SEP ST	Ex(W)
1.2.10.3 Obstetric care capabilities in regional and rural centres, and role and availability of specialist perinatal advice/services.	SEP ST	Ex(W)
1.2.10.4 Role of PHRM transport with regard to the obstetric patient and appropriate preparation for retrieval and the implications on the timing and mode of transport.	SEP ST	Ex(W)
1.2.10.5 Clinical management of preterm labour in the PHRM environment.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.10.6 Perform cardiopulmonary resuscitation of obstetric and postpartum woman.	SEP ST	DOTS MA OSPE
Independently, be able to:		
1.2.10.7 Provide pain and anti-emesis management to the obstetric patient requiring retrieval.	SEP ST	MA CBD OSPE
1.2.10.8 Manage maternal and fetal emergencies and complications, including: <ul style="list-style-type: none"> a. precipitous delivery b. premature rupture of membranes c. pre-eclampsia and eclampsia d. obstructed labour e. shoulder dystocia f. fetal compromise g. breech delivery h. cardiac arrest/maternal collapse i. intrapartum sepsis j. death in utero. 	SEP ST	MA CBD MSF TSR OSPE
1.2.10.9 Manage obstetric haemorrhage, with specific regard to haemorrhage control measures, management during transport, and blood product administration.	SEP ST	MA DOPS CBD TSR OSPE
1.2.10.10 Manage preterm labour retrieval, with specific regard to pharmacology, blood pressure, complications, nausea and vomiting, integrating transferring hospital protocols, and potential complications.	SEP ST	MA CBD MSF TSR OSPE
1.2.10.11 Manage medical, surgical and traumatic emergencies that may present in obstetric patients in the PHRM environment	SEP ST	MA DOPS CBD MSF TSR OSPE
1.2.10.12 Consider the psycho-social needs of obstetric patients and their families during perinatal transfer.	SEP ST	MA CBD MSF TSR OSPE

1.2.11 PHRM Management of Acute Behavioural Disturbance

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.11.1 Range of disorders that can present as acute behavioural disturbance in PHRM, including psychiatric illness, medical pathology, brain syndromes, and toxicology.	SEP ST	Ex(W)
1.2.11.2 Risks of transporting a behaviourally disturbed patient and strategies to mitigate these, including choice of best transport option.	SEP ST	Ex(W)
1.2.11.3 Relevant mental health legislation and the jurisdictional differences in laws, with particular regard for:		
a. scheduling and physical and chemical restraint of a behaviourally disturbed patient	SEP ST	Ex(W)
b. transporting behaviourally disturbed patients without consent		
1.2.11.4 Organic brain syndromes, acute psychiatric illness and their influence on communication with the receiving hospital.	SEP ST	Ex(W)
1.2.11.5 Options for chemical restraint and ongoing sedation of the behaviourally disturbed patient requiring retrieval.	SEP ST	Ex(W)
1.2.11.6 Special populations and concomitant requirements, including Indigenous patients, children and adolescents, forensic (prisoners).	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.11.7 Physically and chemically restrain patients humanely and within the boundaries of acceptable medical and legal practice.	SEP ST	MA CBD OSPE
1.2.11.8 Appropriately package the behaviourally disturbed patient.	SEP ST	MA CBD OSPE
Independently, be able to:		
1.2.11.9 Undertake a pre-hospital mental state examination and risk assessment for self-harm, suicide, violence and risk of in-transport decompensation.	SEP ST	MA TSR OSPE
1.2.11.10 Communicate the findings of the risk assessment to the team, including aircrew.	SEP ST	MA CBD MSF TSR OSPE
1.2.11.11 Assess patient capacity with regard to treatment and transport decisions.	SEP ST	MA CBD OSPE
1.2.11.12 Correctly apply the relevant mental health legislation, as appropriate.	SEP ST	MA CBD Ex(W) OSPE
1.2.11.13 Utilise appropriate monitoring during sedation of behaviourally disturbed patients.	SEP ST	DOTS MA CBD OSPE

1.2.12 PHRM Management of Critically Ill or Injured Paediatric Patients

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.12.1 Differences in paediatric and adult anatomy and physiology, and implications for advanced PHRM care, with specific regard to neurological, respiratory, cardiovascular, musculo-skeletal systems and pain management.	SEP ST	Ex(W)
1.2.12.2 Common mechanisms and patterns of injury specific to paediatric trauma and integrate these with the systematic assessment of the patient.	SEP ST	Ex(W)
1.2.12.3 Principles of management of the paediatric trauma patient, with specific regard to: <ul style="list-style-type: none"> a. Traumatic brain injury b. Chest and abdominal injury c. Pelvic and long bone fracture 	SEP ST	Ex(W)
1.2.12.4 Principles of management of the paediatric critical care patient, with specific regard to: <ul style="list-style-type: none"> a. Neurological illness b. Respiratory illness c. Surgical conditions d. Infectious illness 	SEP ST	Ex(W)
1.2.12.5 The role and impact of parents/care givers within paediatric retrieval.	SEP ST	Ex(W)
1.2.12.6 Signs of physical abuse suggestive of non-accidental injury and the implications for PHRM teams, including mandatory reporting of injuries.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.12.7 Utilise parents/guardians when managing psychological barriers to treatment and/or transport.	SEP ST	CBD MSF OSPE
1.2.12.8 Manage a child and/or parent/guardian refusing treatment for a possible life-threatening injury.	SEP ST	CBD MSF OSPE
1.2.12.9 Recognise the emotional needs of the parents and family.	SEP ST	CBD MSF OSPE

1.2.13 PHRM Management of Neonatal Patients by non-Neonatal Retrieval Services

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.13.1 Neonatal anatomy and physiology and implications for advanced PHRM care, with specific regard to respiratory, cardiovascular and musculo-skeletal systems.	SEP ST	Ex(W)
1.2.13.2 Physiological changes of birth and the newborn period.	SEP ST	Ex(W)
1.2.13.3 Physiological effects of retrieval on the neonate.	SEP ST	Ex(W)
1.2.13.4 Clinical assessment of neonatal patients.	SEP ST	Ex(W)
1.2.13.5 Initial care of the neonate, with specific reference to conditions of the newborn commonly encountered in the PHRM context.	SEP ST	Ex(W)
1.2.13.6 Principles of dedicated neonatal retrieval services.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.13.7 Demonstrate principles of resuscitation of the newborn.	SEP ST	DOPS CBD OSPE
Independently, be able to:		
1.2.13.8 Demonstrate competent use of equipment for the resuscitation of a newborn.	SEP ST	DOTS DOPS OSPE
1.2.13.9 Provide initial assessment and care of the neonate, with specific regard to neonatal problems commonly encountered in the PHRM context, including sepsis, respiratory distress and hypoglycaemia.	SEP ST	MA CBD TSR OSPE
1.2.13.10 Appropriately communicate with parents of neonatal patients and recognise the importance of their involvement in the retrieval process.	SEP ST	MA CBD MSF TSR OSPE

1.2.14 PHRM Management of the Bariatric Patient

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.14.1 Clinical and physiological implications of the bariatric condition and the implications of these on safe patient retrieval.	SEP ST	Ex(W)
1.2.14.2 Alteration in diagnostic accuracy of modalities commonly used in PHRM decision making.	SEP ST	Ex(W)
1.2.14.3 Manual handling risks in the bariatric patient.	SEP ST	Ex(W)
1.2.14.4 Manual handling resources and tools available to assist in the retrieval of the bariatric patient, including lifting devices.	SEP ST	Ex(W)
1.2.14.5 Implications of girth versus weight in transport considerations.	SEP ST	Ex(W)
1.2.14.6 Transport platform limitations and implications for the safe retrieval of the bariatric patient.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.14.7 Safely load and unload the bariatric patient in the full range of transport modalities.	SEP ST	MA CBD MSF OSPE
1.2.14.8 Demonstrate safe manual handling technique in the bariatric patient in the PHRM environment.	SEP ST	MA MSF OSPE

1.2.15 PHRM Management of Older Patients

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.15.1 Confounding factors in PHRM management of the critically ill or injured older patient, including but not limited to:		
a. effect of polypharmacy in the older patient	SEP ST	Ex(W)
b. effects of co-morbidities on the presenting complaint, such as cognitive impairment, sensory deficit, general frailty		
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1.2.15.2 Factors impacting retrieval decisions about the older patient, including:		
a. psychosocial issues; language, isolation, support		
b. family and cultural issues	SEP ST	Ex(W)
c. advance care planning		
d. prognosis vs intervention		
e. limits of care		
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1.2.15.3 Rational assessment and management of the older patient, taking into consideration predicted clinical course and prognosis.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.15.4 Manage agitation and cognitive impairment in an older patient in the PHRM setting.	SEP ST	MA MSF TSR OSPE
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1.2.15.5 Institute measures to prevent pressure area breakdown during transport.	SEP ST	MA OSPE
Independently, be able to:		
1.2.15.6 Discuss the appropriate levels of intervention with the patient, family and health care team.	SEP ST	MA CBD MSF TSR OSPE
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1.2.15.7 Identify older patients for whom transport is not in the best interests of them or their family.	SEP ST	MA CBD TSR OSPE
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1.2.15.8 Alter standard clinical approach relevant to polypharmacy or reduced physiological reserve.	SEP ST	MA CBD OSPE
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1.2.15.9 Predict the impact of co-morbidities on the clinical course and management.	SEP ST	MA CBD OSPE
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1.2.15.10 Facilitate social continuity; escorts, arranging family liaison.	SEP ST	MA CBD TSR OSPE

1.2.16 PHRM Management of Infectious Diseases

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.16.1 Options for transport of the patient with a infectious disease.	SEP ST	Ex(W)
1.2.16.2 PPE requirements for PHRM teams transporting a patient with an infectious disease, including Level A-D PPE and individual patient isolation and transport systems, and implications for the team and transport platform.	SEP ST	Ex(W)
1.2.16.3 Procedures for cleaning and disposing of equipment used to transport the patient with an infectious disease.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.16.4 Effectively risk assess at the scene the patient with an infectious disease, the decision and mode of transport and appropriate PPE.	SEP ST	MA CBD OSPE
1.2.16.5 Effectively package patients with infectious diseases/potential infectious diseases.	SEP ST	MA CBD TSR OSPE
Independently, be able to:		
1.2.16.6 Discuss with the crew risk mitigation strategies with respect to the patient with an infectious disease.	SEP ST	MA CBD MSF OSPE
1.2.16.7 Effectively utilise PPE for infectious disease in the PHRM environment.	SEP ST	MA CBD MSF OSPE

1.2.17 PHRM Management of Environmental Emergencies

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.17.1 The clinical conditions that can occur in divers resulting in PHRM involvement.	SEP ST	Ex(W)
1.2.17.2 The physiological changes of decompression illness and its relevance to PHRM management.	SEP ST	Ex(W)
1.2.17.3 Transport considerations for patients with a diving-related emergency.	SEP ST	Ex(W)
1.2.17.4 Support resources available for managing diving-related illness.	SEP ST	Ex(W)
1.2.17.5 Aviation, transport and retrieval considerations, including likely complications, diagnostic investigation and specific medical management for the patient with a toxicological emergency, including psychostimulant, depressant, prescription and OTC medication emergencies.	SEP ST	Ex(W)
1.2.17.6 Medico-legal considerations relevant to the retrieval of the patient with a drug overdose, including: <ul style="list-style-type: none"> a. Use of restraints, physical and chemical b. Transport of the patient under a section or treatment order, including suicidal patients c. Paediatric patients d. Management of patient escorts 	SEP ST	Ex(W)
1.2.17.7 Pathophysiology, clinical indicators, projected clinical course, likely complications, diagnostic investigation and specific medical management of venomous or poisonous animal, fungi and plant bites, stings and ingestions requiring transport.	SEP ST	Ex(W)
1.2.17.8 Transport considerations for patients with a toxinological emergency: <ul style="list-style-type: none"> a. Identification of the appropriate antidote or antivenom b. Access to and administration of antivenom and/or antidotes c. Supportive care considerations 	SEP ST	Ex(W) OSPE
1.2.17.9 Pathophysiology, clinical indicators, likely complications and specific PHRM management of exposure syndromes of chemical, biological and radiological (CBR) agents, with specific regard to: <ul style="list-style-type: none"> a. dose-response relationships and factors affecting toxicity b. latency 	SEP ST	Ex(W) OSPE
1.2.17.10 Sources of toxin and CBR agent advice.	SEP ST	Ex(W)
1.2.17.11 Safe initial approach to a suspected CBR incident.	SEP ST	Ex(W)
1.2.17.12 The roles and responsibilities of all responding agencies involved in CBR incidents.	SEP ST	Ex(W)
1.2.17.13 Principles of detection and identification of CBR agents, including pre-hospital capabilities.	SEP ST	Ex(W)
1.2.17.14 Levels of PPE used for patients and responders involved in CBR incidents.	SEP ST	Ex(W)
1.2.17.15 Awareness of pre-hospital triage processes and disposition for patients involved in CBR incidents.	SEP ST	Ex(W)
1.2.17.16 Principles of decontamination of victims and emergency personnel in PHRM setting.	SEP ST	Ex(W)
1.2.17.17 Forensic considerations of a CBR incident and the role of the PHRM team.	SEP ST	Ex(W)

1.2.17 PHRM Management of Environmental Emergencies (continued)**As part of the PHRM team, be able to:**

1.2.17.18	Plan and prepare for the retrieval of a patient with a diving, toxicological or toxinological emergency, including the expected clinical course, resources required and potential complications.	SEP ST	MA CBD MSF TSR Ex(W) OSPE
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Independently, be able to:

1.2.17.19	Manage the clinical complications of diving-related illness and trauma.	SEP ST	MA CBD OSPE
1.2.17.20	Conduct a safe and accurate clinical and physical risk assessment of the patient with a toxicological or toxinological presentation and convey this to the transport crew.	SEP ST	MA CBD MSF TSR OSPE
1.2.17.21	Demonstrate a safe approach to a suspected toxic or CBR agent incident, including a thorough risk assessment.	SEP ST	MA CBD MSF TSR OSPE
1.2.17.22	Interpret diagnostic results, communicate their significance and implement management strategies to optimise patient care accordingly for the PHRM patient with a toxicological presentation.	SEP ST	MA CBD TSR OSPE

1.2.18 PHRM Management of the Dying Patient

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.2.18.1 Concept of medical futility.	SEP ST	Ex(W)
1.2.18.2 Regulatory frameworks for patient consent and advanced care directives.	SEP ST	Ex(W)
1.2.18.3 Basic principles of management of a pre-hospital death involving an infant, child, adult or multiple casualties.	SEP ST	Ex(W)
1.2.18.4 Variations in approach to death among different cultural and religious groups.	SEP ST	Ex(W)
1.2.18.5 Manage end-of-life decisions in the PHRM environment.	SEP ST	Ex(W)
1.2.18.6 Medical management of the patient being retrieved for potential organ donation.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.2.18.7 Identify patients for whom transport is not in the best interests of them or their family.	SEP ST	CBD TSR OSPE
1.2.18.8 Recognise appropriate goals of therapy for patients nearing the end of life.	SEP ST	CBD TSR OSPE
1.2.18.9 Demonstrate the ability to communicate effectively with patients, relatives and referring staff with regards to establishing appropriate goals of therapy.	SEP ST	CBD MSF TSR OSPE
1.2.18.10 Appropriately prescribe or outline appropriate palliative and symptom control therapy.	SEP ST	CBD TSR OSPE
1.2.18.11 Display a professional and sensitive approach to relatives and colleagues following a death or decision to palliate in the PHRM context.	SEP ST	CBD MSF TSR OSPE

1.3 Multi-casualty and Major Incident Management

1.3.1 Principles of Emergency Preparedness, Response and Recovery

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
1.3.1.1 Classes of major incidents and their definitions.	SEP ST	Ex(W)
1.3.1.2 Similarities and differences between a multi-casualty scenario and a major incident.	SEP ST	Ex(W)
1.3.1.3 Types of responses for major incidents, including AusMAT, NZMAT, USAR, SAR.	SEP ST	Ex(W)
1.3.1.4 Roles, responsibilities and capabilities of PHRM teams involved in emergency preparedness, response and recovery in a major incident or natural disaster.	SEP ST	Ex(W)
1.3.1.5 Range of emergency services and support agencies involved in emergency preparedness, response and recovery in a major incident or natural disaster.	SEP ST	Ex(W)
1.3.1.6 Roles of operational and tactical personnel in a major incident.	SEP ST	Ex(W)
1.3.1.7 Roles and capabilities of medically configured transport platforms in a major incident.	SEP ST	Ex(W)
1.3.1.8 Principles of major incident triage and commonly used triage tools.	SEP ST	Ex(W)
1.3.1.9 Ethical issues surrounding decision-making during a major incident.	SEP ST	Ex(W)

1.3.2 Operational and Tactical Response to Multi-Casualty and Major Incidents

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
1.3.2.1 Principles of mass casualty and major incident triage and its application to treatment, transport, disposition, further investigations and access to definitive care	SEP ST	Ex(W)
1.3.2.2 Strategies for the management of the following in relation to major incidents: <ul style="list-style-type: none"> a. A multi-sector incident b. A casualty clearing station c. A survivor reception centre d. The deceased e. Communication f. Participation in Multi-disciplinary briefings g. sustainability 	SEP ST	Ex(W)
1.3.2.3 The potential need for displaced medical teams and deployments for several days away from home.	SEP ST	Ex(W)
1.3.2.4 The role and the management of the media at major incidents.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
1.3.2.5 Effectively integrate into multi-disciplinary major incident teams.	SEP ST	MSF TSR OSPE
1.3.2.6 Apply appropriate focused initial medical aid at the site of a major incident, allowing for dynamic timelines, logistics and scenarios.	SEP ST	OSPE
1.3.2.7 Appropriately use triage tools.	SEP ST	OSPE
1.3.2.8 Maintain a comprehensive decision log.	SEP ST	OSPE
1.3.2.9 Competently and confidently perform the roles of an operational and tactical level medical commander.	SEP ST	TSR OSPE
1.3.2.10 Participate in incident debriefing.	SEP ST	MSF TSR OSPE
1.3.2.11 Competently and confidently manage the following in relation to major incidents: <ul style="list-style-type: none"> a. a multi-sector incident b. a casualty clearing station c. a survivor reception centre d. the deceased e. communication f. multi-disciplinary briefings g. sustainability 	SEP ST	TSR OSPE
1.3.2.12 Perform key roles in major incident response, including Medical Commander, Casualty Clearing Station Officer, Treatment and Transport Teams.	SEP ST	TSR OSPE

Domain 2 Prioritisation and Decision Making

2.1 Cognition and Decision Making

2.1.1 Critical Thinking and Clinical Decision Making

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
2.1.1.1 Importance of critical thinking in clinical decision making in the PHRM environment, with emphasis on information-poor situations.	SEP ST	Ex(W)
2.1.1.2 Cognitive strategies to develop and apply critical thinking principles in the PHRM context.	SEP ST	Ex(W)
2.1.1.3 Team-based decision making in PHRM and the shared mental model.	SEP ST	Ex(W)
2.1.1.4 Common pitfalls in critical thinking.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
2.1.1.5 Use the 'collective team wisdom' to assist in complex problem solving.	SEP ST	MA MSF OSPE
2.1.1.6 Apply critical thinking strategies to decisions regarding patient care and transport in the PHRM environment.	SEP ST	MA OSPE
2.1.1.7 Justify clinical decisions in light of patient context, time critical issues, definitive care availability, scene, logistics and resource limitations.	SEP ST	MA OSPE
2.1.1.8 Demonstrate comprehensive information gathering strategies to improve the validity of available data that can be applied in a variety of operational and clinical PHRM circumstances and environments.	SEP ST	MA MSF OSPE
2.1.1.9 Stratify available information according to relevance, importance and validity for operational, cultural and clinical decision making.	SEP ST	MA OSPE
Independently, be able to:		
2.1.1.10 Demonstrate awareness of the factors influencing critical decision making during a mission.	SEP ST	MA CBD MSF TSR OSPE
2.1.1.11 Demonstrate strategic, process-driven problem-solving skills in the clinical and operational PHRM environment.	SEP ST	MA CBD MSF TSR OSPE
2.1.1.12 Differentiate between strategic and clinical/ethical decision-making and integrate these concepts into the operational PHRM environment.	SEP ST	MA CBD TSR OSPE

2.1.2 Principles of Mindful and Reflective Practice

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
2.1.2.1 Principles of self-awareness and critical reflection in the PHRM environment.	SEP ST	Ex(W)
2.1.2.2 Key elements of mindfulness and their impact on cognition in PHRM.	SEP ST	Ex(W)
2.1.2.3 Relationship between mindfulness and clinical decision making in PHRM.	SEP ST	Ex(W)
2.1.2.4 Relationship between mindfulness, reflective practice and error.	SEP ST	Ex(W)
Independently, be able to:		
2.1.2.5 Recognise limitations of self and team and/or barriers to effective practice within the operational environment and construct strategies for managing them.	SEP ST	MSF TSR
2.1.2.6 Apply the principles of self-awareness and critical reflection to own practice.	SEP ST	MSF TSR

2.1.3 Strategies for Mitigation of Cognitive Bias

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
2.1.3.1 Types of cognitive bias prevalent in clinical PHRM practice and factors influencing them.	SEP ST	Ex(W)
2.1.3.2 Strategies and cognitive aids for mitigation of cognitive bias in PHRM practice.	SEP ST	Ex(W)
2.1.3.3 Metacognitive tools to be aware of cognitive biases that may apply to the situation.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
2.1.3.4 Use cognitive aids effectively as a team to mitigate cognitive bias.	SEP ST	MSF TSR
2.1.3.5 Communicate effectively within the team to acknowledge factors that may contribute to cognitive bias and mitigate these.	SEP ST	MSF TSR
Independently, be able to:		
2.1.3.6 Be aware of the effect of fatigue on cognitive bias and institute appropriate checks and balances.	SEP ST	MSF TSR
2.1.3.7 Correctly use cognitive aids to mitigate cognitive bias.	SEP ST	MSF TSR

Domain 3 Communication

3.1 Communication in the PHRM Context

3.1.1 Principles of Successful Communication in PHRM

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
3.1.1.1 Role of the PHRM system in relation to the referring and receiving health care facilities/hospitals.	SEP ST	Ex(W)
3.1.1.2 Communication pathways required in the PHRM environment for safe and efficacious patient management and transport.	SEP ST	Ex(W)
3.1.1.3 Responsibilities of the Retrieval Physician with regard to communication with: <ul style="list-style-type: none"> a. Referring hospital staff b. Receiving hospital staff c. Paramedics / other support crew d. Pilots e. Coordinator f. Patient g. Family/whānau 	SEP ST	Ex(W)
3.1.1.4 Strategies to optimise communication with an unfamiliar team in a high cognitive load environment, including but not limited to: <ul style="list-style-type: none"> a. The shared mental model b. Clarity and cohesion of communication c. Closing the loop d. Summaries and updates e. Conflict resolution f. Graded assertiveness g. Handover 	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
3.1.1.5 Brief and plan as a team.	SEP ST	MA CBD MSF TSR OSPE
3.1.1.6 Communicate effectively using both verbal and non-verbal techniques with all members of the retrieval team.	SEP ST	MA CBD MSF TSR OSPE
3.1.1.7 Communicate effectively with personnel outside of the PHRM medical team involved in patient care.	SEP ST	MA CBD MSF TSR OSPE

continued

3.1.1 Principles of Successful Communication in PHRM (continued)

Independently, be able to:

3.1.1.8	Facilitate appropriate transfer of information between referring and receiving hospitals.	SEP ST	MA DOPS CBD MSF TSR OSPE
3.1.1.9	Demonstrate effective conflict resolution and graded assertiveness in the PHRM context.	SEP ST	MA TSR OSPE
3.1.1.10	Communicate and escalate appropriately when the case is more complex than the original tasking.	SEP ST	MA CBD MSF TSR OSPE
3.1.1.11	Communicate effectively in a teaching and learning environment.	SEP ST	MSF TSR OSPE

3.1.2 Communication Processes

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
3.1.2.1 Principles of safe transfer of care at referring and receiving hospitals.	SEP ST	Ex(W)
3.1.2.2 Structured communication tools that facilitate communication in the PHRM environment.	SEP ST	Ex(W)
3.1.2.3 Communication with patients and family/whānau of a non-English or English as a second language background.	SEP ST	Ex(W)
3.1.2.4 Use of daily brief, tasking brief, situation reports, and post-mission debrief in PHRM.	SEP ST	Ex(W)
3.1.2.5 Role and importance of clinical handover.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
3.1.2.6 Facilitate and document post-mission debriefing.	SEP ST	CBD MSF TSR
3.1.2.7 Take part in a daily brief.	SEP ST	CBD MSF TSR
3.1.2.8 Gather sufficient clinical information to support decision making and provision of treatment in the PHRM setting.	SEP ST	CBD MSF TSR
Independently, be able to:		
3.1.2.9 Obtain and give a structured clinical handover, including the use of handover tools.	SEP ST	CBD MSF TSR
3.1.2.10 Build in cognitive strategies such as check points into a complex mission to ensure mission safety.	SEP ST	MSF TSR

3.1.3 Communication Devices and Procedures

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
3.1.3.1 Infrastructure for telecommunications in the PHRM system.	SEP ST	Ex(W)
3.1.3.2 Communication systems and devices used in the PHRM environment, e.g.:		
a. Radios <ul style="list-style-type: none"> • HF/VHF/UHF • 'Down the wire' radio communications • Concept of zones/channels • Incident channels 	SEP ST	Ex(W)
b. Satellite phones		
c. Mobile phones		
d. Hand signals		
e. Telehealth		
3.1.3.3 Phonetic alphabet.	SEP ST	Ex(W)
3.1.3.4 Technological aids that facilitate communication in the PHRM environment.	SEP ST	Ex(W)
3.1.3.5 Benefits and challenges of the use of formal voice procedure within effective telecommunications.	SEP ST	Ex(W)
3.1.3.6 Communication cascades and duress alarms as safety mechanisms in the PHRM environment.	SEP ST	Ex(W)
3.1.3.7 Principles of telehealth in urban, rural and remote healthcare.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
3.1.3.8 Communicate using radio with correct voice procedures.	SEP ST	DOTS MSF
3.1.3.9 Use common standard telecommunication equipment and procedures within the PHRM setting, including mobile and satellite phones, recording of calls, use of related computer networks and software applications.	SEP ST	DOTS MSF
3.1.3.10 Communicate complex messages in a clear and efficient manner using common standard telecommunication equipment.	SEP ST	DOTS MSF

Domain 4 Teamwork and Collaboration

4.1 Teamwork

4.1.1 Principles of Teamwork and CRM in the PHRM Environment

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
4.1.1.1	Origins and impetus for the development of CRM/TRM.	SEP ST Ex(W)
4.1.1.2	Types of teams in PHRM e.g. Ad-hoc vs regular, explicit vs implicit, large vs small.	SEP ST Ex(W)
4.1.1.3	Principles of effective teamwork & features of a high performing team.	SEP ST Ex(W)
4.1.1.4	Challenges to teamwork in the PHRM context.	SEP ST Ex(W)
4.1.1.5	Barriers to success in high performance medical teams, including human and system factors, stress, fatigue, and group stress behaviours.	SEP ST Ex(W)
4.1.1.6	Strategies that maximise the efficiency and delivery of care in pre-hospital and inter-hospital transfer, with specific regard to handover, staff interaction and delegation, structuring of retrieval preparation, effective use of other resources and communication.	SEP ST Ex(W)
4.1.1.7	Key behaviours that promote effective communication and teamwork in the PHRM environment, e.g.: <ul style="list-style-type: none"> a. effective leadership and followership b. situational awareness c. shared mental models d. closed-loop communication e. graded assertiveness f. conflict resolution g. briefing, pre-briefing and debriefing 	SEP ST Ex(W)
4.1.1.8	Implications of working independently in the PHRM context.	SEP ST Ex(W)
As part of the PHRM team, be able to:		
4.1.1.9	Effectively manage conflict in the PHRM environment.	SEP ST MSF TSR
4.1.1.10	Participate in interdisciplinary training.	SEP ST MSF TSR

4.1.1 Principles of Teamwork and CRM in the PHRM Environment (continued)

Independently, be able to:

4.1.1.11	Maintain situational awareness in complex pre-hospital scenes and inter-facility transfers.	SEP ST	MA MSF TSF
4.1.1.12	Recognise and utilise non-technical team tools and communication strategies to respond to causes of communication and teamwork breakdown.	SEP ST	MSF TSR
4.1.1.13	Utilise strategies to effectively work independently through the application of identifiable strategic and process driven mechanisms.	SEP ST	MSF TSR
4.1.1.14	Work effectively in multiple roles within fluid multi-disciplinary and unfamiliar PHRM teams.	SEP ST	MSF TSR
4.1.1.15	Manage and delegate team resources to maximise empowerment of team members.	SEP ST	MSF TSR
4.1.1.16	Adapt leadership style to the needs of the clinical situation as it arises.	SEP ST	MSF TSR

4.1.2 Critical Incident Debrief

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
4.1.2.1 Definitions of a critical incident.	SEP ST	Ex(W)
4.1.2.2 Stressors inherent in the PHRM context.	SEP ST	Ex(W)
4.1.2.3 Acute, persistent and cumulative stress responses.	SEP ST	Ex(W)
4.1.2.4 Benefits and potential risks of debrief, including effects on self and team.	SEP ST	Ex(W)
4.1.2.5 Personal psychosocial coping strategies and needs.	SEP ST	Ex(W)
4.1.2.6 Post-traumatic stress disorder and burnout in PHRM personnel.	SEP ST	Ex(W)
4.1.2.7 Post-traumatic stress disorder in PHRM patients and bystanders.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
4.1.2.8 Actively participate in critical incident debrief.	SEP ST	MSF TSR
Independently, be able to:		
4.1.2.9 Provide informal emotional and psychological support to colleagues.	SEP ST	MSF TSR
4.1.2.10 Know how to access support for yourself and/or colleagues.	SEP ST	MSF TSR
4.1.2.11 Report and escalate critical incidents through organisational processes.	SEP ST	MSF TSR

Domain 5 Management and Leadership

5.1 Management

5.1.1 Development and Maintenance of a Safety Culture in PHRM

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
5.1.1.1 Importance of a safety culture in PHRM.	SEP ST	Ex(W)
5.1.1.2 Characteristics of safe workplace cultures.	SEP ST	Ex(W)
5.1.1.3 Self-awareness, personal responsibility and accountability for a safety culture.	SEP ST	Ex(W)
5.1.1.4 Characteristics of high-reliability organisations.	SEP ST	Ex(W)
5.1.1.5 Principles of threat and error management in PHRM.	SEP ST	Ex(W)
5.1.1.6 Individual responses and responsibilities in building and maintaining a safety culture, including post-mission team debrief, daily briefs, sentinel event reporting, competency checklists, and currency requirements.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
5.1.1.7 Openly discuss and learn from near misses or errors.	SEP ST	MSF
5.1.1.8 Engage in teams-focused activities that build a safety culture.	SEP ST	MSF
5.1.1.9 Demonstrate team responsibility in speaking up about any potential issues or threats during a mission.	SEP ST	MSF
Independently, be able to		
5.1.1.10 Report safety concerns or adverse events contemporaneously.	SEP ST	MSF
5.1.1.11 Uphold the individual requirements and commitment to building and maintaining a safety culture.	SEP ST	MSF
5.1.1.12 Manage risk and undertake risk mitigation strategies in clinical PHRM.	SEP ST	MSF
5.1.1.13 Demonstrate the principles of threat and error management in identifying and correcting latent threats in the PHRM environment.	SEP ST	MSF

5.1.2 Safety Systems in PHRM

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
5.1.2.1 Principles of legislative requirements relating to: <ul style="list-style-type: none"> a. alcohol and other drugs b. fatigue management c. dangerous goods d. pilot and crew fitness-to-fly 	SEP ST	Ex(W)
5.1.2.2 The contribution of technical, human, team and organisation factors to the development and maintenance of a safety culture.	SEP ST	Ex(W)
5.1.2.3 Hazard identification and reporting systems.	SEP ST	Ex(W)
5.1.2.4 Fatigue risk management tools.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
5.1.2.5 Demonstrate medical crew role in hazard identification and reporting.	SEP ST	MSF TSR
Independently, be able to:		
5.1.2.6 Identify and report potential hazards.	SEP ST	MSF TSR
5.1.2.7 Recognise when they and others are not fit to fly.	SEP ST	MSF TSR

5.1.3 Adverse Events Investigation and Management

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
5.1.3.1 Principle of clinical governance in the PHRM setting, including the elements of quality assurance prescribed within national health care standards.	SEP ST	Ex(W)
5.1.3.2 Existence of and how to access policies and procedures for adverse events investigation and management within the PHRM setting.	SEP ST	Ex(W)
5.1.3.3 Concepts of 'just culture' and 'reporting culture' within the context of adverse event investigation.	SEP ST	Ex(W)
5.1.3.4 Adverse events reporting and investigation.	SEP ST	Ex(W)

5.2 Leadership

5.2.1 Retrieval Coordination Processes

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
5.2.1.1 Essential structure and function of the tasking agency.	SEP ST	Ex(W)
5.2.1.2 Principles of clinical coordination, including call receipt, advice provision, decision to retrieve, skill level to retrieve, transport platform, destination.	SEP ST	Ex(W)
5.2.1.3 General layout of a 'Coordination Room' and identify the potential roles of relevant personnel.	SEP ST	Ex(W)
5.2.1.4 Principles of coordination and how they relate to clinical PHRM, including: <ul style="list-style-type: none"> a. resourcing b. skill sets and crew mix c. transport platform choice d. on-road versus aeromedical skill sets e. patient complexity f. workload fatigue conflicts g. risk awareness h. mission prioritization i. weather and environmental impacts 	SEP ST	Ex(W)

5.3 Governance

5.3.1 Audit and Quality Assurance

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
5.3.1.1 Principles of quality assurance and continuing quality improvement within a PHRM organisation.	SEP ST	Ex(W)
5.3.1.2 Importance of PHRM data collection.	SEP ST	Ex(W)
5.3.1.3 Case review, debriefing and feedback in the PHRM environment.	SEP ST	Ex(W)
5.3.1.4 Appropriate methods for presenting PHRM case debrief, critique and feedback in the operational context.	SEP ST	Ex(W)
<i>Independently, be able to:</i>		
5.3.1.5 Participate actively in case review sessions.	SEP ST	TSR

Domain 6 Health Advocacy

6.1 Support and Access

6.1.1 Regional and Remote Health Support

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
6.1.1.1 Principles of equity in healthcare and its relationship to PHRM.	SEP ST	Ex(W)
6.1.1.2 Causes of reduced equity, including geographical remoteness, health literacy and cultural consideration.	SEP ST	Ex(W)
6.1.1.3 PHRM role in meeting the challenges inherent in regional and remote health services.	SEP ST	Ex(W)

6.1.2 Cultural Competence

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
6.1.2.1 Principles of intercultural communication, cultural awareness, sensitivity and safety as it pertains to PHRM.	SEP ST	Ex(W)
6.1.2.2 Indigenous health issues in PHRM settings.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
6.1.2.3 Care for patient of any cultural background without prejudice, assumptions or judgement of cultural differences and with respect to culturally-mediated priorities and choices.	SEP ST	MSF TSR
Independently, be able to:		
6.1.2.4 Collaborate with Indigenous health care workers and other cultural support staff to optimise patient and staff outcomes.	SEP ST	MSF TSR
6.1.2.5 Demonstrate proficiency in intercultural communication within the PHRM context.	SEP ST	MSF TSR

6.1.3 Recognition and Management of Psychological Risk in PHRM

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
6.1.3.1 Risk factors for psychological harm in PHRM practitioners.	SEP ST	Ex(W)
6.1.3.2 Symptoms and signs of compassion fatigue, burnout and PTSD.	SEP ST	Ex(W)
6.1.3.3 Individual strategies for minimising psychological harm in PHRM.	SEP ST	Ex(W)
6.1.3.4 Identification and initial management of the PHRM clinician affected by PTSD.	SEP ST	Ex(W)
6.1.3.5 Risk mitigation for PTSD in patients.	SEP ST	Ex(W)
6.1.3.6 The role of parents and caregivers in the management of psychological factors in paediatric patients.	SEP ST	Ex(W)
Independently, be able to:		
6.1.3.7 Recognise the symptoms of stress, compassion fatigue and burnout in yourself and colleagues.	SEP ST	TSR
6.1.3.8 Utilise individual tools and strategies for identifying, minimising and dealing with psychological harm in PHRM practitioners.	SEP ST	TSR
6.1.3.9 Manage patients with psychological barriers to aeromedical or road transport.	SEP ST	TSR
6.1.3.10 Undertake a self-assessment for compassion fatigue and burnout.	SEP ST	TSR
6.1.3.11 Participate in debrief of highly emotive and psychologically confronting cases.	SEP ST	TSR

Domain 7 Scholarship and Teaching

7.1 Scholarship

7.1.1 Research in the PHRM Context

Learning Objective	Teaching and Learning Strategies	Assessment Methods
<i>Demonstrate knowledge and understanding of:</i>		
7.1.1.1 Commonly used research terms and their use in PHRM-specific research.	SEP ST	Ex(W)
7.1.1.2 Challenges and limitations of conducting research in the PHRM environment.	SEP ST	Ex(W)
7.1.1.3 Challenges in developing PHRM clinical practice guidelines where the evidence is limited.	SEP ST	Ex(W)
<i>Independently, be able to:</i>		
7.1.1.4 Formulate a PHRM research question.	SEP ST	TSR

7.1.2 Evidence-based Medicine in the PHRM Environment

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
7.1.2.1 Types of trials and their applicability to PHRM research questions.	SEP ST	Ex(W)
7.1.2.2 Principles of critical appraisal of published PHRM literature.	SEP ST	Ex(W)
7.1.2.3 Concept of knowledge translation and change management in PHRM organisations.	SEP ST	Ex(W)
7.1.2.4 Applicability of hospital-based research to the PHRM environment.	SEP ST	Ex(W)
Independently, be able to:		
7.1.2.5 Integrate contemporary research into clinical and operational practice.	SEP ST	MSF TSR
7.1.2.6 Take part in research development and/or execution within a PHRM system.	SEP ST	MSF TSR
7.1.2.7 Critically appraise a PHRM research article.	SEP ST	CBD TSR
7.1.2.8 Discuss the integration of contemporary research into clinical and operational practice.	SEP ST	MSF TSR

7.2 Teaching

7.2.1 Teaching in the PHRM Context

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
7.2.1.1 The concept of mental rehearsal for high acuity, high consequence, low occurrence situations.	SEP ST	Ex(W)
7.2.1.2 The limited bedside teaching opportunities in the PHRM environment and the alternative teaching opportunities available.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
7.2.1.3 Take an active and engaged part in simulation-based training.	SEP ST	TSR
7.2.1.4 Lead a PHRM case-based discussion and follow-up discussion with colleagues.	SEP ST	TSR CBD
Independently, be able to:		
7.2.1.5 Facilitate the learning of health care colleagues to enhance their autonomy and decision making, including using vocabulary that encourages their learning and acknowledges their understanding.	SEP ST	MSF TSR
7.2.1.6 Provide guidance and advice to students and fellow health professionals in a considerate and consultative manner.	SEP ST	MSF TSR
7.2.1.7 Identify and use suitable PHRM cases as teaching and learning opportunities.	SEP ST	MSF TSR
7.2.1.8 Deliver sessions teaching procedural skills and use of equipment.	SEP ST	MSF TSR
7.2.1.9 Deliver timely constructive feedback to colleagues.	SEP ST	MSF TSR

Domain 8 Professionalism

8.1 Personal Responsibility

8.1.1 Fitness to Practice

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
8.1.1.1 Importance of work-life balance, fatigue management, nutrition and hydration and the impact these have on individual work performance.	SEP ST	Ex(W)
8.1.1.2 Regulatory body guidelines on the use of alcohol and drugs, illicit and prescribed, including DAMP testing.	SEP ST	Ex(W)
8.1.1.3 Interaction between physical, mental and emotional wellbeing, and the need for matching of job requirements to a clinician's physical ability to perform the role.	SEP ST	Ex(W)
8.1.1.4 Role of colleague support.	SEP ST	Ex(W)
Independently, be able to:		
8.1.1.5 Demonstrate appropriate preparation for the role and daily work pattern in terms of work-life balance, personal fatigue management, nutrition and hydration.	SEP ST	MSF TSR
8.1.1.6 Perform self-assessment with regards to mental and emotional wellbeing.	SEP ST	MSF TSR

8.1.2 Commitment to Ongoing Learning

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
8.1.2.1 Importance of ongoing learning and education in maintaining up-to-date personal clinical practice.	SEP ST	Ex(W)
8.1.2.2 Methods by which clinicians can access PHRM-specific learning opportunities.	SEP ST	Ex(W)
8.1.2.3 Commitment to excellence and progressing the service.	SEP ST	Ex(W)
Independently, be able to:		
8.1.2.4 Participate in service education programs.	SEP ST	MSF TSR
8.1.2.5 Utilise FOAMed, social media platforms, networking sites and smartphone applications as pertains to PHRM.	SEP ST	MSF TSR
8.1.2.6 Openly discuss learning points from cases.	SEP ST	MSF TSR
8.1.2.7 Participate in service development clinical projects.	SEP ST	MSF TSR
8.1.2.8 Identify areas of need for ongoing learning and the ability and self-efficacy to address those needs.	SEP ST	MSF TSR
8.1.2.9 Demonstrate progression in career, access educational opportunities and completion of workplace-based assessments and/or continuing professional development requirements, as appropriate.	SEP ST	MSF TSR
8.1.2.10 Maintain clinical competence by adequate case exposure and ongoing learning.	SEP ST	MSF TSR

8.2 Legalities and Ethics

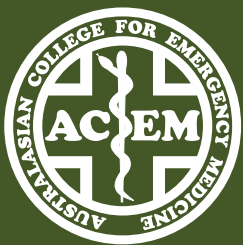
8.2.1 Medico-legal Frameworks Impacting on PHRM Practice

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
8.2.1.1 Role of informed consent and implied consent within the context of PHRM.	SEP ST	Ex(W)
8.2.1.2 Coroners regulations regarding death in flight.	SEP ST	Ex(W)
8.2.1.3 Advanced care directives, seven step pathways, resuscitation limitation and do-not-resuscitate orders.	SEP ST	Ex(W)
Independently, be able to:		
8.2.1.4 Adequately fulfil the clinical and documentation requirements to “pronounce life extinct”.	SEP ST	TSR
8.2.1.5 Recognise and employ strategies for safe use of social media, understanding the greater likelihood for patient identification.	SEP ST	TSR
8.2.1.6 Recognise inappropriate use of social media.	SEP ST	TSR

8.3 Media Management

8.3.1 Media Management

Learning Objective	Teaching and Learning Strategies	Assessment Methods
Demonstrate knowledge and understanding of:		
8.3.1.1 Principles of media management at accident and incident scenes.	SEP ST	Ex(W)
8.3.1.2 Patient confidentiality and privacy considerations in PHRM responses to accident and incident scenes.	SEP ST	Ex(W)
8.3.1.3 Organisational policies on communication with media.	SEP ST	Ex(W)
As part of the PHRM team, be able to:		
8.3.1.4 Preserve patient and provider confidentiality at accident scenes.	SEP ST	MSF TSR
8.3.1.5 Deflect or defer media requests for information or comment to appropriate spokespeople.	SEP ST	TSR
Independently, be able to:		
8.3.1.6 Manage media at accidents or major incident in accordance with organisational policy.	SEP ST	TSR



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