SPECIAL SKILLS PLACEMENT – RURAL / REMOTE HEALTH

1. PURPOSE AND SCOPE

The purpose of these guidelines is to outline the minimum criteria for accreditation of a special skills placement in Rural / Remote Health.

2. SUPERVISOR

The supervisor(s) are to have clinical and educational experience in rural medicine. The supervisor(s) will be a Fellow of the RACGP, RNZCGP, ACRRM or ACEM.

3. PLACEMENT STRUCTURE

The placement can be undertaken at 1.0 FTE or 0.5FTE.

The placement length may be either three or six months. It should be recognised that differing placement lengths may determine differing learning objectives and duties.

4. DEMOGRAPHICS

Facilities in which Rural Health placements are undertaken will provide a clinical experience that is by definition different from that usually experienced by ACEM trainees within ACEM accredited Emergency Departments.

4.1 Locations within Australia and New Zealand

Within Australia, the locations that will be considered suitable for trainees to undertake a Rural Health Special Skill Placement are defined via the Australian Standard Geographical Classification – Remoteness Areas (ASGC – RA) System.

To view the ASGC-RA map online and determine your facility’s classification:


Only locations within RA 2-5 will be considered eligible for Rural Health placements

- RA1 - Major Cities of Australia
- RA2 - Inner Regional Australia
- RA3 - Outer Regional Australia
- RA4 - Remote Australia
- RA5 - Very Remote Australia

Within New Zealand, facilities that will be considered suitable for trainees to undertake a Rural Health Special Skill Placement are those defined as Level 1, 2 or 3 Rural Hospitals by the Division of Rural Hospital Medicine, Royal New Zealand College of General Practitioners.
5. **LEARNING OBJECTIVES**

Rural Health is defined by its broad variety and increased responsibility for the individual clinician.

Individual facilities will provide Rural Health placements with specific learning objectives for trainees; however the following general learning objectives are mandatory:

The general learning objectives of a Rural Health placement are to develop:
- An understanding of rural health systems
- A greater level of independent practice and decision making
- Skills for practicing medicine with limited investigations
- Skills appropriate when working without direct access to specialists
- Skills in the referral aspects of retrieval medicine

Examples of specific learning objectives that may be incorporated into a Rural Health placement include, but are not limited to, the following:
- Advanced minor surgical techniques
- Anaesthetic procedures and skills
- Obstetric procedures and skills
- Indigenous Health

6. **ACTIVITIES/DUTIES**

The activities / duties that a trainee undertakes within a Rural Health placement must reconcile with the set learning objectives for the placement. For each learning objective, there should be documented activities/duties being undertaken in order for the trainee to achieve the objective.

In order to meet the above stated learning objectives, the trainee will undertake one of the following options with respect to their duties:

(a) If the facility has an Emergency Department (ED) that meets the criteria within the ACEM document, S12, "Statement on the Delineation of Emergency Departments", the trainee may undertake 100% of their time within the ED. (Please note, that the placement is still credited as Non-ED time for the trainee.)

Or,

(b) The trainee will undertake duties within a variety of clinical settings, including the ED, within the health facility with the following requirements:
- If the facility has an Emergency Department that does not meet the criteria within the ACEM document, S12, "Statement on the Delineation of Emergency Departments", the trainee is to spend no more than approximately 60% of their rostered clinical duties within the ED.
- The remaining rostered clinical time is required to be spent undertaking duties in at least two (2) alternate clinical settings within the facility (e.g. general ward rounds and care of admitted patients, minor operations lists, anaesthetic lists, and outpatient and primary care clinics).

7. **EDUCATION**

The education program delivered to a trainee within the facility should be tailored to ensure that the learning objectives for the placement are met. Facilitating access for the trainee to the emergency medicine education program at an accredited Emergency Department during the placement is allowed; however there should still be local formal education provided to the trainee that accounts for the unique environment they are practicing in.
8. **SUPERVISION AND ASSESSMENT**

Regular formal contact with the placement supervisor is required throughout the placement (e.g. weekly meetings).

For each activity/duty being undertaken to achieve a certain learning objective, it should be clear as to how it will be assessed that the trainee has successfully met the objective during the placement.

An initial orientation meeting at the start of the placement is required to ensure the trainee understands the learning objectives, how they will be achieved and how they will be assessed as being met. A mid-placement assessment is required to review the progress with respect to this.

8.1 **Learning Portfolio**

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning Needs Analysis (LNA). The trainee describes the activities they will perform to achieve the learning outcomes during their placement. In addition, the following should be included in the LNA:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities

At the end of the placement, the supervisor will sign off that the trainee’s LNA has been reviewed and displays sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

8.2 **In Training Assessment (ITA)**

An in training assessment must be completed every three months.

9. **DOCUMENT REVIEW**

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

9.1 **Responsibilities**

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

9.2 **Revision History**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Version</th>
<th>Pages revised / Brief Explanation of Revision</th>
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<tbody>
<tr>
<td>05</td>
<td>July 2015</td>
<td>Section 3 Change to allow the placement to be undertaken at 0.5 FTE. Section 8 Changed Learning Portfolio and include LNA information and addition of ITA requirement. Addition of Section 9.</td>
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<tr>
<td>05-1</td>
<td>Sep 17</td>
<td>Reference to “term” changed to “placement” as per Regulation B</td>
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