Advanced Specialised Training

Rural Generalist Surgery

Curriculum
Acknowledgements

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- RACS Essential Skills
- ACRRM Primary Curriculum
- RDAA Surgical Position Paper
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1. Background

Completion of Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Candidates can select from a number of training areas which reflect rural and remote clinical practice needs. Registrars who choose to undertake an AST in rural generalist surgery must undertake a minimum of 24 months training in this area.

Rural generalist surgery has been selected as one of the priority areas due to limited availability of specialist surgeons in rural and remote locations.

This Advanced Specialised Training Curriculum outlines the expected outcomes and assessment for registrars undertaking an Advanced Specialised Training post in rural generalist surgery. It builds on the basic surgery aspects of the ACRRM Primary Curriculum. This advanced curriculum focuses on additional surgical skills required above and beyond those stated in the Primary Curriculum.

2. Purpose and Requirements

2.1 Purpose

The purpose of this curriculum is to improve access to surgical services in rural and remote communities through increased access to rural doctors with advanced training in rural generalist surgical skills. This curriculum defines the advanced skills that will enable rural doctors to provide these services.

A doctor with an AST in Rural Generalist Surgery will generally be employed in a senior medical officer role in a rural hospital working at a distance from specialists.

This curriculum defines the advanced skills that will enable GPs to offer enhanced surgical care to their communities, to provide an advisory resource in surgery to other GPs and to maximise the effectiveness of specialist outreach and telemedicine services in their communities.

2.2 Target group

This curriculum is designed for ACRRM enrolled registrars who elect to undertake Advanced Specialised Training in rural generalist surgery.

2.3 Training requirements

Clinical training

Advanced Specialised Training in rural generalist surgery requires a minimum 24 months full time or equivalent part time training. The training program will take into account other professional, personal and family needs and will offer flexibility for individuals to undertake their training on a part time basis or in two or more blocks. Registrars who choose these options will not be disadvantaged.

Education

Candidates are required to demonstrate satisfactory completion of the following courses prior to commencing training or alternatively early in training. As some courses have a long waiting list, it is expected that candidates have enrolled in the courses prior to commencing training.

- RANZCOG Basic Surgical Skills Workshop
- RACS Australian and New Zealand Surgical Skills Education and Training (ASSET) course
- EMST (Early Management of Severe Trauma)
- CCrISP (Care of the Critically Ill Patient)
2.4 Potential posts

Advanced Specialised Training in rural generalist surgery must be undertaken in teaching posts accredited by ACRRM.

A teaching post accredited for RACS surgical training will generally be suitable but will also need to gain accreditation for AST Rural Generalist Surgery. Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

Appropriate hospitals for training would have the following features:
- be a secondary or tertiary referral hospital
- have obstetrics and gynaecology services
- have orthopaedic services
- have specialist surgical staff with sufficient expertise to supervise registrars – including general surgeons, orthopaedic surgeons and obstetric and gynaecology specialists
- provide access to an adequate number of suitable procedures to enable registrars to fulfill the requirements of this curriculum
- focus on training in secondary rather than tertiary surgical procedures.

To achieve the curriculum outcomes, it may be necessary for a registrar to split his/her training between more than one unit or facility for example attachments with a:
- a general surgical unit
- an orthopaedic trauma unit
- an obstetrics and gynaecology unit
- a surgeon in an accredited rural medical practice or
- rural district hospital with a surgical service.

It may also be necessary to undertake one or more short-term secondments to learn specific skills.

See Advanced Specialised Training Standards for Supervisors and Teaching posts for further information.

2.5 Prerequisites/co-requisites

Prior to undertaking this post, candidates must meet the following criteria:
- satisfactory completion of 12 months Core Clinical Training component of ACRRM Fellowship training or
- completed postgraduate year two for those doctors who are not in Fellowship Training
- must have completed a minimum of one term in surgery, anaesthetics and emergency medicine

Demonstration of ACRRM Primary Curriculum requirements in surgery, anaesthetics and emergency medicine. This includes competence in performing the following basic skills:
- cleaning and sterilisation techniques
- insertion of tubes, drains and catheters
- interpretation of common radiological diagnoses or evidence from other investigations
- suturing
- plastering and splinting and
- wound care and dressing, including minor burns and ulcers.

3. Rationale

Rural and remote communities have been disadvantaged by reduced access to appropriate local surgical services over the past 30 years. This has contributed to the increasing morbidity and mortality in rural and remote communities. Whilst metropolitan communities have access to the many surgical sub-specialties, this is not so for rural and remote communities.

Reduced access to surgical services has resulted from multiple factors including:
- increasing technology
- sub-specialisation of the surgical workforce
- reduced access to training for generalist surgeons and GP registrars, and
- absence of an appropriate specialist workforce, especially the lack of generalists in many specialties.

The absence of specialist surgical services in rural and remote areas is primarily a workforce issue and is not addressed by current programs. In order to address some of these inequities a safe and high quality procedural workforce needs to be trained and deployed. The essential needs of these communities can be addressed by mixture of generalist specialist surgeons, supported by rural generalists with an AST in rural generalist surgery.

The purpose of this curriculum is to identify an appropriate scope of surgical practice which can be delivered by appropriately trained practitioners in rural and remote communities. This scope includes components of general surgery as well as components of certain surgical sub-specialties for example ENT and eye, gastroenterology, orthopaedics, plastic surgery, abdominal surgery.

Rural and remote generalist surgeons should be supported by similarly well-trained and skilled practitioners delivering anaesthetics, emergency medicine, obstetrics and gynaecology services. These are not separate skills to be practised in isolation but a strongly inter-related cluster of skills which support and enhance each other's competence.
4. Learning abilities

The curriculum defines the abilities, knowledge and skills for Advanced Specialised Training in Rural Generalist Surgery.

The seven domains of rural and remote general practice provide the framework for organising the abilities required in the curriculum.

The domains are:

1. Provide medical care in the ambulatory and community setting
2. Provide care in the hospital setting
3. Respond to medical emergencies
4. Apply a population health approach
5. Address the health care needs of culturally diverse and disadvantaged groups
6. Practise medicine within an ethical, intellectual and professional framework
7. Practise medicine in the rural and remote context

These levels of achievement build on the abilities, knowledge and skills in the Surgery Curriculum statement in the ACRRM Primary Curriculum.
Domain 1: Provide medical care in the ambulatory and community setting

Themes: Patient-centred clinical assessment, Clinical reasoning, Clinical management

Abilities

1.1 Establish a doctor-patient relationship and use a patient-centred approach to care
1.2 Obtain a clinical history that reflects contextual issues including: presenting problems, epidemiology, culture and geographic location
1.3 Perform a problem-focused physical examination relevant to clinical history and risks, epidemiology and cultural context
1.4 Use specialised clinical equipment as required for further assessment and interpret findings
1.5 Order and/or perform diagnostic tests where required to confirm a diagnosis, monitor medical care and/or exclude treatable or serious conditions
1.6 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering uncommon but clinically important differential diagnoses
1.7 Communicate findings of clinical assessment effectively and sensitively to the patient and/or carer
1.8 Formulate a management plan in concert with the patient and/or carer, judiciously applying best evidence and the advice of expert colleagues
1.9 Identify and manage co-morbidities in the patient and effectively communicate these to the patient and/or carer
1.10 Ensure safe and appropriate prescribing of medications and treatment options in the clinical context
1.11 Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions
1.12 Refer, facilitate and coordinate access to specialised medical and diagnostic and other health and social support services
1.13 Provide and/or arrange follow-up and continuing medical care
Domain 2: Provide care in the hospital setting

**Themes:** Medical care of admitted patients, Medical leadership in a hospital team, Health care quality and safety

**Abilities**

2.1 Manage admission of patients to hospital in accordance with institutional policies
2.2 Develop, implement and maintain a management plan for patients with surgical illnesses and complications
2.3 Provide appropriate post surgical care
2.4 Apply relevant checklists and clinical management pathways
2.5 Monitor clinical progress, regularly re-evaluate the problem list and modify management accordingly
2.6 Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing
2.7 Order and perform a range of diagnostic and therapeutic procedures
2.8 Maintain timely and accurate patient documentation in hospital records including drug prescription and administration
2.9 Communicate effectively with the health care team, patient and/or carer including effective clinical handover
2.10 Recognise and respond early to the deteriorating patient
2.11 Anticipate and judiciously arrange safe patient transfer to other facilities, considering clinical indications, service capabilities, patient preferences, transportation and geography
2.12 Undertake early, planned and multi-disciplinary discharge planning
2.13 Contribute medical expertise and leadership in a hospital team
2.14 Provide direct and remote clinical supervision and support to nurses, junior medical staff and students
2.15 Recognise, document and manage adverse events and near misses
2.16 Participate in institutional quality and safety improvement and risk management activities
Domain 3: Respond to medical emergencies

Themes: Initial assessment and triage, Emergency medical intervention, Communication and planning

Abilities

3.1 Undertake initial assessment and triage of patients with acute or life-threatening conditions
3.2 Stabilise critically ill patients and provide primary and secondary care
3.3 Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and local context and resources
3.4 Perform required emergency procedures
3.5 Arrange and/or perform emergency patient transport or evacuation when needed
3.6 Demonstrate resourcefulness in knowing how to access and use available resources
3.7 Communicate effectively at a distance with consulting or receiving clinical personnel
3.8 Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing
3.9 Provide inter-professional team leadership in emergency care that includes quality assurance and risk management assessment

Domain 4: Apply a population health approach

Themes: Community health assessment, Population-level health intervention, Evaluation of health care, Collaboration with agencies

Abilities

4.1 Analyse the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services
4.2 Apply a population health approach that is relevant to the trends in surgical presentations and clinical practice profile
4.3 Integrate evidence-based prevention, early detection and health maintenance activities into practice at a systems level
4.4 Provide continuity and coordination of care for own practice population
4.5 Evaluate quality of health care for practice populations
4.6 Fulfil reporting requirements in relation to statutory notification of health conditions
4.7 Access and collaborate with agencies responsible for key population health functions including public health services, employer groups and local government
4.8 Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health
Domain 5: Address the health care needs of culturally diverse and disadvantaged groups

Themes: Differing epidemiology, Cultural safety and respect, working with groups to improve health outcomes

Abilities

5.1 Apply knowledge of the differing profile of disease and health risks among culturally diverse and disadvantaged groups
5.2 Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate
5.3 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care
5.4 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research
5.5 Harness the resources available in the health care team, the local community and family to improve outcomes of care
5.6 Work with culturally diverse and disadvantaged groups to address barriers in access to health services and improve the determinants of health

Domain 6: Practise medicine within an ethical, intellectual and professional framework

Themes: Ethical practice, Professional obligations, Intellectual engagement including teaching and research

Abilities

6.1 Ensure safety, privacy and confidentiality in patient care
6.2 Maintain appropriate professional boundaries
6.3 Be aware of duty of care issues arising from providing health care to self, family, colleagues, patients and the community
6.4 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements
6.5 Keep clinical documentation in accordance with legal and professional standards
6.6 Demonstrate commitment to teamwork, collaboration, coordination and continuity of care
6.7 Contribute to the management of human and financial resources within a health service
6.8 Work within relevant national and state legislation and professional and ethical guidelines
6.9 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes
6.10 Manage, appraise and assess own performance in the provision of medical care for patients
6.11 Develop and apply strategies for self-care, personal support and caring for family
6.12 Teach and clinically supervise health students, junior doctors and other health professionals
6.13 Engage in continuous learning and professional development
6.14 Critically appraise and apply relevant research
Domain 7: Practise medicine in the rural and remote context

Themes: Resourcefulness, Flexibility, Teamwork and Technology, Responsiveness to context

Abilities

7.1 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation
7.2 Provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services
7.3 Demonstrate an ability to conduct initial emergency assessment, stabilisation and time critical surgical care in non-hospital settings
7.4 Arrange referral to distant services in concert with the patient and/or carer considering the balance of potential benefits, harms and costs
7.5 Provide direct and distant clinical supervision and support for other rural and remote health care personnel
7.6 Use information and communication technology to provide medical care or facilitate access to specialised care for patients, including becoming adept at managing telehealth services
7.7 Use information and communication technology to network and exchange information with distant colleagues
7.8 Respect local community norms and values in own life and work practices
7.9 Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population
## 4.1 Definition of terms

| General management of surgical illnesses and complications, including: | • assessment of surgical patients
• fluid and electrolyte balance
• nutrition
• management of surgical bleeding and blood replacement
• management of shock
• wound management and wound healing
• management of surgical infections
• pain management – pre-emptive, operative, post-operative and emergency
• fracture/dislocation management including principles of fixation
• recovery and mobilisation planning. |
| Post-surgical care including: | • management of post-operative haemorrhage and infection
• management of incision wound abscess
• management of wound dehiscence
• identification and management of deep vein thrombosis, including appropriate preventative strategies and management for complications such as pulmonary embolus |
| Non-hospital settings including: | • under poor weather conditions
• in non-sterile environments
• with improvised equipment and supplies
• without electricity
• independently - as the sole medically trained person on the scene
• remotely- giving or receiving instructions over the telephone or radio. |
| Diagnostic and therapeutic procedures | • lumbar puncture
• plain x-rays – interpretation for emergency purposes pending definitive reporting, including adult and paediatric chest, spine, abdomen and extremities
• CT scans – interpretation to help guide emergency treatment pending a definitive report
• emergency use of contrast
• Focussed Assessment with Sonography for Trauma (FAST) ultrasound of abdomen
• ultrasound examination of the pregnant uterus and pelvis, including diagnosis of acute emergency events such as ectopic pregnancy and ruptured viscera |
| Potential surgical complications | • post-procedural complications – thromboembolism, vascular insufficiency, infection, wound breakdown, perforation/obstruction, mechanical failure, pneumothorax, spinal headache, renal failure
• complications of therapeutics – allergy/anaphylaxis, toxicity, drug interactions, GI bleeding, dystonic reactions, neuroleptic malignant syndrome, transfusion reactions, over-hydration, over-anticoagulation. |
4.2 Knowledge and Skills

**Essential knowledge required**

Demonstrate an advanced knowledge of anatomy and physiology.

Demonstrate advanced understanding of the selection criteria, protocols, principles and limitations of the *diagnostic and therapeutic procedures* tests and interpret their results.

Demonstrate knowledge of *potential surgical complications*, including possible failure of the surgical procedures listed in this curriculum, describe the signs and symptoms of these complications and outline appropriate rescue plans.

**Essential/Desirable skills**

A doctor who has attained an AST in Rural Generalist Surgery is expected to able to manage the following essential surgical procedures under minimal or distant supervision and/or liaison with surgical colleagues if necessary.

Additional desirable skills may also be obtained. These skills are non-compulsory and may require special training or accreditation to perform. Before undertaking these procedures, the registrar must obtain specific approval by his/her supervisor.

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
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| **Surgical airway management** | - confident independent needle cricothyroidotomy and other percutaneous cricothyroidotomy techniques  
- competent in surgical cricothyroidotomy under supervision |
| **Surgical vascular access** | - difficult intra-venous placements – non-standard sites, intra-osseous insertion, venous cutdown  
- central vein access  
- arterial line insertion  
- use of syringe drivers  
- rapid infusion techniques. |
| **Insertion of chest drains** | - management of flail chest – i.e. insertion of 2 chest drains with underwater valve and/or suction |
| **Skin/subcutaneous tissue** | - suturing in most surgical situations  
- cryotherapy and cautery  
- wounds – excision and suture of simple and complex wounds, drainage and debridement of infected wounds  
- abscesses and cellulitis – drainage and packing  
- haematomatae – drainage  
- foreign bodies – removal  
- skin lesions – excision and suture, simple flaps  
- skin cancer – punch biopsy, skin grafts  
- leg ulcers – dressings and diagnosis  
- burns – criteria for referral, escharotomy, |
| | - more complex single stage skin or myocutaneous flaps |

ACRRM AST Rural Generalist Surgery Curriculum
<table>
<thead>
<tr>
<th>Simple Flaps and Grafts, Debridement</th>
<th>Head and Neck</th>
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</thead>
<tbody>
<tr>
<td>Simple flaps and grafts, debridement</td>
<td>Facial injuries – suturing lacerations, airway protection, mandible stabilisation, emergency cricothyroidotomy</td>
</tr>
<tr>
<td><em>compartment syndrome</em> – recognition, fasciotomy</td>
<td>Foreign bodies – removal from the nose, ear, mouth, eye</td>
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<tr>
<td>Removal of sub-cutaneous lumps and cysts – e.g. olecranon bursae, ganglia, simple benign tumours including lipomas and neuromas</td>
<td>Head injuries – resuscitation, assessment, suturing, burr hole, transfer arrangements</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>ENT emergencies – foreign body removal, epistaxis control, nasal packing, incision and drainage of quinsy</td>
</tr>
<tr>
<td><em>Ear infection</em> – incision and drainage quinsy</td>
<td>Ear infection – myringotomy¹, grommets², microscopic ear toilet³</td>
</tr>
<tr>
<td><em>Eye trauma</em> – slit lamp assessment, foreign body removal, burring of rust ring, hyphaema management</td>
<td>Eye trauma – slit lamp assessment, foreign body removal, burring of rust ring, hyphaema management</td>
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<tr>
<td>Abdomen</td>
<td>Groin / scrotal lumps</td>
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<tr>
<td>Abdomen pain – emergency appendectomy (not negotiable), emergency stoma, simple emergency bowel repair, umbilical hernia repair</td>
<td>Hernia – herniorrhaphy</td>
</tr>
<tr>
<td>Abdominal trauma – emergency laparotomy, emergency splenectomy, haemorrhage control, perforated viscus, colostomy</td>
<td>Testicular torsion – orchidoplexy</td>
</tr>
<tr>
<td>Abdominal mass – diagnosis, transfer</td>
<td>Hydrocoele – drainage and repair</td>
</tr>
<tr>
<td>GIT bleeding / altered bowel habit – gastroscopy</td>
<td>Perianal / rectal</td>
</tr>
<tr>
<td>Perianal / rectal</td>
<td>GIT bleeding / altered bowel habit – colonoscopy⁷</td>
</tr>
<tr>
<td>Perianal conditions – abscess drainage, haemorrhoidectomy, haemorrhoid banding, incision of perianal thrombosis</td>
<td>Perianal conditions – sphincterotomy⁸, rectal bleeding – colonoscopy⁹</td>
</tr>
<tr>
<td>Pilonidal sinus – laying open</td>
<td>Rectal bleeding – colonoscopy⁹</td>
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<tr>
<td>Rectal bleeding – sigmoidoscopy</td>
<td>Genitourinary</td>
</tr>
<tr>
<td>Male circumcision</td>
<td>Male circumcision</td>
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<tr>
<td>Voiding difficulties – urethral dilatation, suprapubic catheterisation</td>
<td>Investigation of bleeding – cystoscopy⁴, biopsy⁵</td>
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<tr>
<td>Sterilisation – vasectomy</td>
<td>Gynaecology / Obstetrics</td>
</tr>
<tr>
<td>Ruptured ectopic pregnancy surgery</td>
<td>Ruptured ectopic pregnancy surgery</td>
</tr>
<tr>
<td>Dilatation and curettage</td>
<td>Hysteroscopy⁷, laparoscopy⁷</td>
</tr>
<tr>
<td>Emergency lower segment</td>
<td>Emergency lower segment</td>
</tr>
</tbody>
</table>
• manual removal of placenta
• bilateral tubal ligation – open or laparoscopic

Vascular
• insertion of PICC lines
• surgical management of arterial / venous ulcers, including debridement
• compartment syndromes – fasciotomy

Orthopaedic
• hand and foot injuries – abscess drainage, tendon sheath drainage, basic tendon repair, digital amputation
• joint pain / injuries – joint irrigation,
• limb fractures / dislocations – simple fracture management, closed reduction, MUA, fixation, compound fracture cleaning and management, open fixation
• ingrown toenails – surgical management

5. Teaching and learning approaches

The emphasis for Advanced Specialised Training in rural generalist surgery will be on acquiring relevant clinical experience and skills. Teaching approaches will include, but are not limited to:

Teaching approaches will include, but are not limited to:
• **Formal academic study** – University courses or programs relevant to the curriculum
• **Clinical experience based learning** – The majority of teaching and learning should take a case based experiential format. This is the most valuable approach to learning specific clinical skills.
• **Simulation laboratory sessions** – these may be needed for those situations that are encountered infrequently in the clinical setting, or those requiring rehearsal of team and inter-professional co-operation. Examples may include cardiac and resuscitation skills.
• **Small group tutorials** – These may be face-to-face, via videoconference or using online tele-tutorial technology.
• **Face to face education meetings** – These may be linked with regional training organisations, undertaken by teleconference or video conference, or opportunistically through relevant conferences.
• **Structured and semi-structured education meetings** – these will generally be inbuilt into an institution’s educational responsibilities e.g. grand rounds, journal clubs.
• **Distance learning modes** – These are available via the internet, using Rural and Remote Medical Education Online (RRMEO) and other sources
• **Self-directed learning activities**

6. Supervision and support

Candidates undertaking AST in Rural Generalist Surgery will require specific medical, cultural, professional and personal support and supervision arrangements.

This will include at least:

1. **Specialist supervisor** – a doctor holding a Fellowship of RACS, who is overall responsible for the clinical and educational supervision of the registrar.
2. **General Practitioner mentor** – a general practitioner who is working, or has worked in a similar situation to where the registrar intends to use their advanced skill. The mentor provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. The supervisor should be a rural doctor who can put specialist information into rural context. This role may be filled by a specialist supervisor who fits these criteria.

See [Standards for Supervisors and Teaching posts in AST](#) for further information.

## 7. Assessment

The assessments required for Advanced Specialised Training in rural generalist surgery are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking Advanced Specialised Training in rural generalist surgery are required to complete the following additional formative and summative assessment tasks.

**Formative tasks:**
- Formative rural generalist surgery supervisor feedback reports – at 6 months
- Formative rural generalist surgery mini Clinical Evaluation Exercise (miniCEX) – minimum 5 surgical consultations

**Summative tasks:**
- Summative rural generalist surgery supervisor feedback reports – at 12 months
- Summative rural generalist surgery Structured Assessment using Multiple Patients Scenarios (StAMPS)
- Rural Generalist Surgery AST Procedural skill logbook

### 7.1 Rural Generalist Surgery supervisor feedback reports

The registrar’s supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time registrar) and again at the completion of the training term (i.e. 12 months for a full-time registrar). The first feedback report will be completed as a formative activity to guide further registrar learning and development. The second feedback report will be a summative exercise used to determine the registrar’s competence.

These reports are a collation of the feedback from staff that have supervised or worked alongside the registrar during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the registrar’s supervisor. It is the responsibility of the supervisor to obtain and send this information to the College.

### 7.2 Formative MiniCEX

A miniCEX can be conducted at the instigation of the candidate with their supervisor or by any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior candidate or consultant.

The five formative miniCEX consults may be undertaken consecutively by one reviewer however the process will be more valuable if conducted at different sessions or locations by different of reviewers.
In each formative miniCEX consultation the assessor provides written and oral feedback to the candidate during and after each consultation using a standardised format. Formative miniCEX forms can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment.

To assist candidates and assessors in this process, an online training module is available on the College’s online learning platform. Users can enrol in this module via the Educational Inventory.

### 7.3 Rural Generalist Surgery StAMPS

Structured Assessment using Multiple Patient Scenarios (StAMPS) is an OSCE / VIVA-type examination consisting of eight scenarios, each of 10 minutes duration. StAMPS examinations may be delivered via videoconference or face-to-face. Candidates remain in one place (at their videoconference facility or room) and the examiners rotate between the candidates.

The examiners observe and rate each candidate across five competencies:

1. Overall Impression
2. Develop appropriate management plan that incorporates relevant medical & rural (community profile) contextual factors
3. Define the problem systematically
4. Communication
5. Flexibility in response to new information

### 7.4 Rural Generalist Surgery AST Procedural Skills Logbook

Registrars are required to log completion of surgical procedures and the competency level at which the procedure was completed. A new entry is made each time the procedure is undertaken. All procedures included in the logbook require certification. The certifier completes the relevant certification documentation when an individual item is successfully performed in a safe, competent, professional and ethical manner. The certifier must have personally observed the registrar perform the procedure or personally observed the outcome of the procedure.

**Level of competency:**

Across the specified items there are four different levels of competency. In decreasing levels of complexity they are:

A. Performed to the standard of an independent practitioner on a real patient and not just in a simulated environment;
B. Performed to a pass standard in a certified course in a simulated environment;
C. Performed under supervision to the standard of a practitioner working under supervision; and
D. Assisted an experienced practitioner performing the task.

### 8. Learning resources

**Recommended texts and other resources**

- Access to Rural and Remote Medical Education On Line (RRMEO) www.rmeo.org.au
- Access to appropriate diagnostic training programs and workshops – e.g. US Training programs for FAST and Obstetrics
- Access to Surgical Skills Training Laboratories and supervised procedural hands-on skills training.
- Access to knowledge based Conferences and advanced knowledge Workshops. (Regional and Provincial RACS Conferences)

### 9. Evaluation

The Advanced Specialised Training curriculum in Rural Generalist Surgery will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include registrars, supervisors, employers, medical educators from the regional training organisations and others who may have been involved such as Rural Workforce Agencies, the Remote Vocational Training Scheme, universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.