

Rural Health Continuing Education (RHCE) Stream 1 Continuing Professional Development (CPD) Projects

“Using simulation and the theme of the deteriorating patient to develop skills and training capacity in rural and remote multi-professional teams”

INFORMATION SHEET

Overview of the RHCE (Stream 1) program

The RHCE (Stream 1) is an initiative aimed at providing professional support for medical specialists in regional, rural and remote Australia; providing CPD and multidisciplinary team-based training suitable for these groups and building inter-college and stakeholder capacity to deliver training, particularly from rural facilities. It is funded by the Department of Health and Ageing under the Rural Health Continuing Education Sub-program (RHCE) Stream One which is managed by the Committee of Presidents of Medical Colleges. RHCE has previously operated as the Support Scheme for Rural Specialists (SSRS).

Overview of the simulation project

The Sydney Clinical Skills and Simulation Centre (SCSSC), formerly the Sydney Medical Simulation Centre, has conducted training courses as part of the SSRS program since 2007. In this round, the SCSSC will coordinate the project entitled “Using simulation and the theme of the deteriorating patient to develop skills and training capacity in rural and remote multi-professional teams”, to be delivered between April 2011 and April 2013.

The project comprises two parts as explained in the following sections.

Individual workshops

Firstly, a series of four clinical up-skilling workshops and three train the trainer workshops will be delivered from the SCSSC. Eligible specialists and others are encouraged to apply for any or all of these workshops as individual practitioners.

Four clinical up-skilling workshops will focus on different aspects of the topic ‘recognition and management of the deteriorating patient’.

Three train-the-trainer (TTT) courses will focus on different educational methods and simulation modalities. The content of each workshop will present instructor skills relevant to teaching one or more of the clinical up-skilling workshops with the intention that specialists participating in the rural hosting program (see below) would complete the relevant TTT workshop in preparation for the hosted course. However, the TTT workshops will present generic instructor skills that are generalisable to a broad range of educational settings and topics. Inasmuch any specialist seeking to develop his or her instructor skills is encouraged to apply. The key activities are summarized in the following table and a more detailed description is provided in following sections.

Workshop code	Workshop name	Location (number) of workshops*
W1	Recognition and management of the acutely deteriorating patient	SCSSC (2) HR (3)
W2	Communicating with colleagues and patients	SCSSC (2) HR (3)
W3	Preventing errors and managing crises during procedural care	HR (2)
W4	Managing the critically obstructed airway	HR (2)
TTT1	Simulation instructor course: Practical clinical scenarios	SCSSC (3)
TTT2	Simulation instructor course: Immersive simulation and debriefing	SCSSC (3)
TTT3	Simulation instructor course: Communication facilitation skills and working with actors	SCSSC (1)

*Provisional plan SCSSC = Hosted from the SCSSC HR= Hosted from rural hospital

Workshops hosted from rural facilities

Secondly, up to ten specialists may apply to host a clinical up-skilling workshop from their rural hospital facilities with the assistance of the SCSSC project team. Assistance will include: (1) initial consultation with the rural specialists' teams to identify specific training needs; provision of training content and instructors' materials, evaluation methods, equipment inventories and other resources for the workshops (3) assistance with technical and other preparation in the months prior to the workshops (4) buddying-in from clinical educators to deliver the workshops at the rural facilities and (4) other project management including administration, business management, workshop evaluation and reporting. It is expected that courses hosted in rural centres will be workshops 1-4 however applications will be considered individually and original or varied course formats may be considered.

How is the project relevant to rural specialists?

This project addresses several themes which have been prioritised as educational objectives for frontline health professionals. The Australian Commission on Safety and Quality in Health Care (ACSQHC) is currently developing a set of ten safety and quality health service standards, one of which covers the area of "Recognising and Responding to Clinical Deterioration in Acute Health Care"¹. Several states have implemented programs related to the deteriorating patient². A formal inquiry into the quality of NSW health services led by John Garling QC identified cultural attitudes and communication between health workers as a key determinant of patient safety and recommended targeted training to improve these³. The ACSQHC is also reviewing its national guidelines for "Open Disclosure" following an adverse event⁴. Communication features in the curricula of specialist training with colleges associated with the CPMC.

The promotion of simulation-based education is currently a national priority for the Australian Government which, through its recently created agency Health Workforce Australia (HWA), has allocated 94 million dollars funding over the next three years with the aim of increasing the capacity of the health system to provide clinical training via the use of simulated learning modalities⁵. This should result in capital works development,

¹ <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/prog-patientsrisk-lp>

² http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/RaRtCD_OzLinks

³ [Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals", Peter Garling, 27 November 2008](#)

⁴ <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-02>

⁵ <http://www.hwa.gov.au/programs/clinical-training/simulated-learning-environments-sles>

access to training equipment and recurrent funding for key salaries, particularly in rural facilities. The RHCE program will add further capacity by up-skilling specialists and their teams to deliver simulation-based training and providing training curricula to start or add to their training inventories.

Description of the Simulation program

The courses are run as individual, stand alone workshops, although participation in several courses is encouraged. Courses to be run on site at the simulation facilities at Royal North Shore Hospital are denoted SCSSC. Hosted rural courses are denoted HR until host sites and dates have been identified. Courses hosted at the SCSSC generally accommodate up to 12 participants. The courses qualify for CME /CPD points (See section below). Individual course flyers are available on the SCSSC website <http://www.scssc.edu.au/index.php> and the RHCE website <http://www.racp.edu.au/index.cfm?objectid=D7FAA396-B139-38E4-1D808D5C4151833C>

Course name	W 1: Recognition and management of the acutely deteriorating patient
Dates and location	June 22 nd 2011 SCSSC Sydney / 2012 date to be confirmed SCSSC Sydney 2012 - 2013 HR (up to three courses)
Audience	Any specialists required to assess and manage adult in-patients, including Physicians, Surgeons, Orthopods, Radiologists, Emergency Medicine Physicians, Anaesthetists, Intensive Care Physicians and Obstetricians.
Description	This workshop presents a structured clinical approach to the deteriorating in-patient. Using a case-based format, indicative clinical problems will include cardiac arrest, coma, respiratory distress, shock and allergy. Practical and procedural skills will address resuscitation, airway and ventilation strategies and cardiovascular support. The workshop will introduce participants to the principles of “track and trigger’ observation charts and systems approaches to escalation of treatment to match severity of deterioration. Basic team skills presented will address team-leader, role allocation and team communication.
Course name	W 2: Communicating with colleagues and patients
Dates and location	23 rd June 2011 SCSSC Sydney / 2012 date to be confirmed SCSSC Sydney 2012 - 2013 HR (up to three courses)
Audience	All specialists
Description	This workshop addresses skills relevant to effective communication within a multidisciplinary team: essentials of team communication; assertiveness; negotiation and conflict management; and to effective communication with patients (informing them of a changed condition; delivering bad news to patients and relatives and open disclosure to patients and relatives after adverse events). The skills developed in this component are widely applicable to clinical management and non-clinical roles undertaken by the specialists beyond the theme of the deteriorating patient.
Course name	W3: Preventing errors and managing crises during procedural care.
Dates	2011 Date TBC Townsville / 2012 - 2013 HR (up to one further course)
Audience	Any specialists required to assess and manage adult in-patients, including Physicians, Surgeons, Radiologists, Emergency Medicine Physicians, Anaesthetists and Intensive Care Physicians, although especially those with a procedural focus to their practise
Description	This workshop addresses safe practice, human factors and crisis management skills relevant to

	multi-professional teams who provide procedural services. Contemporary preventative patient safety practices (for example “right-side of surgery”, “time-out”, team pre-briefing) along with problem-solving, communication and teamwork during unplanned events will be presented for specialists interested to introduce these into routine care or improve practice in these areas. The workshops will use scenario or case-based approaches to provide training in teamwork, communication and crisis management.
Course name	W4: The Critically Obstructed Airway
Dates and location	2011 June 11 th Orange Base Hospital / 2012 - 2013 HR (up to one further course)
Audience	Any specialists required to assess and manage the airway of a patient sedated, anaesthetised or during a resuscitation. This may include Emergency Medicine Physicians, Anaesthetists, Intensive Care Physicians, surgeons and other clinicians who undertake this role in their practise.
Description	This workshop addresses the problem of the airway that remains obstructed after unsuccessful supraglottic interventions (bag and mask, LMA, attempted endotracheal intubation) and requires infraglottic access. Recent coronial inquiries suggest that this problem continues to be managed suboptimally. The workshop will address the problem from a human factors approach including sessions on systems preparedness, individual and team performance as well as practical training in infraglottic airway management techniques.
Course name	TTT 1: Simulation instructor course: Practical clinical scenarios.
Dates and location	2011 Tuesday August 2 nd , SCSSC Sydney / 2012 date TBC SCSSC Sydney
Audience	Any specialist with an interest in medical education and scenario based training. This would be particularly suited to those who aim to run deteriorating W1 and W4 as part of the RHCE hosting program.
Description	A one day course which focuses on training specialists to run simple simulation and skills training.
Course name	TTT 2: Simulation instructor course: Immersive simulation and debriefing.
Dates	2011 Wednesday August 3 rd SCSSC Sydney/ 2012 date TBC SCSSC Sydney
Audience	Any specialist with an interest in medical education and scenario based training. This would be particularly suited to those who aim to run W3 in their own centre, as part of the RHCE hosting program.
Description	A one day course which focuses on facilitation and debriefing skills. These skills are relevant to a broad range of roles the specialists may have in their hospitals including: educating junior staff to communicate; supervising clinical staff; participating in other leadership and administration roles and communicating with colleagues.
Course name	TTT 3: Simulation instructor course: Communication facilitation skills and working with actors.
Dates	2011 TBC (Two day course) SCSSC Sydney
Audience	Any specialist with an interest in medical education and scenario based training. This would be particularly suited to those who aim to run W2 in their own centre, as part of the RHCE hosting program.
Description	This two day course teaches participants the basics of conducting role play and using actors to teach communication topics such as conflict resolution, breaking bad news and open

Eligibility

Eligible practitioners include:

1. Doctors working in rural, regional and remote areas within Australia (including Darwin and Townsville) who have specialist recognition. This includes fellows of colleges affiliated with the CPMC (See APPENDIX 1) and other doctors clearly providing specialist services in regional, rural and remote areas.
2. Non-specialist medical practitioners who have significant roles in other participating specialists' practices and who are recommended by a specialist colleague, for example career medical officers (Places limited).
3. Metropolitan practitioners who provide substantial services to the rural sector may be eligible.
4. Guests of rural specialists. Multi professional team training is an important objective of this program and specialists have previously indicated that it is important for nursing staff to participate. Limited places will be allocated on each course for nurses who come as invited guests of the participating specialists. There is no fee. Nurses will be responsible for their travel expenses. Specialists wishing to invite nursing colleagues should phone the project officer.
5. Fellows of the Royal Australian College of General Practitioners and Australian College of Remote and Rural Medicine are not eligible for RHCE Stream 1 funding although may be able to use funding available to them under alternative rural funding schemes to participate in this program if places are available
6. Other. If unsure, contact the project officer.

CPD Points

Courses will qualify for points according to each college's CPD program allocation. Based on previous rounds the indicative points per one day course will be as follow:

- ANZCA – 24 Category 3 / Level 2 points (3 points per hour)
- ACEM – 16 Points under Procedural Skills Category (2 points per hour)
- RACP – Paediatricians 24 Category 4 Structured Learning (3 points per hour)

We will update this information when points are confirmed for this round and confirm CPD points with other colleges.

Time commitments

The one day and two day courses will be held between the hours of 0830 -1700. Sixty minutes should be allowed for transport between Kingsford Smith Airport and the SCSSC during peak hour times, for Sydney based courses. Transport options to and from the SCCSC are provided on the SCSSC website.

Costs

RHCE project funding covers the cost of registration and materials. Participants are required to fund travel and accommodation expenses.

Application Process

Specialists interested in participating in the program will need to complete an application form and send it to the SCSSC (see contact details below). Application forms along with other relative material such as workshop flyers and application forms can be obtained from the SCSSC and RHCE websites or by contacting the centre.

SCSSC website <http://www.scssc.edu.au/>

RHCE website <http://www.racp.edu.au/index.cfm?objectid=D7FAA396-B139-38E4-1D808D5C4151833C>

Project Officer Contact Details

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APPENDIX 1: DEFINITIONS FOR “RURAL” AND “SPECIALIST”

SPECIALIST

“Specialist” refers to any senior medical practitioner who is a Fellow of one or more of the following Medical Colleges or their Faculties which are Members of the Committee of Presidents of Medical Colleges (CPMC), or who provides specialist services in one of these disciplines.

- Australian and New Zealand College of Anaesthetists and the Joint Faculty of Intensive Care Medicine
- Australasian College of Dermatologists
- Australasian College of Emergency Medicine
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australasian College of Medical Administrators
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists and the Faculties of Child and Adolescent Psychiatry, and Old Age
- Royal Australian and New Zealand College of Radiologists and the Faculty of Radiation Oncology
- Royal Australasian College of Physicians and the Faculties of Rehabilitation, Occupational and Public Health Medicine
- Royal Australasian College of Surgeons
- Royal College of Pathologists of Australia

RURAL

For this Scheme, ‘rural’ is classified as those categories under zones 3 – 7 of the Rural, Remote and Metropolitan Areas Classification scheme (RRMA). The table below summarises this classification. While Darwin (NT) and Townsville (QLD) are not considered rural under this definition, for the purpose of the RHCE, due to isolation by distance they are considered eligible for the program. More information about RRMA and the classification of particular centres, is available at the website:

www.aihw.gov.au/ruralhealth/methodology/rrma.cfm

Zone	Classification	Category
1	Metropolitan	Capital Cities
2		Other metropolitan centres (urban centre population > 100,000)
3	Rural	Large rural centres with population 25,000 - 99,000
4		Small rural centres with population 10,000 - 24,999
5		Other rural areas with population < 10,000
6	Remote	Remote centres with population > 5,000
7		Other remote areas with population < 5,000