

The Australian College of Rural and Remote Medicine

StAMPS Community Profile for Advanced Specialised Training (AST) EM and GEM examination

The exam candidate is the most senior doctor in the Emergency Department on the day of the examination

Role Delineation: AST as Registrar and GEM as acting Medical Director (Director of the Emergency Department away on maternity leave)

Demographics and geography

- Regional hospital located in the city that services a vast district
- 20,000 in the city plus another 10,000 in the district
- Across the district
 - 35% identify as Aboriginal and Torres Strait Islander People
 - Male: Female ratio = 2:1
 - Age <16 = 24%; age >55 = 20%, 300 births per year
 - Post secondary education: 32%
- District is mostly semi-arid scrubland, savannah plains, extending to the coastal mud flats in the north and the sandy desert in the south.
- The predominant industries are cattle grazing, mining and tourism
- There are a number of remote Indigenous communities in the district
- There is a migrant reception centre and low security prison located near the regional hospital.
- The climate is mostly dry and hot, can approach freezing during the night in winter with flooding rains in summer

Regional hospital (Where the examination candidate is currently working)

- 75 inpatient beds
- Departments with locally based specialists: Emergency, General Medicine, General Surgery (24/7 operating theatre), Paediatric Medicine (low level neonatal care > 36 weeks), Obstetrics / gynaecology, anaesthetics (limited ICU for short term ventilation) and Mental Health (but no ward for involuntary patients)
- Visiting specialist services: cardiology, respiratory medicine, endocrinology, paediatric surgery orthopaedics, urology, ophthalmology
- Extensive range of allied health, dental, community health, aged care, drug and alcohol, Aboriginal and Torres Strait Islander and other outreach services
- The regional hospital provides outreach services to a number of towns, Aboriginal and Torres Strait Islander communities and tourist centres within 300km, many of which are only accessible by unsealed roads or by air services (scheduled and charter). This includes telephone support from the ED team when required.
- X-ray diagnostic services: plain x-ray and CT staffed during office hours with radiographer on call at all other times; full reporting in hours; reporting of CT after hours not always available; formal ultrasound weekday office hours; formal ultrasound usually unavailable after hours
- Bedside ultrasound machine in ED with three probes: cardiac (1-5MHz), abdominal (2-5MHz) and linear (12-15MHz);
- Pathology lab / blood bank: staffed 0700 – 2300 every day with technician on call overnight; standard tests performed locally, others sent to base hospital for processing next day

Regional Hospital Emergency Department

Emergency Department Medical team:

Usually 3 -6 medical staff rostered per shift depending on availability

- 1 x Acting Director
- 1 x AST-EM registrar
- 5 x Registrar level (core ACRRM training or equivalent)
- 6 x Junior House Officer
- 6 x Intern
- 2 x Medical Student

Emergency Department Nursing Team:

Usually 8 -10 nurses rostered per shift depending on availability

- 1 x Nurse Director
- 4 x Nurse Practitioner
- 2 x Clinical Nurse Consultant
- 10 x Registered Nurse
- 10 x Assistant in Nursing
- 4 x Nursing Students

Allied Health Team that regularly attend the emergency department® (limited service out of regular hours)

- Physiotherapy
- Pharmacy
- Mental Health Workers
- Aboriginal Health Workers
- Social Worker

ED Physical Layout

- 3 x resuscitation bays
- 12 x acute beds (6 with full monitoring)
- 2 x paediatric room
- 1 x quiet / mental health room
- 1 x eye room
- 1 x gynaecology room
- 3 x consulting rooms

Other health services in regional city

- 4 x private general practice clinics
- 2 x private dentist
- 2 x private optometry
- 6 x private pharmacy
- 2 x private pathology collection centres
- 2 x private nursing homes: supported care through high dependency
- No private specialist medical services
- No private hospitals

Other health services outside of regional city and in the district

- Each town in the region has either:
 - Clinic with 24/7 ED, no inpatient beds, nurse directed model + GP clinics run by visiting teams
 - Low acuity hospital (<10 beds) + 24/7 ED with at least 1 medical practitioner and 3 nurses on every shift
 - Video /Telehealth infrastructure connects the regional hospital with each of the hospitals / nurse clinics in the region

Base hospital 1000km away

- All core specialities and subspecialties except major burns, high level neonatal ICU, radiotherapy and transplant services

Tertiary hospital 2000km away

- All specialities and subspecialties

Emergency transport services

- Fully qualified paramedic staffed road transport services based in regional city and each of the district towns that are home to a medically staffed hospital
- Nurse run road ambulance services in those towns with nurse only clinics
- Main arterial roads in the district are mostly sealed, minor roads are mostly unsealed and access subject to weather
- Aeromedical retrieval fixed wing aircraft based in regional city and provide both services from the region to the regional hospital plus inter-hospital transfers to the base or tertiary hospitals; these services are independently staffed and hospital staff are not involved. On average, two-hour flight time from regional to base hospital. Four-hour door to door after aeromedical retrieval is activated
- The regional centre and all regional towns with nurse run clinic or hospitals have sealed and electrically lit runways; 24/7 access unless severe weather warning in place
- Helicopter aeromedical services (paramedic only) limited to 200km with limited capability in poor weather conditions