EMET: providing emergency medicine educating and training for rural emergency department teams

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Currently, of the 630 hospitals in Australia with emergency care facilities, only 28% are staffed by specialist emergency physicians (FACEMs); predominately metropolitan and inner regional emergency departments (EDs). Medical staffing models in emergency care facilities where there are no FACEMs are variable and can include visiting GPs, hospital medical officers and/or locums working with nurses, paramedics and/or other allied health workers.

While regional and rural hospital EDs and urgent care services see fewer patient presentations, per annum, than larger urban and major metropolitan hospital EDs, these facilities receive the same spectrum of patients with serious and immediately life-threatening conditions.¹ Doctors in these smaller settings are expected to be competent to manage critically ill and injured patients, and maintain their skills indefinitely, despite low levels of exposure to such patients on an individual provider basis and limited opportunities for skills practice at their workplace. There have been significant improvements in ambulance and retrieval services, referral networks and support from larger hospitals, however, medical care provided by doctors and clinical teams within the first minutes to hours of care often determines longer term outcomes for the patient. In smaller ED settings, doctors are often not specifically trained in emergency medicine (EM) and do not always feel adequately skilled to deal with the range of critically ill or complex trauma presentations.

In 2012, The Australasian College for Emergency Medicine (ACEM), supported by Federal Government funding, established and developed the Emergency Medicine Education and Training (EMET) Program, to provide training and professional support to medical staff caring for patients in regional and remote EDs and other emergency care facilities throughout Australia.

EMET’s hub-based distributed networks and outreach enables FACEMs to deliver training, professional development and support to a large number of doctors and clinical teams working in regional and rural emergency care settings. Fundamental to the delivery of EMET, is enabling FACEMs (who may be based at a hub hospital site, or further afield at larger regional or metropolitan EDs ), with time and support to create and deliver training customised to local hospital, doctor and patient needs. To achieve this, EMET provides (i) FACEM-led EM training sessions for doctors, and their multidisciplinary teams, delivered in emergency care workplace settings in regional and rural hospitals, and (ii) support and supervision to those doctors undertaking ACEM’s Emergency Medicine Certificate (EMC) and Diploma (EMD) programs.

The geographic spread of EMET Program network, hubs and training sites, is shown in Figure 1.
EMET provides EM training to doctors specific to their local needs. Training is provided, by FACEMs, within the workplace and with the clinical team and resources that doctors work with day-to-day, meaning that knowledge and skills are readily and rapidly transferred to patients, sometimes with immediate benefit. FACEMs, who provide specialist expertise in emergency medical care, are familiar with the aspects of common and rarer high-risk cases that typically pose difficulties for GPs and other medical officers working in EDs, and are accustomed to dealing with clinical scenarios which can result in adverse events and poor patient outcomes. Therefore, enhanced skills and collegiate support that EMET provides, improves confidence and satisfaction of GPs in their ability to provide best practice emergency care to their local community, as well as enhancing morale in rural EDs. This has already had a positive impact on recruitment, retention and satisfaction of doctors working in rural and remote emergency services.

EMET aligns with the continuum of training offered by ACEM and, more broadly, with emergency care education by universities and GP colleges. Based on contemporary medical education and domains of practice, EMET enhances clinical skills and supports the development of leadership, communication, clinical governance and clinical audit and improvement skills, to improve the quality
and efficiency of emergency care services. The training provided through EMET also resonates with ACEM’s EMC and EMD programs, facilitating the credentials of GPs and other medical officers in terms of contemporary EM competences.

Since the commencement of the EMET program, in 2012:

- at least 300 regional, rural and remote hospitals have been provided with training sessions in emergency medical care
- in excess of 8,000 training sessions have been conducted, from 1-hour to full-day workshops
- more than 67,000 attendances, by doctors, nurses and paramedics at EMET training sessions
- over 360 EM Certificate or EM Diploma graduates at EMET sites

EMET addresses the priorities of the National Strategic Framework for Rural and Remote Health and Federal Government support for EMET is a prudent investment to ensure access to safe, appropriate and high-quality emergency medical care for communities throughout rural Australia. Ongoing and increased funding is essential to ensure this program can be maintained and further expanded throughout rural Australia.

References


Presenter

Associate Professor Sally McCarthy (FACEM, MBA) is the inaugural Medical Director of the Emergency Care Institute NSW. Sally works clinically as a senior emergency physician at the Prince of Wales Hospital in Sydney having previously been Director, Emergency Medicine at that and other hospitals. Previous president of the Australasian College for Emergency Medicine, Sally continues to be actively involved in a number of college committees, including the Rural Regional and Remote Committee and is convenor for the College’s Annual Scientific Meeting this year. She is a member of the Board of the International Federation for Emergency Medicine and also a Clinical Lead for the NSW Whole of Hospital Program.