The Great Southern EMET Program

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1WA Country Health Service

Introduction

The Australasian College for Emergency Medicine’s (ACEM) National Program, Improving Australia’s Emergency Medicine Workforce, commenced in 2011. The Emergency Medicine Education and Training (EMET) Program is included in the range of projects, funded by the Australian Federal Government, as part of its commitment to improving emergency medical care in Australia.

The EMET Program provides a unique framework which supports site specific development of education and training programs in emergency medicine for doctors and nurses (not specifically trained in emergency medicine) who work in emergency departments or urgent care services in regional, rural and remote settings.

The Great Southern

The non-specialist workforce make up 92% (61 of 66) of the permanent medical workforce staffing Emergency Departments in the Great Southern. Albany was one of the first hospitals in WA to become a hub site in 2012. Before that time, there was little co-ordination between the 5 hospitals in the region, a large area in the South of the State serving a population of around 60,000. Education and training was piecemeal and referrals of patients to the Regional Resource Centre (Albany) was at times suboptimal.

Stemming from a change in model of the Emergency Department in Albany, the Specialist-led department has utilised EMET funds to make 70 visits per annum on average to the smaller sites of Kojonup, Katanning, Mount Barker and Denmark. The Nursing posts at Bremer Bay, Ravensthorpe, Gnowangerup, Jerramungup and Hopetoun have all been visited bi-monthly on average. The visits commenced with one FACEM going to each site once per month in rotation, with the education mostly revolving around case reviews. This developed at each site into education around common topics of concern, such as cardiac chest pain, trauma, stroke and infectious disease. This has continued through to the present day.

In 2013, the first permanent position in Albany Emergency Department for a specialist was created and filled on a job-share by the author and a colleague who is now Director of the Emergency Telehealth Service in Western Australia. Education became a priority and a formal program was put together encompassing 2 hours per week aimed at non-specialists who worked in Albany. To capture GP’s who were working during office hours in their practices, an ED Masterclass Series was instigated where a visiting specialist would give a 1-hour tutorial every month in the evening. Despite running for 2 years, the Masterclass always seemed to struggle in attracting GP’s to and because of poor attendances, a different way of training was sought. It was also becoming apparent at more than one of the smaller peripheral Emergency Sites that relationships were deteriorating with the feeling that Albany was being overbearing in education and tending to concentrate on negative outcomes. A new way of education and relationship building was then sought to try to address these perceived problems.
In 2015, in conjunction with the Director of SIM Training for Albany hospital, a program of Simulation Training was developed, which was taken to the Emergency Departments of Mount Barker, Denmark and Katanning. Topics have been guided after the initial training by specific training requests from the peripheral sites. The training has been conducted in the emergency departments where patients are seen and has really helped peripheral site staff to perfect local logistics and practice critical care scenarios in the environment that they use daily. The SIM training has grown from attending 3 hospitals for 8 hours training each per year in 2015, to a monthly program where SIM Training is being taken to 8 different facilities during the year for full all-day sessions.

A big factor in being able to offer this education has been funding that is segregated from staffing the department and is solely available for specialists to use on education. In being able to appoint a newly-recognised Emergency Specialist in 2016, we have been able to use one of the three local specialists in their free time and pay them to educate not only the peripheral non-specialists in the region, but also junior doctors and GP’s who want to up skill in Albany department.

**Staffing**

The funding has helped the department grow from one main FACEM educator to four currently, enabling Albany to gain accreditation for training Emergency Medicine Registrars rurally. A stand-alone post has been created for GP Registrars to work full-time in Albany for 6 months and gain the Emergency Medicine Certificate. This has seen 3 successful candidates, of which 2 plan to settle in the area permanently. This has been an unexpected but wonderful facet of the program. In being able to offer a robust, local and comprehensive program, it is our belief that young doctors have seen the passion for rural emergency medicine emanating from our staff and want to be part of it. We are currently enrolling a further 3 candidates in the Emergency Medicine Certificate and have an enquiry about a candidate enrolling in the Emergency Medicine Diploma in 2018.

A further by-product of being able to employ specialist FACEM’s locally to supervise up-skilling doctors has been their involvement in extending the Specialist cover in the Emergency Department in Albany from 0800-1800 to 0800-2300. This has enabled better Clinical Governance, support on the floor for the tranche on non-specialist doctors who work evenings in the Emergency and better supervision for training registrars.

Our latest initiative has been in response to the realisation that a number of our Emergency Specialists who locum in the area have little appreciation of the environment that the peripheral non-specialist staff work in. To this end, in 2017 we have commenced a program where our locum doctors go to a different peripheral site every month to teach on a favourite topic of theirs and to meet the local staff. This is again relationship building and vital in making sure that transfers to the Regional Resource Centre are appropriate, well-managed and smooth. It also provides further education for the peripheral sites in a different way to the other programs we offer.

**Summary**

EMET enables emergency medicine specialist education and training to many Australian hospitals with emergency departments or urgent care services that are not staffed by specialist emergency medicine physicians (FACEMs).
The doctors and other healthcare providers at these hospitals do not always feel adequately trained to deal with critically ill or complex trauma patients. They greatly appreciate the delivery of enhanced skills and collegiate support that the EMET program provides.

In the Great Southern, in the past 6 months, we have had 575 non-specialist practitioners attend sessions where we have provided 568 hours of education. This has encompassed 199 nurse attendees, 356 medical staff and 19 non-medical staff. We offer a broad range of differing educational resources and testimony is plain to see from the participants feedback. Below is a sample of some e-mails we have received:

Hi John

Was great to come along and have the SJA team be a part of the talks this year, hope to keep it up in the new year in conjunction with some further training between the nurses and volunteers.

Regards

Caryl Smith
Community Paramedic Great Southern
Ravensthorpe

CORE SIM COMMENTS (the Simulation Program):

10/11/2016

– All the practical sessions and scenarios were helpful. The chance to make mistakes and learn from them in a teaching environment was excellent.
– Small groups are good, keeping to our usual roles in reality also really helpful.
– Really enjoyable day, feel like I have learnt a lot and feel confident to work in a team situation.
– Very relevant & appropriate. Loved the scenario based day and how it was presented.
– Have learnt so much! It was a really fabulous session. Nervous at the beginning but my confidence grew and found it extremely beneficial. Very much appreciated.
– Airway practice very helpful.
– The chance to practice emergency situations in a controlled environment has increased my confidence.
– Overall good day, increased my general emergency skills.

15/2/2017

– Presentations of scenarios are in a very supportive environment. Having the session in our hospital and our environment is excellent.
– Defib training was excellent & really complimented the method to be followed.
– Great clarification and revision, heaps of very helpful information. Was great seeing the scenarios play out.
– Learning where the buttons were, time spent practically using the defibrillator and info and practice on pacing was so helpful.

25/2/2017

– Very relevant topics for ED were covered in a safe setting. Felt that there was lots of room for discussion. Felt supported & encouraged
– Opportunity to work with nurses in a team, who I would usually work with on the floor in ED.

– Hands On scenario’s helps return information more. Hands on less lectures is the future.

1/3/2017

– Always, challenging situation.problems presented in a very useful & memorable way. Scenarios are extremely useful in the learning process.

“As most of you know that we had to deal with chap on early hours Saturday morning with intoxication (ETOH and Kronic or such was suspected) with fluctuating very low GCS; hypoventilation and de-sating regularly and vomiting. Tubed him at PDH. Very challenging situation. Team were great, including the ambos who arrived to take him out but in fact arrived just prior to intubation and hung around for the hour it took to package him nicely. Boy, those oxylog 1000’s completely suck!!!! One of the ambo’s we designated to be timekeeper during the intubation. Sensational. She wanted to keep on scribing later but we thought that a staff member had better do it!

Guys. The drills that we did all Wednesday morning were invaluable for the situation = it was EXACTLY what we were drilling! And little things like, Ruth, you sorting the Co2 transducers to be in the right spot after we realised during the drill that they were hidden somewhere no one could find was sensational—so there was no mad panic trying to find them. Going thru the pre-intubation and post-intubation checklists was relatively easy on the night as we had gone thru them methodically in the practice sessions repeatedly.

CORE sim guys, I think I said this in my feedback—however the time allowed for the scenarios was really great. We managed to do repeat drills but by the same token we had enough time in the scenarios to actually go thru the motions in full really (such as the checklists.... ) which I found valuable when it came to the real situation.

– Higher level of patient care with in region

– We are going to the region instead of the region needing to travel to seek education

– Inter disciplinary team work seems to have improved

– Awareness of updated EM techniques / procedures / critical thinking

– Awareness of skills that need to be improved and learning surrounding

– Assisting with preparation for assessment of core competencies as part of regional EM governance

– Given more confidence

– Awareness of support regional resource center clinically and educationally can provide

– Networking has provided a better relationship between hospitals / doctors & staff

– Provided an understanding of resources and how we can help improve”

In essence, the Great Southern EMET program has been instrumental in building relationships between hospitals, providing high quality education resources and offering the ability to fund Specialists to work in the rural sector in an environment where there has been a freeze on recruitment. It has transformed Albany Hospital and the peripheral sites in the Great Southern and will be imperative that long-term funding for this education is placed on a secure footing for the region.
Presenter

Russell Young is currently Acting Director of Emergency Medicine at Albany Hospital, Western Australia. He had a fairly long training journey to fellowship, completing Basic Surgical Training in his home county of Yorkshire, UK before moving to Australia in 2002. He first worked in Albany doing a six-month special skill in general practice as part of the Advanced Training program in Emergency Medicine in 2007 and fell in love with the Great Southern region then. He fellowed in 2012 and moved to Albany that year, being appointed Staff Specialist and then Director of Emergency Medicine Training in 2014. He has always been interested in rural health and has been a member of the Regional, Rural and Remote Committee of ACEM since 2013. His passion is Education and he is an EMST and ALS Instructor, as well as teaching on the Western Trauma Course and developing Simulation Training Days for GPs in the Great Southern. He has also just opened a Sports Medicine Clinic in Albany and names his year as Team Doctor for Hull City AFC as they competed in the English Premier League in 2008 as his dream experience.