

## **\*\*An Essential Companion for FACRRM Exam Success\*\***

ACRRM CGT StAMPS: Prepare with Confidence

Navigating the rigorous FACRRM Fellowship examinations requires more than just clinical experience; it demands focused preparation and a deep understanding of the specific assessment formats. The GP Institute: FACRRM Fellowship Exam Guide emerges as an indispensable resource for General Practice trainees tackling both the StAMPS and MCQ exams.

Published by the reputable GP Institute of Australia, this guide is meticulously tailored to the needs of Australian GP registrars. It effectively demystifies the exam process, offering a clear pathway through the extensive curriculum. The content is strategically focused on high-yield topics, ensuring that study time is directed towards areas most likely to be assessed. Updated every 6 months.

"An invaluable resource, the ACRRM CGT StAMPS Exam Guide serves as a key support tool for your FACRRM Fellowship journey. Centered around high-impact cases, rural-focused scenarios, and effective exam preparation strategies, it equips you to tackle the StAMPS assessment with clarity and confidence. Designed for both GP registrars and international medical graduates, it delivers straightforward advice and a clear framework to refine your clinical judgment, sharpen communication skills, and maximise your exam performance.."



**Prof. Matthew**

### **About The Publisher**

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The GP Institute of Australia (GPI) is a premier educational organisation dedicated to supporting general practice trainees and international medical graduates (IMGs) in their pursuit of Fellowship with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

FACRRM CGT StAMPS Fellowship Exam Guide

Dr C Smith & Dr M Gupta

# **GP INSTITUTE OF AUSTRALIA**

## **FELLOWSHIP EXAM PREPARATION GUIDE**

# **FACRRM CGT StAMPS**

First Edition

**DR. C. SMITH  
DR M. GUPTA**

**SYDNEY, AUSTRALIA**



# **GP Institute of Australia**

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## **FACRRM Fellowship Exam Guide**

## **StAMPS Exam Preparation**

First Edition

Dr. C. Smith

Dr M. Gupta

‘The eyes cannot see what the mind does not know’ – Unknown.

### **Acknowledgement of Country**

We acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to land, waters, and culture. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

# **FACRRM Fellowship Exam Guide: StAMPS Preparation**

First Edition Dr C Smith; Dr M Perez

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## Preface

Embarking on the journey towards Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) is a significant milestone for every rural General Practice trainee. Among the suite of Fellowship assessments, the Structured Assessment using Multiple Patient Scenarios (StAMPS) stands out as a rigorous, high-stakes examination that tests not only clinical knowledge but also the ability to apply that knowledge in the unique context of rural and remote practice.

**Purpose and Scope:** This guide is crafted as a comprehensive, high-yield resource specifically for candidates preparing for the FACRRM StAMPS exam. Our aim is to equip rural GP registrars with the knowledge, skills, and confidence needed to excel in StAMPS and, by extension, in everyday rural and remote medical practice. The content is mapped to the eight domains of the ACRRM curriculum and focuses on the core clinical presentations, diagnostic approaches, and management strategies most frequently encountered in the StAMPS format. We recognise that StAMPS is not simply a test of rote knowledge. It is designed to assess your ability to reason clinically, make safe decisions, and adapt your management to the constraints and realities of rural and remote healthcare—including limited resources, transport barriers, and the need for cultural competence in Aboriginal and Torres Strait Islander health.

**Who is this Guide for?** This resource is tailored for General Practice registrars at any stage of training, but particularly those approaching the StAMPS exam. It is also valuable for supervisors and educators supporting candidates, as well as for doctors seeking to consolidate their rural and remote medicine skill set. While hands-on clinical experience is irreplaceable, this guide serves as an essential adjunct to consolidate learning and sharpen exam-specific techniques.

**Key Features:** Understanding the unique demands of each exam component, this guide offers:

- **Targeted Content Review:** Concise, high-yield summaries of topics mapped to the StAMPS blueprint and ACRRM curriculum, with a focus on rural and remote complexities.
- **Structured Approach:** Guidance on identifying key features, prioritising differentials, and formulating concise, contextually-relevant answers under exam conditions.
- **Exam Strategies:** Practical tips for time management, question interpretation, and avoiding common pitfalls, with special emphasis on demonstrating safe, context-appropriate decision-making.
- **Rural Contextualisation:** Advice on how to adapt clinical reasoning and management to the realities of rural and remote practice, including resource limitations, transport issues, and cultural safety considerations.

**Organization:** The book is logically structured to facilitate targeted study. The opening sections cover the breadth of clinical knowledge required for the written and clinical components, often organised by clinical domain. Subsequent chapters delve into the StAMPS format, with guidance on interpreting the community profile, identifying red flags, and managing real-life rural scenarios. Key learning points and exam tips are highlighted throughout for rapid reference.

## **\*\*Disclaimer: \*\***

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This book, \*GP Institute of Australia: FACRRM Fellowship Exam Guide: StAMPS Preparation\* is intended as an educational resource to assist General Practice trainees in preparing for the FACRRM StAMPS. It is not intended to replace individual clinical judgment, substitute for formal medical training or supervision, or guide specific patient care in any circumstances. The content reflects the knowledge, and practices current at the time of writing, but standards and practices in medicine change. The views expressed are those of the authors/contributors and do not necessarily reflect the official policy or position of the GP Institute of Australia or any affiliated organisations. Reliance on information provided in this book is solely at the user's own risk.

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# How to Use This Resource: Your Guide to GP Fellowship Success

“While the journey seems long and hard at the beginning with perseverance and dedication the rewards at the end last a lifetime.” – William R. Francis

This textbook is your essential companion for the Australian College of Rural and Remote Medicine (FACRRM) Fellowship journey, with a dedicated focus on the Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. Written for rural generalists, this guide reveals the practical insights and clinical reasoning strategies that are rarely taught in formal training but are vital for exam and real-world success. Think of it as a concise, high-yield, rural-focused equivalent of UpToDate, tailored specifically to the Australian and New Zealand rural clinical context.

Organised by clinical topic, each chapter offers key summaries of core knowledge, diagnosis, and management strategies aligned with current ANZ guidelines. In addition to core content, you will find:

- **System-based StAMPS-style clinical case examples:** Each reflects the oral StAMPS assessment format, simulating real-life rural and remote patient encounters with the complexities and constraints unique to these settings.
- **Case-based discussion (CBD) and competency-based scenarios:** Designed to target common clinical presentations, highlight decision-making under uncertainty, and address the core domains of rural generalist practice: expert care, primary and secondary care, emergency response, population health, cultural competence, professionalism, and safe practice in isolation.
- **Scoring and feedback frameworks:** Each scenario includes a breakdown of the scoring matrix used in StAMPS, covering:
  - Management in the rural-remote context
  - Problem definition and structured approach
  - Communication and professionalism
  - Flexibility in response to changing context.

## How to Use This Resource:

- **Start with chapters that match your current clinical learning needs.**  
You can progress sequentially or jump to targeted topics relevant to your practice or upcoming assessments.

- **Engage deeply with each section,**  
focusing on key concepts, management frameworks, and exam-relevant clinical pearls. Use the included StAMPS, CBD, and competency-based cases to test your understanding, simulate exam scenarios, and build confidence in delivering safe, patient-centred care under pressure.
- **Link the content with your clinical experience:**  
Reflect on similar cases you've managed and consider how rural context, resource limitations, and cultural factors would influence your decision-making.
- **Use this book as a revision aid before your StAMPS exam:**  
The case examples and concise summaries are ideal for consolidating knowledge, practising scenario-based responses, and preparing for the unique demands of the StAMPS format.

## Key Features

- **Targeted Content Review:**  
High-yield summaries and practical tips for the most commonly assessed presentations and scenarios in rural and remote medicine.
- **Structured Approach:**  
Guidance on identifying key features, prioritising differentials, and formulating concise, contextually relevant answers.
- **Exam Strategies:**  
Practical advice on time management, interpreting the StAMPS community profile, and avoiding common pitfalls—emphasising safe, independent, and context-appropriate practice.
- **Real-World Contextualisation:**  
Each case and discussion is grounded in the realities of rural and remote practice, including transport limitations, resource scarcity, and the need for cultural safety, especially when working with Aboriginal, Torres Strait Islander, and other culturally diverse communities.
- **Competency Domains:**  
All scenarios and discussions are mapped to the ACRRM domains:
  1. Provide expert medical care in all rural contexts.
  2. Provide primary care.
  3. Provide secondary medical care.
  4. Respond to medical emergencies.
  5. Apply a population health approach.



6. Work with Aboriginal, Torres Strait Islander, and culturally diverse communities.
7. Practise medicine within an ethical, intellectual, and professional framework.
8. Provide safe medical care while working in geographic and professional isolation.

- **Grading and Feedback:**

StAMPS grading is based on a numerical score—the sum of 48 individual scores across the four core domains for each scenario. The pass/fail outcome is determined by both the total score and the number of scenarios passed, with a review process for borderline results.

### **Navigating the StAMPS Exam**

StAMPS is a unique blend of OSCE and viva, delivered via videoconference or face-to-face, with eight scenarios reflecting real-life rural and remote clinical challenges. Each scenario is set in a fictional rural community, with pre-reading provided and a strong emphasis on adapting management to local resources, transport, and cultural context. Success requires not just clinical knowledge, but also the ability to demonstrate safe, flexible, and independent practice under rural constraints.

### **Important Note**

This textbook is designed to supplement—not replace—formal GP training, supervision, and official guidelines. Always consult local protocols, practice standards, and your supervisor for individual patient care decisions.

## The Core Competencies Assessed in FACRRM StAMPS

1. Clinical Skills
2. Knowledge Application
3. Rural and Remote Contextualisation
4. Ethical Practice and Professionalism
5. Communication and Collaboration
6. Cultural Awareness
7. Health Advocacy
8. Emergency Response
9. Population Health and Preventive Care
10. Managing Uncertainty and Significant Illness
11. Digital Health and Disaster Preparedness

The FACRRM StAMPS (Structured Assessment of Medical Professional Skills) is a rigorous, scenario-based examination designed to assess whether candidates possess the core competencies required for safe, independent rural and remote medical practice in Australia. The exam focuses on how candidates apply the above core competencies, clinical knowledge, and skills in real-world, contextually complex situations, reflecting the realities of rural generalist medicine.

### 1. Clinical Skills

#### **Core Idea:**

Rural generalists must diagnose and manage the full spectrum of health conditions in diverse patients by being informed, systematic, and adaptive. This competency revolves around the skilful gathering, interpretation, and application of clinical data to make sound, context-appropriate judgments.

#### **Key Aspects**

- **Comprehensive Information Gathering:**  
Collect a thorough biopsychosocial history from the patient, incorporating relevant information from family, carers, and clinical records. History-taking should be focused, hypothesis-driven, and sensitive to the patient's sociocultural context.
- **Targeted Physical Examination:**  
Conduct respectful, appropriate, and efficient physical examinations tailored to the presenting problem and differentials. Elicit and interpret specific positive and negative findings relevant to the diagnostic process, always considering patient comfort and safety.

- Modifies differential diagnoses based on the clinical course and new data.
- Demonstrates diagnostic accuracy through appropriate reasoning.
- Collects and reports clinical information in a hypothesis-driven, structured manner.
- Articulates an appropriate problem definition and working diagnosis.
- Formulates a rational, prioritised list of differential diagnoses (including “cannot miss” diagnoses).
- Directs evaluation and initial management towards high-priority or life-threatening conditions.
- Demonstrates metacognition—thinks about and explains their own reasoning process.

**Aboriginal and Torres Strait Islander Health Context:**

- Applies diagnostic and management strategies that are culturally appropriate and enhance health outcomes for Aboriginal and Torres Strait Islander patients.

**For the Trainee**

In the StAMPS exam, you will be assessed on your ability to:

- Use a safe, logical, and structured diagnostic strategy in undifferentiated and complex presentations.
- Clearly describe how you developed a specific problem list and working diagnosis.
- Demonstrate diagnostic accuracy and sound reasoning, even if you do not arrive at the definitive answer immediately.
- Adapt your diagnostic approach to the rural/remote context, including cultural considerations and resource limitations.
- Reflect on your own clinical reasoning, recognising uncertainty and adjusting your approach as new information becomes available.

### 3. Rural and Remote Contextualisation

**Core Idea:**

Rural generalists provide primary, holistic, patient-centred care by diagnosing and managing a full range of health conditions across the lifespan. In rural and remote settings, this requires being informed, innovative, collaborative, and resourceful—often coordinating care with limited resources and supporting patients through education and advocacy.

Management must always be tailored to the patient and the context, integrating both pharmacological and non-pharmacological options and considering the broader determinants of health.

**Key Aspects**

- **Patient-Centred, Contextualised Management:**  
Develop and implement management plans that are tailored to the patient’s needs,

preferences, and social circumstances, as well as the realities of rural or remote practice (e.g., limited access to specialists, transport barriers, resource constraints)

- **Therapeutic Reasoning:**

Justify the selection of therapeutic options (medications, procedures, referrals, and non-pharmacological interventions) based on the working diagnosis, problem list, and available resources. Monitor for medication side effects and polypharmacy risks, especially in older adults and those with comorbidities.

- **Safe and Rational Prescribing:**

Demonstrate knowledge of common therapeutic agents, including indications, dosages, adverse effects, and interactions. Safely prescribe restricted medications using appropriate permits and adhere to regulatory requirements.

- **Non-Pharmacological Therapies:**

Offer and discuss non-drug treatments (e.g., lifestyle advice, physical therapies, psychological interventions) as appropriate, recognising their importance in chronic disease and preventive care.

- **Effective Education and Shared Decision-Making:**

Provide clear explanations and education about diagnoses, management plans, and follow-up, ensuring the patient understands and agrees with the plan. Empower patients to participate in their own care.

### **Criteria**

- Outlines and justifies therapeutic options based on patient needs, diagnosis, and context.
- Prescribes safely and rationally, monitoring for side effects and polypharmacy.
- Discusses and implements non-pharmacological therapies where appropriate.
- Develops a comprehensive, patient-centred management plan, including clear follow-up and safety-netting.
- Provides effective education, ensuring patient understanding and shared decision-making.

### **Aboriginal and Torres Strait Islander Health Context:**

- Collaborates with multidisciplinary teams, including Aboriginal Health Workers, to develop holistic, culturally safe management plans.
- Identifies and addresses social and cultural determinants of health.
- Utilises available professional resources and community supports to deliver best-practice care.

### **Rural Health Context:**

### Rural Health Context

- Anticipates limited on-site resources and leverages telehealth, retrieval services, and regional networks.
- Provides clear written instructions and contingency plans for patients who may travel long distances or face transport barriers.
- Maintains professional collegiality despite geographic isolation through regular virtual team meetings and peer support.

### For the Trainee

During StAMPS you will be expected to:

- **Elicit** and synthesise patients' ideas, concerns, and expectations using open questioning and reflective listening.
- **Explain** diagnoses, investigations, and management plans in plain language, verifying understanding.
- **Demonstrate shared decision-making**, balancing evidence, patient values, and rural realities (e.g., limited access to services).
- **Provide a concise handover** to another clinician, using a recognised framework (e.g., ISBAR), ensuring safe transitions of care.
- **Collaborate** with an interdisciplinary team—including Aboriginal Health Workers and retrieval coordinators—showing respect for each role's contribution.
- **Adapt your approach** when resources are scarce or technology is required (e.g., teleconference with a distant specialist).
- **Reflect on communication barriers**, acknowledge your own biases, and outline strategies for ongoing improvement and cultural safety.

## 6. Cultural Awareness

### Core Idea:

Rural generalists must provide culturally safe and responsive care to Aboriginal, Torres Strait Islander, and other culturally diverse communities. This competency requires understanding the beliefs, values, histories, and experiences of these populations, recognising the impact of colonisation and social determinants on health, and applying this knowledge to clinical practice in a way that promotes equity, respect, and partnership.

### Key Aspects

- **Cultural Safety and Respect:**

Deliver care that is respectful of, and responsive to, the cultural identities and needs of Aboriginal, Torres Strait Islander, and other culturally diverse patients. Recognise



- Adapts cultural awareness and safety strategies to the realities of rural and remote practice, including resource limitations and professional isolation.
- Maintains ongoing learning and self-reflection regarding cultural competence in diverse communities.

### **For the Trainee**

In the StAMPS exam, you will be assessed on your ability to:

- Demonstrate respect, humility, and responsiveness when caring for Aboriginal, Torres Strait Islander, and culturally diverse patients.
- Integrate cultural knowledge and community perspectives into your clinical reasoning and management.
- Communicate effectively and safely across cultural boundaries.
- Collaborate with local health professionals and community resources.
- Reflect on your own cultural assumptions and biases and seek ongoing learning in cultural competence.

## **7. Health Advocacy**

### **Core Idea:**

Rural generalists are health advocates, working to improve health outcomes for individuals and communities. This competency involves recognising and addressing the broader determinants of health, promoting equitable access to care, and utilising available resources and networks to support patients—especially those who are vulnerable or marginalised.

Health advocacy extends beyond the individual consultation, encompassing population health, policy engagement, and community partnership.

### **Key Aspects**

- **Patient Advocacy:**

Actively support patients in navigating the healthcare system, overcoming barriers to care, and accessing appropriate services (e.g., allied health, social support, specialist referral). Recognise and address social, economic, and cultural factors that impact health outcomes.

- **Community and Population Health:**

Analyse and respond to the social, environmental, and occupational determinants of health affecting the local community. Apply a population health approach, integrating prevention, early detection, and health promotion activities into clinical practice.

- **Equity and Access:**

Promote fair and cost-conscious care for all patients, ensuring that care is

- Recognise and address barriers to care for your patients and community.
- Advocate for individual and population health needs, using available resources and networks.
- Integrate preventive and health promotion activities into your practice.
- Collaborate effectively with other professionals and community organisations.
- Demonstrate leadership and initiative in improving health outcomes, particularly in rural and remote settings.

## 8. Emergency Response

### **Core Idea:**

Rural generalists must be prepared to assess, stabilise, and manage acute medical emergencies across the lifespan, often as the first or only doctor available. This competency encompasses rapid recognition, decisive action, and safe escalation of care in resource-limited and geographically isolated settings. Effective emergency response is essential for patient safety and optimal outcomes in rural and remote practice.

### **Key Aspects**

- **Rapid Assessment and Recognition:**  
Identify life-threatening conditions promptly through focused history, examination, and early warning signs. Recognise the deteriorating patient and initiate urgent intervention.
- **Initial Stabilisation and Management:**  
Apply evidence-based protocols to stabilise airway, breathing, and circulation. Manage acute presentations such as trauma, sepsis, cardiac events, anaphylaxis, acute mental health crises, obstetric emergencies, and paediatric emergencies.
- **Procedural Competence:**  
Perform emergency procedures (e.g., airway management, intravenous access, defibrillation, wound closure, fracture management, emergency delivery) safely and confidently, adapting to available equipment and support.
- **Safe Escalation and Retrieval:**  
Recognise when to escalate care and initiate timely retrieval or transfer. Communicate effectively with retrieval teams, ambulance services, and referral hospitals, providing clear handover and documentation.
- **Resourcefulness and Adaptation:**  
Improvise and adapt management plans to local resources, workforce, and environmental constraints. Utilise available community supports and networks.

- **Teamwork and Leadership:**

Lead and coordinate the healthcare team during emergencies, delegating tasks and ensuring clear communication. Support and reassure patients, families, and staff during high-stress situations.

**Criteria**

- Rapidly identifies and assesses acute, life-threatening presentations.
- Initiates appropriate, evidence-based emergency management and stabilisation.
- Performs essential emergency procedures safely and effectively.
- Recognises limitations and escalates care appropriately, arranging retrieval or transfer.
- Communicates clearly and efficiently with the healthcare team, retrieval services, and families.
- Documents emergency care accurately and comprehensively.
- Adapts emergency response to local resources and constraints.

**Aboriginal and Torres Strait Islander Health Context:**

- Provides culturally safe emergency care, involving Aboriginal Health Workers and respecting community protocols.
- Recognises and addresses barriers to emergency care access for Aboriginal and Torres Strait Islander peoples.

**Rural Health Context:**

- Manages emergencies with limited resources and workforce, often in professional isolation.
- Utilises telehealth, local networks, and community supports to optimise emergency response.
- Maintains up-to-date skills through regular training, simulation, and debriefing.

**For the Trainee**

In the StAMPS exam, you will be assessed on your ability to:

- Recognise and rapidly respond to medical emergencies in rural and remote settings.
- Stabilise patients and initiate evidence-based emergency management.
- Perform essential emergency procedures safely.
- Escalate care and coordinate retrieval or transfer when indicated.
- Communicate effectively with all team members and external services.
- Adapt emergency management to the available resources and rural context.

## 9. Population Health and Preventive Care

- Integrates health promotion and disease prevention into routine clinical care.
  - Implements and follows up on evidence-based screening and immunisation programs.
  - Identifies and addresses risk factors for disease at both individual and community levels.
  - Recognises and responds to the social determinants of health affecting patients and communities.
- 
- Collaborates with public health services, community organisations, and multidisciplinary teams.
  - Advocates for health equity and improved access to preventive services in rural and remote areas.

**Aboriginal and Torres Strait Islander Health Context:**

- Delivers culturally safe preventive care, respecting community health priorities and traditional practices.
- Engages with Aboriginal Health Workers and community-controlled organisations to improve health outcomes.
- Addresses barriers to preventive care access for Aboriginal and Torres Strait Islander peoples.

**Rural Health Context:**

- Adapts preventive and population health strategies to the realities of rural and remote practice, including resource limitations and geographic isolation.
- Utilises local networks, telehealth, and outreach programs to enhance preventive care delivery.
- Participates in community-based health initiatives and public health emergencies (e.g., outbreak response, disaster preparedness).

**For the Trainee**

In the StAMPS exam, you will be assessed on your ability to:

- Integrate population health and preventive care into your clinical practice.
- Identify and address risk factors and social determinants of health.
- Implement and advocate for evidence-based screening and immunisation programs.
- Collaborate with community and public health services.
- Adapt preventive care strategies to the rural/remote context and to the needs of Aboriginal and Torres Strait Islander peoples.

## 10 Managing Uncertainty and Significant Illness

- Recognises and manages undifferentiated and ambiguous presentations.
- Applies critical thinking and risk management to decision-making under uncertainty.
- Identifies and responds early to significant or deteriorating illness.
- Monitors and reviews patients, adapting management as new information emerges.
- Escalates care and arranges retrieval/transfer when indicated.
- Communicates uncertainty and plans clearly to patients, families, and the healthcare team.
- Participates in debriefing and quality improvement following critical incidents.

#### **Aboriginal and Torres Strait Islander Health Context:**

- Recognises the impact of social, cultural, and historical factors on the presentation and management of significant illness.
- Collaborates with Aboriginal Health Workers and community supports to optimise care.

#### **Rural Health Context:**

- Adapts decision-making and escalation strategies to the realities of rural and remote practice, including professional isolation and limited resources.
- Utilises telehealth and regional networks for support and advice.

#### **For the Trainee**

In the StAMPS exam, you will be assessed on your ability to:

- Manage diagnostic and therapeutic uncertainty safely and logically.
- Recognise and respond to significant illness and clinical deterioration.
- Adapt your approach as new information becomes available.
- Escalate care appropriately and communicate clearly with all stakeholders.
- Reflect on challenging cases and participate in quality improvement.

## **11 Digital Health and Disaster Preparedness**

### **Core Idea:**

Rural generalists must be proficient in using digital health technologies and prepared to respond effectively to disasters and public health emergencies. This competency encompasses the integration of telehealth, eHealth, and digital innovation into clinical practice, as well as the ability to plan for, respond to, and recover from disasters in rural and remote contexts.

### **Key Aspects**

- **Digital Health Proficiency:**

Utilise telehealth (video and phone consultations), My Health Record, secure messaging, and other digital platforms to enhance patient care, improve access, and



# Examiners Grading Categories of the StAMPS exam.

“Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful.” – Albert Schweitzer

The examiner may consider all or most of the above competencies to grade a candidate's exam performance- Broadly, the categories are as follows-

## Grading Category 1: Overall Impression

This category assesses the candidate's overall competence and suitability to practice independently and safely in a rural or remote setting. It is a holistic judgement of their performance across the entire station.

- **Overall Clinical Competence:**
  - **Integrated Understanding:** Demonstrates a cohesive understanding of the patient's situation, integrating history, examination findings, and contextual factors into a coherent clinical picture.
  - **Application of Knowledge:** Effectively applies medical knowledge to the practical realities and limitations of a rural or remote environment.
  - **Sound Judgement:** Exhibits mature and sensible clinical judgement when making decisions, especially in situations with limited information or resources.
- **Clinical Safety and Professionalism:**
  - **Prioritisation of Safety:** Consistently prioritises patient and practitioner safety in all actions and decisions.
  - **Ethical Conduct:** Adheres to ethical principles, maintaining professional boundaries and acting with integrity.
  - **Respectful Engagement:** Interacts with the patient, family, and colleagues in a respectful, non-judgemental, and culturally sensitive manner, upholding patient dignity at all times.
- **Quality of Medical Care Delivery:**
  - **Diagnosis and Management:** Formulates a credible diagnosis and develops a management plan that is evidence-based yet practical for the given context.
  - **Collaborative Approach:** Actively involves the patient in shared decision-making and demonstrates effective collaboration with other healthcare professionals and community services.

- **Sound Judgement Under Pressure:** Responds to unexpected changes or challenges with logical and safe clinical reasoning.
- **Recognition of Individual and Community Needs:**
  - **Holistic Adjustment:** Modifies the clinical approach to account for patient-specific factors such as comorbidities, psychosocial stressors, cultural beliefs, or logistical hurdles (e.g., lack of transport, family commitments).
  - **Broader Context Awareness:** Recognises and responds to the wider implications of the patient's condition on their family, work, and community.
- **Considerations for a Borderline or Unsatisfactory Score:**
  - **Rigid Thinking:** Sticks to an initial plan despite new evidence that contradicts it.
  - **Ignoring New Information:** Fails to acknowledge, or dismisses, important new information provided by the examiner or patient.
  - **Failure to See the Big Picture:** Shows poor awareness of how individual patient issues are affected by their broader social, cultural, or logistical context.
  - **Formulaic Approach:** Applies a generic, inflexible model of care that is not tailored to the unique and evolving circumstances of the case.

Please note: Do not confuse the Core competencies with the examiners grading categories (includes all of the core competencies in one form or the other).

# Mastering History Taking in the StAMPS Clinical Scenario: An Assessment-Focused Approach

“Let the young know they will never find a more interesting, more instructive book than the patient himself.” – Giorgio Baglivi

Effective history taking is the cornerstone of your performance in the ACRRM StAMPS exam. It is not just a data-gathering exercise; it is your primary tool for demonstrating competence across all five grading categories. A systematic, empathetic, and context-aware approach is essential to prove you are a safe and capable rural doctor. This guide breaks down the history-taking process, highlighting how each step maps directly to the StAMPS assessment criteria.

## 1. Setting the Stage: Demonstrating Communication, Professionalism, and Safety

The first 60 seconds of the encounter are critical for scoring points in **Category 4: Communication** and setting a strong foundation for **Category 1: Overall Impression**. Your actions here immediately signal to the examiner that you are a safe, respectful, and patient-centred clinician.

- **Introduce Yourself and Your Role(demonstration in the exam):**
  - **What this demonstrates:** Professionalism, clear communication, and the ability to build rapport. A warm, confident introduction helps establish a positive **Overall Impression**.
  - **Examiner's focus:** Are you clear about your identity and role? Do you use open body language and appropriate eye contact to put the patient at ease?
  - **Example of excellence:** *I will begin the consultation by greeting the patient politely and introducing myself. I will say, “Good morning, my name is Dr. [Your Name], one of the doctors here. Please, have a seat,” to establish rapport and create a comfortable environment for the patient.*
- **Confirm Patient Identity:**
  - **What this demonstrates:** A non-negotiable commitment to patient safety, which is fundamental to **Category 1: Overall Impression** and **Category 2: Appropriate Management**.
  - **Examiner's focus:** Do you perform this vital safety check as a standard part of your practice?
  - **Example of excellence:** *I will begin by confirming the patient’s identity. I will say, “Before we begin, could you please confirm your full name and date of birth for me?”*
- **Explain the Purpose and Obtain Consent:**

- **What this demonstrates:** Respect for patient autonomy, a collaborative approach, and clear communication (**Category 4**). This is a core component of patient-centred care.
- **Examiner's focus:** Do you clearly set an agenda and explicitly ask for permission to proceed? Do you establish expectations around confidentiality?
- **Example of excellence:** *Once confirmed, I will acknowledge the presenting issue and set the agenda. I will say, "I understand you've come in with [issue]. My goal today will be to get a clear picture of what's been happening so we can figure out the best way forward. To do that, I'll need to ask you some questions—would that be okay? Everything we discuss will remain confidential."*

## 2. Uncovering the Core Complaint: Defining the Problem and Demonstrating Flexibility

This phase is your first major opportunity to excel in **Category 3: Defining the Problem**. How you elicit and clarify the patient's main concern demonstrates your ability to think logically and efficiently.

- **Use an Open-Ended Question:**
  - **What this demonstrates:** Patient-centredness (Category 4: Communication) and an efficient start to Defining the Problem (Category 3) by allowing the patient to guide you to their primary concern(given in the scenario).
  - **Examiner's focus:** Do you allow the patient to tell their story in their own words before you start drilling down?
  - **Example of excellence:** "What's brought you along today?" or "How can I help you?"
- **Active Listening and Clarification(demonstration):**
  - **What this demonstrates:** Strong interpersonal skills (Category 4) and the beginning of sound clinical reasoning (Category 3). By summarising their concern, you confirm your understanding and build trust.
  - **Examiner's focus:** Do you use verbal and non-verbal cues to show you are engaged? Can you concisely summarise the core issue and its duration?
  - **Example of excellence:** As I gather the history, I will clarify and summarise the main concern to ensure accuracy. For example, I will say, "So, just to make sure I've got this right—you've been experiencing a sharp pain in your chest for the past three days. That must be quite worrying."
- **Screen for Other Issues and Red Flags:**
  - **What this demonstrates:** Clinical safety (Category 1) and Flexibility (Category 5). Identifying red flags early shows you can adapt and prioritise immediate threats. Asking "Is there anything else?" demonstrates thoroughness.

# Applying the FACRRM StAMPS Grading Criteria in Your Case Discussion: A Practical Guide

“You don’t have to be brilliant to be a doctor. You have to be hardworking and have good character. That’s what makes good doctors.” – Unknown

In the StAMPS case discussion, your goal is to think aloud and demonstrate to the examiners that you are a safe, competent, and context-aware rural doctor. Use the following framework to structure your thoughts and verbalise your actions, ensuring you address all the key assessment criteria.

## Grading Category 1: Overall Impression

This is the sum of your entire performance. You demonstrate this by seamlessly integrating all the other categories into a single, coherent presentation that makes the examiner think, "I would trust this person to work in my town."

### To Demonstrate Overall Clinical Competence: Weaving a Coherent Narrative

Your goal is to demonstrate that you see the entire clinical picture, not just a series of tasks. You are telling the coherent story of this patient’s journey—from their presentation to their disposition and beyond.

- **Verbalise Your Integrated Understanding:**
  - Your opening summary is your thesis statement. It must be powerful and encapsulate the clinical, social, and logistical challenges.
  - **Beyond the ACS Example:**
    - **Mental Health Scenario:** *"My assessment is of a young Indigenous man in acute psychological distress, presenting after a self-harm attempt. My priorities are twofold: firstly, ensuring his immediate medical and psychological safety, and secondly, navigating this sensitive situation in a culturally safe manner, recognising the significant underlying social determinants and intergenerational trauma that contribute to his presentation. The key challenge is building trust to facilitate a meaningful mental health assessment and creating a safe disposition plan in a community with limited specialist mental health services."*



- **Paediatric Scenario:** *"Here we have a toddler with a fever and a non-blanching rash. My immediate priority is to manage this as potential meningococcal sepsis, a true medical emergency. My approach is governed by the need for rapid, aggressive treatment with IV antibiotics and urgent retrieval, while simultaneously supporting incredibly anxious parents in a high-stress environment."*
- **Apply Knowledge to the Rural Setting with Justification:**
  - Don't just state a rural limitation; explain precisely *how* it forces a change in your clinical plan, demonstrating your advanced reasoning.
  - **Deepening the Example:**
    - **Head Injury:** *"Given the patient sustained a head injury with a brief loss of consciousness, a CT scan would be ideal. However, since we don't have a scanner, I must rely on strict clinical criteria. I will use the Canadian CT Head Rule to guide my assessment. As they don't meet the criteria for imaging and are neurologically intact, my plan is for structured, active observation in our facility for the next 4-6 hours. The critical component here is the safety netting I provide to the patient and their family—a detailed handout on head injury advice, with explicit 'red flags' that must trigger an immediate return to the clinic or call for an ambulance. This mitigates the risk of not having advanced imaging."*
    - **Highlight Rural Strengths:** Show you also see the advantages. *"A key advantage of our rural setting is our continuity of care. I have known this patient and their family for five years, and I have their full medical history. This deep understanding allows me to better assess subtle changes in their condition and tailor my management plan to their known social situation and values."*

### **To Demonstrate Clinical Safety and Professionalism: Being the 'Conscience of the Room'**

You are the leader responsible for the safety and dignity of everyone involved. You must articulate this role.

- **Articulate a 360-Degree Safety Approach:**
  - Think beyond just the patient.
  - **Verbalise This:** *"Before entering the room of this agitated and confused patient, my first thought is safety. This means team safety—ensuring my nursing*

*appointments to coincide with their monthly trips to town for farm supplies, and I will make these longer appointments to cover more ground. This proactive, integrated approach makes managing their diabetes feasible within the constraints of their life."*

### **To Demonstrate Appropriate Investigation Choices: The 'Rural Judgement Filter'**

Every test you order in a rural setting has consequences—for the patient (time, cost, anxiety) and the system (cost, downstream resource use). Your choices must reflect this reality.

- **Justify Every Test—including the Ones You *Don't* Do:**
  - Senior-level thinking involves articulating why a test is *not* indicated. This demonstrates resource stewardship and an understanding of the risks of over-investigation.
  - **Advanced Example (Low-Risk Chest Pain):** *"For this 35-year-old patient with atypical chest pain and no cardiac risk factors, my clinical assessment suggests a musculoskeletal cause. I am deliberately **not** ordering a high-sensitivity troponin test. In this low-risk scenario, a minor, non-specific elevation could trigger the 'cascade effect'—an unnecessary medical retrieval and extensive cardiac workup at a tertiary centre, causing huge patient anxiety and system cost. My decision is to treat the likely cause, provide meticulous safety netting advice, and arrange a follow-up with an exercise ECG in a planned, non-emergency fashion if symptoms persist. This is a deliberate act of clinical judgement to prevent iatrogenic harm."*
- **Demonstrate Mastery of Point-of-Care Testing:**
  - Show how these simple tests are the cornerstone of your immediate decision-making.
  - **Advanced Example (Altered Consciousness):** *"In this patient with an altered level of consciousness, my first three actions, while securing the airway, will be point-of-care tests. 1) A **fingerprick blood glucose**—to immediately rule out hypoglycaemia, the most common and reversible cause. 2) An **ECG**—to look for a post-ictal state, a toxic-metabolic cause, or a cardiac arrhythmia. 3) A **urine drug screen**—which may provide a rapid clue to a toxicological cause. The results of these tests, available in under five minutes, will fundamentally direct my next steps and my communication with the retrieval service."*

- **Verbalise Your Decision-Making by Comparing Options:**
  - Show the examiner you are weighing multiple factors (clinical need, weather, resources, distance) to arrive at the safest decision.
  - **Advanced Example (Trauma Patient):** *"This trauma patient has a potential intra-abdominal injury. My disposition decision is complex. **Option A:** Transfer to the regional base hospital 90 minutes away by road. They have a CT scanner and a general surgeon. **Option B:** Direct retrieval by helicopter to the major tertiary trauma centre. This is faster but weather-dependent and bypasses the local surgical team. My decision process is as follows: I will first call the retrieval service for a consult. While on the phone, I will present the case and ask for their advice. Key factors in my decision will be the patient's haemodynamic stability, the current weather forecast for flight, and the specific capabilities of the regional hospital's surgeon. I am preparing the patient for an urgent transfer, and the final destination and mode will be a shared decision with the retrieval specialist to ensure the best outcome."*
- **Coordinate a "Warm" Handover and Follow-Up:**
  - Demonstrate your commitment to seamless continuity of care. A "cold" handover (a faxed letter) is not good enough.
  - **Advanced Example (Discharge from Hospital):** *"To prevent this patient 'falling through the cracks' on return to our community, I will institute a 'warm' follow-up protocol. 1) **The Handover:** I will ensure our practice receives the electronic discharge summary, but I will also personally call the hospital's junior doctor or registrar to get a verbal handover on the key issues. 2) **The Return:** I have instructed our receptionist to book a mandatory follow-up appointment for the patient within three days of their return. 3) **The Check-in:** Our practice nurse will call the patient the day they get home to check if they have their medications and to answer any immediate questions. This proactive process ensures a safe landing back into primary care."*

## Grading Category 3: Defining the Problem

This is your ability to think like a clinician: to take a chaotic story and create a structured, logical assessment.

**To Demonstrate a Systematic Problem Definition: The '3D Situation Report'**

A standout candidate doesn't just list symptoms; they present a sophisticated, multi-layered synthesis of the situation. Your opening statement should be a concise, powerful summary that immediately tells the examiner you grasp the full scope of the challenge.

- **Structure Your Opening Using the "3D Problem Synthesis" Model:** Frame your summary around three interconnected domains: the **Clinical**, the **Patient-Centred**, and the **Contextual**. This immediately demonstrates a holistic, organised, and senior-level approach.
  - **Advanced Example (Mental Health):** *"My problem synthesis for this case is three-dimensional.*
    1. **Clinically:** We have a young man presenting with his first episode of acute psychosis, complicated by agitation and a refusal to engage.
    2. **Patient-Centred:** His primary expressed concern, through his distressed family, is a deep-seated fear of police and being 'locked away', which is a significant barrier to accepting help.
    3. **Contextually:** It is 6 PM on a Friday. We are not a gazetted mental health facility, the nearest one is four hours away, and the on-call psychiatrist is not immediately available. This presents an immediate and complex disposition crisis."
- **Deliver a "Problem Representation Statement":** This is a high-level, one-sentence summary that encapsulates the core clinical challenge. It's a powerful tool to show the examiner you can rapidly identify the most crucial issue.
  - **Verbalise This:**
    - **Undifferentiated Shock:** *"My problem representation is that of an elderly patient presenting with undifferentiated hypotension, which I must manage as septic shock until proven otherwise, while simultaneously investigating other causes like cardiogenic or hypovolaemic shock."*
    - **Paediatric Dehydration:** *"My problem representation is that of a toddler with gastroenteritis on the cusp of significant dehydration, requiring a critical decision between persevering with oral rehydration at home versus admission for intravenous fluids—a decision that has major implications for the child and their family."*

### **To Demonstrate Sound Clinical Reasoning: The Cognitive Blueprint**

This is your opportunity to reveal your analytical process. You need to "think aloud" in a structured way that demonstrates your logic is safe, evidence-based, and prioritised.

- **Verbalise Your Approach to Cultural Safety with Humility:**
  - Show that you are proactive and respectful when navigating cultural differences.
  - **Advanced Example (Patient from a CALD background):** *"Given that the patient and their family are recent migrants and their English is limited, my first step is to engage a professional telephone interpreter. It is unsafe and inappropriate to rely on a family member to interpret complex medical information. I would say to the interpreter and the family, 'I am going to speak in short sentences, and I will pause often.' To the patient, via the interpreter, I would express cultural humility: 'I want to make sure the plan we make is respectful of your beliefs and values. Please tell me if there is anything important I need to know about how your family makes health decisions.'"*
- **Demonstrate Your Ability to Navigate High Emotion:**
  - Your role is often to absorb and validate emotion before you can proceed. The key is to name what you see.
  - **Responding to an Angry Family Member:** *"I would address the angry family member directly and calmly. 'I can see you are extremely upset and angry, and frankly, you have every right to be. It is a terrifying and frustrating situation when someone you love is this unwell. My focus, and I know your focus, is on doing what is best for your mother right now. Let's work together.'"* This validates their emotion, finds common ground, and de-escalates the situation.
- **Describe Your Non-Verbal Communication:**
  - Since the examiner can't see you interacting with a patient, tell them how you would use your body language to build trust.
  - **Verbalise This:** *"Throughout this conversation about the patient's new diagnosis of dementia, I would make a conscious effort to sit at the same level as them, uncross my arms, lean forward slightly, and use a calm, gentle tone of voice. My non-verbal cues must convey that I am present, unhurried, and that they have my complete attention."*

## Grading Category 5: Flexibility

Scenarios in the StAMPS exam often evolve. This is where you demonstrate that you can think on your feet and adapt to a changing situation.

## **To Demonstrate Adaptability to Evolving Information: The Active Processor**

When the examiner provides new information, they are deliberately testing your listening skills and your ability to process information in real-time. Your first response is crucial.

- **Explicitly Acknowledge and "Catch" the New Information:**
  - Your immediate verbal reaction should be a "verbal nod" that tells the examiner, "Message received. I am now integrating this." This shows you are an active listener, not just waiting for your turn to speak.
  - **Verbalise This:**
    - *"Thank you for that update. Okay, so the repeat blood pressure is now 80/40."*
    - *"I understand. The patient is now refusing to be transferred by air."*
    - *"Right, a new lab result. The potassium is 6.8. I have that."*
- **Use the Power of the "Strategic Pause":**
  - After acknowledging the new information, take a deliberate, two-second pause. This is incredibly powerful. It signals to the examiner that you are not panicking but are instead taking a moment to think through the implications.
  - **You can even verbalise this process:** *"Okay, a potassium of 6.8. That is a life-threatening medical emergency. Let me just take a moment to reorganise my priorities."* This demonstrates a calm, safe, and mature approach to a crisis.

## **To Demonstrate Responsive Reasoning: The Cognitive Pivot**

This is about showing the examiner *how* the new information changes your thought process and your course of action. You must connect the new data to a new plan.

- **Demonstrate a Clear "Cognitive Pivot":**
  - Explicitly state how the new information forces you to fight against your initial assumptions. This demonstrates an awareness of cognitive biases like "diagnostic anchoring."
  - **Advanced Example (Normal Test Result):** *"Thank you. The fact that the chest X-ray is clear is a critical finding. It forces me to **re-evaluate my leading diagnosis** of pneumonia. I must now actively combat the risk of 'anchoring bias' and pivot my thinking. With a normal chest X-ray in a hypoxic patient, pulmonary embolism becomes a much more likely diagnosis. My immediate*

*next step is to formally calculate their Wells' score and consider starting anticoagulation while I discuss the case with the retrieval service."*

- **Show a Change in Pace and Priority:**
  - New information doesn't just change the plan; it often changes the *urgency*. Articulate this shift.
  - **Advanced Example (Deteriorating Vitals):** *"The new information that the patient's GCS has dropped from 15 to 12 changes this situation from 'urgent' to 'critically time-sensitive'. My previous plan of 'observe and monitor' is no longer safe. My **number one priority** now becomes airway protection. I will immediately assess their airway reflexes, prepare my airway equipment, and my discussion with the retrieval service now changes from a simple handover to a discussion about a potential pre-transfer rapid sequence intubation."*
- **Update All Aspects of Your Plan:**
  - Show that you understand a change in one area has a ripple effect on all others.
  - **Verbalise This:** *"This sudden deterioration to haemodynamic instability means my plan must change on multiple fronts. **Clinically**, I am now starting an IV fluid bolus. **Logistically**, a road transfer is no longer safe; I must escalate to the highest priority air retrieval. **Communicatively**, I have a new, urgent task: I must go and update the family that the patient has become much sicker, and I need to do this in a calm and supportive way."*

### **To Demonstrate Recognition of Individual and Community Needs: The Contextual Expert**

This is the highest level of flexibility. It's about adapting not just to clinical data, but to changes in the complex human and environmental context of rural practice.

- **Adapt to Changes in the Social Context:**
  - A patient's social situation is dynamic. Show you can adapt your plan when their support system changes.
  - **Advanced Example (Carer Availability):** *"Okay, the patient has just told me that her daughter, who was supposed to be her carer after discharge, has just been called away for work interstate. This new social information completely invalidates my current discharge plan. A safe discharge home is no longer possible today. My plan must now pivot from medical management to addressing this social crisis. I will need to explore options for a short-term stay in our local multi-purpose service for convalescent care or contact our*

*community's social support network to see if other options are available. This is now primarily a disposition and social planning challenge."*

- **Adapt to Changes in the Environmental or Resource Context:**
  - Rural practice is at the mercy of the environment and infrastructure. Demonstrate that you can create a safe plan when your resources unexpectedly disappear.
  - **Advanced Example (Infrastructure Failure):** *"The information that the power has gone out in the clinic during this resuscitation is a critical infrastructure failure. My plan must adapt immediately. **Priority 1: Safety.** I must ensure our backup generator has kicked in to power essential monitoring and our defibrillator. **Priority 2: Improvisation.** For the patient who needs suctioning, we will switch to our manual, portable suction device. **Priority 3: Re-evaluation.** I must now reassess the safety of keeping any non-critical patients here. This event may force me to consider transferring patients I had planned to observe here, as our diagnostic and supportive capabilities are now significantly compromised."*
- **Show Proactive Problem-Solving in Response to the Change:**
  - Don't just identify the new contextual problem; immediately start verbalising the solutions.
  - **Verbalise This (re: the flood example):** *"...This is now a critical situation requiring an urgent helicopter retrieval. I also need to consider the impact on the patient's family, who will now be unable to travel to be with them. My immediate next step is to address this. I will ask the patient for permission to call their family, explain the change in plan, and reassure them that we are doing everything we can. I will then liaise with our clinic's social worker or patient liaison to see if we can connect the family with any telehealth or support services offered by the receiving hospital, so they can maintain contact."*



# Cardiovascular Disorders

“The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician.” – William J. Mayo

## Cardiovascular Disorders Example 1: Case Scenario

You are the on-call physician at a rural hospital when you receive a call from a remote area nurse about a 62-year-old male presenting with chest pain and shortness of breath for the past 2 hours. The patient has a history of hypertension and smoking. His vital signs are Pulse 95, BP 140/85, RR 20, SpO2 95% on room air. The nurse has performed a 12-lead ECG showing ST-segment depression in leads V3-V6. She is concerned about possible myocardial ischaemia and is seeking guidance on immediate management.

**Part 1** - Describe how you will assist the nurse in the initial management of this patient.

Prompting questions:

- What additional information do you need about the patient's symptoms and medical history?
- How will you guide the nurse in assessing for signs of acute coronary syndrome?
- What immediate interventions will you recommend?
- What advice will you give regarding initial medications?
- How will you arrange for the patient's urgent transfer to your rural hospital?

**Part 2** - The patient arrives at your rural hospital. Initial assessment confirms myocardial ischaemia. Describe your management plan.

Prompting questions:

- What immediate interventions will you perform?
- How will you approach antiplatelet and anticoagulant therapy?
- What investigations will you order, considering the limitations of a rural setting?
- How will you manage ongoing chest pain and other symptoms?
- What considerations will you make regarding the need for transfer to a facility with cardiac catheterization capabilities?

**Part 3** - After initial management, you determine that the patient requires further cardiac evaluation not available at your facility. How will you manage this situation in your rural setting?

Prompting questions:

- How will you prepare the patient for transfer to a tertiary center with cardiac catheterization capabilities?
- What information will you communicate to the receiving facility?
- How will you manage ongoing care during transfer?
- What follow-up arrangements would you make after the patient's treatment at the

tertiary center?

- How might you improve capabilities for managing acute coronary syndromes in your rural setting?

## **A Detailed and Structured Approach to the Acute Coronary Syndrome (ACS) Case**

"Thank you. This is a time-critical cardiovascular emergency. A 62-year-old man with significant vascular risk factors presenting with ischaemic chest pain and new ST-segment depression on his ECG has a **high-risk Non-ST-Elevation Acute Coronary Syndrome (NSTEMI), a non-ST-elevation MI (NSTEMI), until proven otherwise**. My immediate priorities are to guide the remote nurse in initiating life-saving medical therapy, activate an urgent retrieval to my hospital, and prepare my team to initiate full antiplatelet and anticoagulant therapy and to risk-stratify him to determine the urgency of transfer for coronary angiography."

### **Part 1: Assisting the Nurse in Initial Management (Telesuscitation)**

"On receiving the call from the remote area nurse, my first actions are to get a rapid assessment of his stability and provide clear, immediate instructions over the phone."

**Firstly, I need specific additional information to assess his risk.**

- **History:** I would ask the nurse to get a quick but detailed pain history using the SOCRATES framework. I also need to know about any previous cardiac history, and specifically ask, *'Is he on any regular medications, particularly any blood thinners or beta-blockers? Does he have any allergies, especially to aspirin or other antiplatelets? Has he had any recent bleeding or a stroke?'* This is crucial for assessing his risk with treatment.
- **Assessment of Instability:** I would guide her to look for signs of cardiogenic shock: *'How does he look? Is he pale, sweaty, and clammy? Is he confused? What do his lungs sound like—are there any crackles to suggest he is going into heart failure?'*

**Secondly, my immediate interventions are based on the standard ACS protocol.**

- My instructions will be direct and clear:
  1. **'Give him 300mg of soluble aspirin to chew and swallow immediately,** unless he has a true allergy.'
  2. **'If his systolic blood pressure is over 100mmHg, give him a puff of his sublingual GTN spray.** You can repeat this every 5 minutes if he still has pain but keep a very close eye on his blood pressure.'

3. '**Establish IV access** and give him titrated doses of **IV morphine** for his pain.'
4. '**Apply oxygen** only if his SpO2 is below 94%.'
5. 'Attach the **defibrillator pads** to his chest. He is at high risk of a cardiac arrhythmia.'

**Finally, I will arrange his urgent transfer to my rural hospital myself.**

- I would say, '**This is a high-risk cardiac event. He needs to come to our hospital immediately for further treatment and monitoring. Please activate your local emergency transport now. I will prepare my team here for his arrival.**'"

## **Part 2: The Management Plan in the Rural Hospital**

"On the patient's arrival at my rural hospital, my priorities are to confirm the diagnosis, initiate full medical therapy, and formally risk-stratify him to determine the urgency of transfer.

**My immediate approach is a systematic ABCDE assessment:**

- He will be managed in our resuscitation bay on a continuous cardiac monitor with defibrillator pads in situ.
- We will ensure he has two large-bore IV cannulas and continue oxygen if required. I will perform a full cardiovascular examination looking for murmurs or signs of heart failure.

**My approach to antiplatelet and anticoagulant therapy is central to his management.**

- **Dual Antiplatelet Therapy (DAPT):** He has already had aspirin. I will now add a second agent. My choice would be **Ticagrelor** with a 180mg loading dose, as it is preferred in high-risk ACS. If Ticagrelor is not available in my rural hospital, **Clopidogrel** with a 300-600mg loading dose is the alternative.
- **Anticoagulation:** He requires anticoagulation. My choice would be based on our local protocols and planned transfer time. A good option is **subcutaneous Enoxaparin** (a low molecular weight heparin) at 1mg/kg, or an infusion of unfractionated heparin.

**My investigations in our rural setting are crucial for diagnosis and risk stratification.**

- **Serial ECGs:** I will perform repeat 12-lead ECGs to look for any dynamic changes or evolution to a STEMI.
- **Serial Troponins:** I will send a blood test for a **high-sensitivity cardiac troponin** on arrival and repeat it in 1-3 hours (depending on the assay). A rising troponin level will confirm a diagnosis of a Non-ST-Elevation Myocardial Infarction (NSTEMI).

- He will be managed in our acute care bay with one-on-one nursing and continuous cardiac monitoring. I will be prepared to manage any complications like arrhythmias or heart failure.

### **His long-term follow-up and secondary prevention plan starts now.**

This will be co-managed with his regular GP. The plan will focus on the 'five pillars' of secondary prevention: ongoing dual antiplatelet therapy, a high-dose statin, a beta-blocker, an ACE inhibitor, and aggressive lifestyle risk factor management, especially **smoking cessation**.

He must be referred to a **cardiac rehabilitation program**. As we are rural, this will be a **telehealth or phone-based program** from the Heart Foundation or the regional hospital.

### **To improve our hospital's capabilities for managing ACS, I would:**

- Use this case for a team debrief and education session.
- Advocate for a formalised '**Chest Pain Pathway**' for our hospital, developed in conjunction with our regional cardiology network. This should include clear guidelines on risk stratification and when to initiate a 'drip and ship' approach.
- Ensure we have a reliable telehealth link for urgent cardiology consultations.

### **Grading Table: Non-ST-Elevation Acute Coronary Syndrome (NSTEMI/ACS)**

Grading Category	Excellent Performance	Borderline/Unsatisfactory Performance
<b>1. Overall Impression</b>	<b>Demonstrates calm, decisive leadership</b> in a time-critical cardiovascular emergency.	<b>Appears panicked, hesitant, or disorganised</b> , leading to delays in critical treatment.
	<b>Appears systematic and highly competent</b> , following a clear, evidence-based ACS pathway.	<b>Fails to take a clear leadership role</b> , resulting in a chaotic response.
	<b>Effectively leads a team</b> (both local and remote) to provide safe and timely care.	<b>Shows a lack of knowledge</b> about the specific management of NSTEMI/ACS.
<b>2. Appropriate Management in a Rural Context</b>	<b>Confidently directs remote management via phone</b> , providing clear, life-saving instructions to the remote area nurse.	<b>Is hesitant to give clear advice over the phone</b> , delaying initial treatment.
		<b>Fails to initiate appropriate medical therapy</b> , for example, only giving

Grading Category	Excellent Performance	Borderline/Unsatisfactory Performance
	service and the receiving cardiologist.	<b>Fails to communicate effectively with the patient</b> , leaving them scared and confused.
	<b>Communicates the seriousness of the condition and the management plan</b> clearly and empathetically to the patient and family.	
5. Flexibility	<b>Rapidly pivots from a remote advisory role (Part 1) to a hands-on resuscitation leader role (Part 2).</b>	<b>Is unable to transition effectively</b> between different roles or phases of the emergency.
	<b>Demonstrates flexibility in prescribing</b> , choosing the appropriate antiplatelet and anticoagulant based on current guidelines and the local formulary.	<b>Is rigid in their prescribing</b> , using outdated or inappropriate drug combinations.
	<b>Shows the ability to manage both the acute emergency and plan for the long-term secondary prevention</b> and rehabilitation simultaneously.	<b>Shows "tunnel vision,"</b> becoming fixated on the acute chest pain without considering the crucial long-term management.

### References from Reputed Australian GP Textbooks, Manuals, or Journals

1. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand (CSANZ). (2021). *Australian Clinical Guidelines for the Management of Acute Coronary Syndromes*.
2. Therapeutic Guidelines. (2023). *Cardiovascular* (Version 8). Therapeutic Guidelines Limited.
3. Murtagh, J. (2022). *John Murtagh's General Practice* (8th ed.). McGraw-Hill Education.

## Cardiovascular Disorders Example 2: Case Scenario

You are a GP in a busy shopping center when you witness a 60-year-old male suddenly collapse in front of you. Bystanders are gathering around, and the man is unconscious. You immediately approach to assist.

**Question Part 1** - Describe your initial assessment and approach to this patient using the DRS ABC method.

Prompting questions:

- How will you ensure the scene is safe before approaching the patient?
- What steps will you take to assess the patient's responsiveness?
- How will you activate the emergency response system?
- What will you do to assess and manage the patient's airway?
- How will you check for breathing and circulation?

**Question Part 2** - Your initial assessment suggests the patient is in cardiac arrest. Describe your management plan using the DRS ABC approach.

Prompting questions:

- How will you position the patient for CPR?
- What is the correct technique for chest compressions in adults?
- How will you manage the patient's airway during CPR?
- What considerations will you make regarding rescue breaths?
- How will you decide on the need for defibrillation?

**Question Part 3** - After initiating CPR, you need to plan for ongoing management until emergency services arrive. How will you manage this situation?

Prompting questions:

- How will you ensure high-quality CPR is maintained?
- What instructions will you give to bystanders to assist?
- How will you prepare for the arrival of an Automated External Defibrillator (AED)?
- What information will you gather to hand over to emergency services?
- How might you use this experience to improve your skills in emergency response?

## A Detailed and Structured Approach to the Public Cardiac Arrest Case

"Thank you. This is a witnessed sudden collapse in an adult male, which must be treated as a **cardiac arrest until proven otherwise**. My immediate priority is to take charge of the scene and apply the **DRSABCD algorithm** systematically and without delay. My goal is to deliver high-quality CPR and, most importantly, early defibrillation, which are the most critical determinants of survival in this situation."