

2009-2022



# **Physicians Associate-Remote Medical Associate Degree PA-RM**

**RON GUI**  
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# INTERNATIONAL SOCIETY OF REMOTE MEDICAL PRACTITIONERS

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ISRMP Associated RMP Certification Programmme

## PHYSICIANS ASSOCIATE - REMOTE MEDICAL Assoc Degree Program

The PA-RM Training Program teaches the knowledge, skills, and experience needed to provide the finest extended and primary medical care possible in remote settings rather than in a first world, urban, sanitized settings.and difficult The program is not for everyone. You are challenged a little physically, a lot mentally and spiritually. At times you are tired, hungry, in the dark, in rivers, in caves, in the jungle, bug bit, covered in mud, soaking wet, cut and scraped, pushed to your limit, pushed past your limits and discovering new limits!

Our program is a unique, two phase curriculum:

**Phase I** – This Phase is based on USSOCOM’s Advanced Tactical Practitioner program. At the completion of this program you will have expanded your trauma knowledge well beyond that of a street paramedic or any other ‘Tactical Medicine’ course, as well as gaining the skills to manage the most common remote environmental & team medical conditions. This phase is taught mostly through **distance learning** .

**Fee: A\$5750.00** which covers all books and course material. **Registration.**

**Dates: Ongoing through 2023-24.**

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**Phase II** – Combines lectures, hands-on skills labs (including tissue labs), and realistic field exercises in the jungle, hills, rivers, and caves found at our training centres globally, and actual patient care in a small third world hospital or other facilities arranged in South East Asia/Middle East to comply with phase II requirements. This phase consists of **30 days** in a remote location. It can be **broken down into two 2 week blocks**.

**Fee: TBA (30 day block or 2 x 2 weeks) depending upon Remote Clinic location fees to be advised -Australia-Myanmar-Nepal-Philippines-Guatemala-Nairobi...by arrangement**

**Dates: TBA..or later date depending upon candidates..**

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Upon successful completion of all Phase I modules you will receive **1350 hours of CME/CEU** credits and be eligible for certification as a Physicians Associate as governed by the International Society of Remote Medical Practitioners. Equivalent to Associate Degree PA RPL.

Upon completion of all Phase II modules you will receive **475 CME/CEU** credits and be eligible for certification as a Physicians Associate – Operational Practice as governed by the International Society of Remote Medical Practitioners.

A final exam will be issued by the International Society of Remote Medical Practitioners through ISRMP Assessors..with final registration with International Society of Remote Medical Practitioners...



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## Requirements for this course are:

You must be a:

- Physician Assistant
- Nurse Practitioner
- Other Medical Professional with prior approval with pre hospital care skills with atleast 3 years pre hospital care training and skills experience.

You must have:

- A strong comprehension of both spoken & written English
- A desire to learn, share, teach, and do
- Strong team work skills & the ability to function in a disciplined environment
- Reasonable physical and mental conditioning
- A clear understanding that this program teaches remote & operational medicine via teaching and performing in third world hospitals, clinics, and challenging environmental settings
- A clear understanding that this is a selection process to meet accepted international standards and that successful completion of the program and ultimate certification is not automatic, but entirely dependent on your meeting all standards and demonstrating the appropriate mindset required

## PA-RM Articulation to DipROM (UK)

### DipROM – ISRMP/AREMT/RMP Course Equivalency

The methodology for conducting the review and mapping was as follows:

The DipROM program courses and content, and the AREMT RMP course outlines and content were reviewed. This enabled an analysis of each course's focal and detail topic areas as well as the depth and breadth of coverage.

The criteria for equivalency selection focused on course content that covered the same or very similar ground and providing the learner with comparable knowledge and skills in order to function at the same or similar levels. Any courses that did not meet these criteria were not selected. The AREMT RMP course is set up as a single course with discrete topical sub-sections these were utilized as discrete units for comparison with the DipROM course modules and sub-modules. This analysis was based purely on review and analyses of all the relevant content and resources available.



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**The DipROM Residential and the AREMT Phase 2 Clinical were not assessed, as they are not relevant due to the major differences in their intent and content.**

Caveats: The AREMT RMP course is more focused on advanced practical and technical skills whereas the DipROM is focused on the higher-level academic focus. The AREMT, however, has significant amounts of text that is covered and these can be seen as equivalent to the indicated DipROM course content.

**The equivalency is created as follows:**

## **The DipROM C-08**

Trauma and Medical Emergencies by combining the AREMT RMP Phase 1 - #'s 4, 7, 9, & 10.

## **The DipROM O-01**

Tactical Medicine with the AREMT RMP Phase 1 - #11.

## **The DipROM C-07**

Aeromedicine with the AREMT RMP Phase 1 - #'s 12, & 14.

## **The DipROM C-01**

Health and Wellbeing of the Remote Worker with the AREMT RMP Phase 1 - #13.

The rest of the courses on both sides do not have direct equivalencies for transfer agreements.

One further caveat is that these assessments may change over time based on content adjustments and other factors and the RCSEd DipROM reserves the right to make such changes and amendments as needed.



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## Phase 1 Course of Study In Detail (Distance Education)

### 1. Anatomy and Physiology Advanced Clinical Review

- a. Review of basic A & P
- b. Surface anatomy review
- c. Radiology anatomy review
- d. Cadaver dissection videos
- e. Surgical procedure videos
- f. Clinical case correlations

### 2. Introduction to Advanced Patient Care

- a. Medical terminology & abbreviation review
- b. Documentation, PEF's, FMC's, 9-Lines
- c. Telemedicine & remote communications
- d. Use of Physician Medical Control
- e. The standard patient history data
- f. The standard patient physical examination
- g. Specialty examinations
- h. Evaluation of pain, consciousness level, mental status

### 3. Medications

- a. Medication Names and Classifications
- b. Care and Considerations
- c. Pharmacology, calculations, administration
- d. Medications in the Advanced Operational Practitioner Formulary

### 4. Diagnosis & Initial Management of Operational Medical Emergencies

- a. Acute abdominal pain
- b. Acute barotrauma
- c. Acute behavioral changes
- d. Acute dental pain
- e. Acute head and neck infection
- f. Acute mountain sickness
- g. Allergic rhinitis, hay fever, cold-like symptoms
- h. Anaphylactic reaction
- i. Asthma
- j. Back pain
- k. Bronchitis or pneumonia
- l. Cellulitis
- m. Chest pain of possible cardiac origin
- n. Constipation or fecal impaction
- o. Contact dermatitis



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- p. Corneal abrasion or ulcer, conjunctivitis
- q. Cough
- r. Cutaneous abscess
- s. Deep venous thrombosis
- t. Dehydration
- u. Epistaxis
- v. Flank pain
- w. Fungal skin infection
- x. Gastroenteritis
- y. Headache
- z. HACE
- aa.HAPE
- bb.HIV post-exposure prophylaxis
- cc. Hyperthermia
- dd.Hypothermia
- ee.Ingrown toenail
- ff. Joint infection
- gg.Loss of consciousness (without seizures)
- hh.Malaria
- ii. Meningitis
- jj. Otitis externa
- kk. Otitis media
- ll. Pain control
- mm. Pulmonary embolus
- nn.Renal colic or kidney stone
- oo.Seizures
- pp.Sepsis or septic shock
- qq.Smoke inhalation
- rr. Spontaneous pneumothorax
- ss. Subungual hematoma
- tt. Testicular pain
- uu.Urinary tract infection

## **5. Operational Medical Procedures**

- a. Airway Decision Making
- b. Initial Airway Maneuvers
- c. Oxygen use
- d. Needle Cricothyrotomy
- e. Needle Thoracentesis
- f. Urethral catheterization
- g. Nasogastric Tubes
- h. Intraosseous Infusion (IO)
- i. Hemorrhage Control
- j. Improvisational medicine & care



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## **6. Operational Medical Care**

- a. Triage b. Cardiopulmonary Life Support
- c. Declining/Stopping resuscitation
- d. Intoxication/OD
- e. Heat/Cold injuries local & systemic
- f. Stress & psychological injuries

## **7. Operational Trauma Care**

- a. A general approach to operational trauma
- b. System specific trauma care
- c. Blast & burn trauma

## **8. Advanced Operational Medical Care**

- a. Rapid Medical Assessment
- b. Additional Medical medications/drugs
- c. Shock
- d. WMD

## **9. Advanced Operational Trauma Care**

- a. Trauma mechanisms, energy transfer, wound ballistics
- b. Rapid Trauma Assessment
- c. Additional Trauma medications/drugs
- d. Hemorrhagic shock
- e. Blood transfusions
- f. Wound care & wound closures
- g. Sports medicine

## **10. Advanced Operational Medicine Procedures**

- a. Advanced Airway Decision Making
- b. Translaryngeal Jet Ventilation
- c. Surgical Cricothyrotomy
- d. Thoracostomy (Chest Tube)
- e. Suprapubic Needle Cystotomy
- f. Venous Cutdown
- g. Transfusion Therapy: Blood and Blood products
- h. Field amputations
- i. Compartment Syndrome Fasciotomy
- j. Escharotomy k. Advanced Dental Care



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## **11. Tactical Casualty Care & High-Threat Medicine**

- a. Military Medic History
- b. Civilian medicine vs. combat medicine
- c. Echelons (Levels) of Care
- d. Pre-hospital Care in The Tactical Environment
- e. Care under fire
- f. Tactical Field Care
- g. Casualty Evacuation (CASEVAC)
- h. Medical evacuation (MEDEVAC)
- i. Aero-medical Evacuation (AE)
- j. Injuries From Explosives
- k. Urban Warfare l. Ethical Considerations for The Combat Medic m. TCCC for mission commanders

## **12. Environmental, Diving, & Aerospace Medicine**

- a. General Poisonings and Management
- b. Hazardous Plants world wide
- c. Dangerous animals world wide
- d. High Altitude Environment
- e. Human Physiological Responses to High Altitude
- f. Operational Related Factors in High Altitudes
- g. Medical Problems in High-Mountain Areas
- h. Doctrine and Principles
- i. Flight Physiology and the Physical Stresses of Flight
- j. Pre-Flight Assessment
- k. In-Flight Management Considerations

## **13. Deployment, Force Protection, Travel, & Public Health Medicine**

- a. Medical material management
- b. Medical kits, supplies, control, inspection
- c. Sources for information
- d. Pre-travel Health Risk Assessment
- e. Medical mission planning
- f. Immunizations
- g. Personal hygiene
- h. Food & water sanitation
- i. Waste control & disposal
- j. Pest & vector control

## **14. Transport & Evacuation**

- a. Patient immobilization/restraint b. Transport platforms c. Special considerations





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## Phase II Course of Study (Clinical/Practical)

### **1. Medical Fundamentals**

- a. Orientation to Remote Medicine
- b. Anatomy
- c. Clinical Surface Anatomy
- d. Pathophysiology
- e. Medical Math
- f. Medical Terminology
- g. Personal Protection

### **2. Communications and Telemedicine**

- a. Audio, Visual and Data Equipment
- b. Medical Direction
- c. Protocols, Guidelines, Procedures and SOPs

### **3. Central Supply and Store**

- a. Cleaning Packaging and Storage
- b. Sterilization

### **4. Operation of a Remote Clinic**

- a. Legalities, Resources and Supplies
- b. Location, Facilities and Infrastructure
- c. Security
- d. Supply and Resupply
- e. Patient Flow Through Facility
- f. Strike and Move Operations

### **5. Patient Movement and CASEVAC Procedures**

- a. Patient Carries
- b. Soft Stretchers
- c. Stokes, Sked and KED
- d. Docks, Hatches and Obstacles
- e. Ground Vehicles
- f. Air Vehicles

### **6. Nursing Skills**

- a. General Principles
- b. Lines, Tubes and Drains
- c. Patient Hygiene d. Nutrition e. Dying and Death



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## **7. Field Laboratory Medicine**

- a. Field Equipment
- b. Sputum
- c. Urine
- d. Blood Formed Elements
- e. Blood Electrolytes
- f. Stool
- g. Miscellaneous

## **8. Medication and Fluid Administration**

- a. Sharps & Personal Protection Review and Disposal
- b. Medication Delivery
- c. Fluid Concepts
- d. Proctoclysis
- e. Dermoclysis
- f. Peritoclysis
- g. IO
- h. Peripheral IV
- i. Central IV
- j. Transport with Fluids

## **9. Trauma and Shock Resuscitation**

- a. Shock
- b. Fluid and General Resuscitation/Interventions
- c. Blood Resuscitation
- d. Blast and Crush Injuries
- e. Burn Injuries
- f. Penetrating Injuries

## **10. Orthopedics, Head and Spine Injuries**

- a. Anatomy Implications and General Orthopedic Principles
- b. Upper Fx and Dislocations
- c. Lower Fx and Dislocations
- d. Head and Spinal Cord Injuries
- e. Spinal Immobilization, Clearance and Transport

## **11. Anesthesia**

- a. General principles
- b. Local c. Regional d. Conscious Sedation e. TIVA



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## **12.Surgical Procedures**

- a. General principles
- b. Wound Healing
- c. Wound care
- d. Wound Repair
- e. Special Procedures and techniques

## **13.General Pharmacology**

- a. Pharm physiology
- b. Units of Measure and Calculations
- c. Cardiac
- d. Respiratory
- e. GI
- f. Neuro/Metabolic
- g. Pain
- h. Anti-Infective

## **14.Medical Conditions**

- a. Cardiac
- b. Respiratory
- c. GI
- d. Neuro/Metabolic
- e. Infectious/Sepsis

## **15.Environmental Conditions**

- a. Heat
- b. Cold
- c. Flora and Fauna
- d. Diving
- e. Altitude
- f. Miscellaneous

## **16.Field Critical Care**

- a. General Principles
- b. Advanced Patient Monitoring
- c. Advanced Resuscitation
- d. Special Populations
- e. Geriatrics
- f. Pediatrics
- g. Women



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## **17.EENT Conditions**

- a. General principles
- b. Eye Conditions
- c. Ear Conditions
- d. Nose Conditions
- e. Throat Conditions

## **18.Dermatology Conditions**

- a. General Principles
- b. Infectious Conditions
- c. Non-Infectious Conditions
- d. Chronic, Emergency, & Systemic Diseases

## **19.Podiatry Conditions**

- a. General Conditions
- b. Nail Conditions
- c. Boney & Soft Tissue Conditions
- d. Procedures, Tenotomies, Amputations, Casting

## **20.Psychiatric Conditions**

- a. General Principals
- b. Emergency Interventions

## **21.Physical Therapy and Manual Medicine**

- a. General Principles
- b. Regional Techniques

## **22.Preventive Medicine and Sanitation**

- a. Force Protection
- b. Food Principles
- c. Water Principals
- d. Waste Principles
- e. Vector Control
- f. Public Health MEDCAPs

## **23.Primary care and Sick Call Medicine**

- a. Management of the Top 20 “Boo-Boo” Problems
- b. The Top 100 Primary Care Conditions

## **24.The RMP: Putting the pieces together as a generalist**