



Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at [www.racgp.org.au/clinicalchallenge](http://www.racgp.org.au/clinicalchallenge). Check clinical challenge online for this month's completion date.

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### SINGLE COMPLETION ITEMS

**DIRECTIONS** Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

#### Case 1– Janice Benson

Janice Benson, 62 years of age, attends your urban general practice for follow up of a chest X-ray, which incidentally shows an osteoporotic fracture. As part of her work up for osteoporosis you test Janice's vitamin D levels.

#### Question 1

Janice feels that it is unlikely her vitamin D level is low, as she gardens regularly. Janice is fair skinned and lives in southern Australia. How much daily sun exposure to her hands, face and arms in winter will be required for adequate vitamin D production:

- A. 3–10 minutes at midday
- B. 10 minutes at 10:00 am
- C. 15 minutes with extreme care at midday
- D. 14–44 minutes at 10:00 am
- E. 21–60 minutes with care at 3:00 pm.

#### Question 2

Janice's vitamin D levels come back at 80 nmol/L. This level shows:

- A. adequate vitamin D levels
- B. insufficient vitamin D levels
- C. mild vitamin D deficiency
- D. moderate vitamin D deficiency
- E. severe vitamin D deficiency.

You discuss vitamin D supplements and diet with Janice.

#### Question 3

Good food sources of vitamin D include:

- A. liver, brain and heart
- B. fatty fish and eggs
- C. green leafy vegetables
- D. milk, yoghurt and cheese
- E. nuts and seeds.

You explain to Janice that in addition to its role in bone turn over, other actions of vitamin D have recently been discovered.

#### Question 4

Which of the following is correct? Vitamin D deficiency is associated with:

- A. cardiovascular disease
- B. insulin resistance and beta cell function

- C. the development of autoimmune disease
- D. colon, breast and prostate cancer
- E. all of the above.

#### Case 2 – Caring for country

While at a recent medical conference you attend a topical session describing successful interventions in indigenous health. There is a presentation on 'caring for country' activities in the Northern Territory.

#### Question 5

The burden of chronic disease in Aboriginal Australians in the NT is related to:

- A. sedentary lifestyle
- B. malnutrition
- C. unemployment
- D. poor education outcomes
- E. all of the above.

#### Question 6

Aboriginal people's relationship with ancestral lands includes responsibilities to 'care for country'. Some of these responsibilities to country include:

- A. learning and performing ceremonies
- B. 'letting the land know we are there'
- C. protecting sacred areas
- D. burning to 'clean up' the land for hunting
- E. all of the above.

#### Question 7

A study examining health outcomes in relation to 'caring for country' activities showed that increased participation in these activities was associated with:

- A. reduced diabetes risk
- B. reduced cardiovascular risk
- C. improved mental health?
- D. A and B
- E. all of the above.

#### Question 8

Possible implications for health policy, suggested by the improved health seen in 'caring for country' programs, include all EXCEPT:

- A. centralising remote homeland communities
- B. expressing mainstream health messages in a meaningful

cultural context

- C. focus on preventive health care of populations
- D. empowerment of individuals to manage their own illnesses with readily available resources
- E. collaborative engagement with Aboriginal communities.

### Case 3 – Rhyanna Todd

At your rural general practice an indigenous woman, Rhyanna Todd, 26 years of age, is being treated for depression. She is studying and also has a lot of family responsibilities. Today she has made a long appointment with you to discuss how things have been going.

#### Question 9

**Detection and treatment of mental illness in indigenous communities is often complicated by:**

- A. limited access to services
- B. cross cultural differences
- C. social complexity
- D. comorbid disorders
- E. all of the above.

#### Question 10

**You consider brief interventions that may assist you in your discussion with Rhyanna. Which brief therapies have been shown to enhance self management skills:**

- A. motivational interviewing
- B. goal setting
- C. problem solving therapy
- D. cognitive behavioural therapy
- E. A, B and C.

#### Question 11

**A key predictor of success in improved self management skills is self efficacy or the belief in one's own capacity to make change. Self efficacy can be enhanced by all EXCEPT:**

- A. a focus on mental health issues, rather than acute care of comorbid disorders
- B. working in partnership with indigenous practitioners, patients and their families
- C. setting goals that are immediate, circumscribed and relevant to that person
- D. discussion of the personal meaning of motivating factors
- E. reviewing self identified strengths and stressors.

#### Question 12

**A recent study of mental health interventions in remote indigenous communities used a pictorial model with several key cultural adaptations that you could utilise in your discussion with Rhyanna. These adaptations are:**

- A. a focus on family, including a 'family map'
- B. a whole of life approach to identifying strengths and stressors
- C. exploration of 'spiritual and cultural', 'physical', 'social and family' and 'mental and emotional' domains
- D. a focus on substance misuse
- E. A, B and C.

### Case 4 – Cultural education

You have been asked to act as a tutor/facilitator for a small group learning session with new general practice registrars in your outer urban region. You begin with a discussion of the terminology used in cross cultural education and practice.

#### Question 13

**Which of the following is INCORRECT regarding the term 'cultural awareness':**

- A. it involves understanding differences in customs and practices between groups
- B. it is the experience of the recipient of care
- C. it may promote stereotypes of a group
- D. it may not acknowledge the diversity of behaviours and values within a cultural group
- E. it may not acknowledge the dynamic nature of culture.

Next you ask the registrars to discuss what is meant by the term 'cultural sensitivity'.

#### Question 14

**Which of the following is correct regarding cultural sensitivity:**

- A. it involves the acceptance of the legitimacy of differences in experiences and realities between groups
- B. it involves an understanding of how the attitudes and experiences of the health care provider can impact on their provision of care
- C. the concept was first developed in nursing practice in New Zealand
- D. A and B
- E. all of the above.

#### Question 15

**Another frequently used term is 'cultural safety'. Regarding cultural safety, which of the following is INCORRECT:**

- A. it is considered comparable to clinical safety
- B. it is the experience of the recipient of care
- C. it focuses on the integration of culture into the delivery of health services
- D. cultural safety training may be one mechanism to reduce disparities in indigenous health status
- E. it empowers individuals to be involved with changes to health services.

You reassure the registrars that you are coming to the end of the many terms used in cross cultural literature. The final concept you discuss is that of 'cultural competence'.

#### Question 16

**Which of the following is correct regarding cultural competence:**

- A. it is concerned with, and practised mainly in the context of indigenous health
- B. it is a broader term focusing on the integration of culture into the delivery of health services to improve outcomes
- C. it is a measure at all levels of the health care system
- D. A and B
- E. B and C.

## ANSWERS TO NOVEMBER CLINICAL CHALLENGE

## Case 1 – Sangeetha Naidu

## 1. Answer E

Tiredness problems are associated with 4.6% of total pathology investigations by GPs in Australia. However, these tests have a relatively low detection rate for serious disease. GPs investigate about half of all tired patients, most commonly on their first consultation.

## 2. Answer B

In Australian and international studies, female patients are more likely to present to their GP with tiredness than male patients. Tiredness is reported in 21% of patient encounters in Australian general practice and most patients (55% in the Quality Use of Pathology Program [QUPP] study) see their doctor only once. Current guidelines for investigating tiredness are consensus rather than evidence based. More research is needed to establish best practice.

## 3. Answer A

Ferritin tests were abnormal 9% of the time in the QUPP study. ESR tests were abnormal 32% of the time.

## 4. Answer D

In the QUPP study, 2% of blood glucose tests resulted in a diagnosis of diabetes mellitus. Overall, 16% of tests/test groups were abnormal which led to 4% of patients having a significant diagnosis. (1% of FBC, creatinine and LFT tests led to diagnoses of anaemia, renal failure and hepatitis respectively, while 0.7% of TSH testing led to a diagnosis of hypothyroidism.) This is similar to finding in international studies.

## Case 2 – Trevor Hackett

## 5. Answer D

In the BATHE acronym, H is 'handling' – How are you handling that? This explores the patient's resources and responses more broadly than only asking them about help seeking.

## 6. Answer E

All statements are correct. Psychogenic causes are the most common causes of tiredness presenting to general practice but this may not be recognised by the patient. A careful history can often tease out the patient's primary concerns (which may not be related to their presenting complaint). In difficult cases it can be useful to ask about 'anything unusual'. This may elicit bizarre or embarrassing symptoms, self harming behaviours or disclosures of assault that the patient is shy about or reluctant to mention.

## 7. Answer E

The final step of Murtagh's safe diagnostic strategy is, 'Is the patient trying to tell me something else?' It is important to consider the possibility of a 'hidden agenda' in troublesome/unusual cases.

## 8. Answer C

It has been estimated that 1 in 50 patients presenting to general practice with rectal bleeding have bowel cancer. This figure rises to about 1 in 10 if there is also a change in bowel habit, or there are no symptoms of haemorrhoids or anal fissure.

## Case 3 – Noleen Viney

## 9. Answer D

Noleen's up-coming court case is a yellow flag. This psychosocial factor is a potential predictor of worse outcome or more significant disability.

## 10. Answer C

The pathophysiology of fibromyalgia is not definitely known, but is thought to relate to peripheral and central nervous system hyperexcitability and defects in the serotonergic and adrenergic systems.

## 11. Answer B

The presence of a second clinical disorder does not exclude the diagnosis of fibromyalgia.

## 12. Answer E

There is evidence that amitriptyline, fluoxetine and duloxetine can improve pain and functioning in fibromyalgia. Nonpharmacological treatments involving tailored exercise programs, or cognitive behavioural therapy have also been shown to be effective in symptom control.

## Case 4 – Bilal Ali

## 13. Answer A

Osteoarthritis (OA) is more common in women than men.

## 14. Answer C

Marked inflammatory signs in an affected joint suggest a diagnosis other than osteoarthritis (eg. acute injury or infection, crystal arthropathy, inflammatory arthritis).

## 15. Answer E

Peri-articular tenderness can be a clinical feature of OA, whereas a sudden onset of acute pain or a rise in inflammatory makers are unusual in OA and would prompt investigation of alternative diagnoses (eg. trauma, infection, crystal arthropathy, inflammatory arthritis). (Osteoarthritis can cause a mild increase in inflammatory markers).

## 16. Answer D

A recent Cochrane review has found that glucosamine may not be as effective as initially thought. However, it has a good safety profile. It is contraindicated in those with shellfish allergy, and should be used with caution in patients with diabetes.