



AFP in Practice questions are designed to get you started in a small group learning (SGL) activity in your practice or with colleagues. Requirements to earn 40 Category 1 CPD points for a SGL activity are: minimum of four and a maximum of 10 people, minimum of 8 hours of discussion in a year, and at least two GPs. Groups may include anyone else who has an interest (ie. practice nurses, community health workers, allied health professionals). A kit with all the instructions and forms you need is available at www.racgp.org.au/afpinpractice. You can also earn Category 2 points based on these questions at AFP practice challenge. Visit www.racgp.org.au/practicechallenge

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Learning objectives

After completion of this activity participants will be able to:

- devise and apply strategies to facilitate communication in consultations dealing with potentially embarrassing issues
- integrate information from investigations to diagnose the likely aetiology of urinary incontinence
- identify the appropriate funding scheme for continence aids for your patients
- prepare a talk to a community group on a relevant continence issue
- organise information for patients on relevant continence issues.

Category 1 – SGL questions

Domain 1 – Communication skills and the patient-doctor relationship

ICPC codes: U04–46

Incontinence issues are very common in the community and many patients do not seek help. There may be a range of reasons for this, including communication and consultation factors.

* Suggested learning activity: devise a list of potential barriers encountered by patients in seeking help for incontinence issues. Consider the range of patients in the population: young, old, male, female, and postnatal. Then share your list with a fellow group member and brainstorm ways of minimising the barriers, particularly focusing on communication and patient-doctor relationship issues. Then as a larger group, share these suggestions.

Domain 2 – Applied professional knowledge and skills

ICPC codes: U04–35; U04–38

Assessing continence issues is part clinical, part investigation. Investigations are likely to include: a bladder diary, urinalysis, and residual urine assessment (often with ultrasound). Interpreting these results accurately will assist in appropriate patient management.

* Suggested learning activity: each person in the group develops a set of investigation results for a given patient with a history of unclear aetiology of continence problems on history. These may include: bladder diaries, urinalysis, ultrasound, and prostate specific antigen (PSA). Then swap these results within the group and interpret the findings to decide the most likely aetiology for the continence problems of the given patient. Then discuss as a group.

Domain 3 – Population health and the context of general practice

ICPC codes: U04–69

Tom Matthews and his wife, Beryl, live at home. They both have continence problems that have not responded to treatment and require continence aids to manage their problems. Tom is a Department of Veterans' Affairs gold card holder. Beryl is an aged pensioner with a health care card.

* Suggested learning activity: source information for Tom and Beryl on how to access continence aids and funding schemes.

Domain 4 – Professional and ethical role

ICPC codes: U04, A98

Continence issues can be a topic about which there is limited discussion in the community. In your role as a general practitioner you may be asked provide accurate information to the community.

* Suggested learning activity: in pairs, outline a talk for a specific community group relating to continence issues potentially specific to that group. Examples of groups could be: new mother's group, primary school parents (considering nocturnal enuresis), Probus club talk (Probus clubs are for retired and semi-retired people) or another group you identify. Then share your outline with other members of the group and discuss the content.

Domain 5 – Organisational and legal dimensions

ICPC codes: U04, A98

You are aware that continence issues are common in the community. They are also not easy to deal with in the time limited consultation. You decide that there could be some streamlining of the practice's resources, both those available in the practice and for patient use.

* Suggested learning activity: each member of the group selects a different target group of patients and identifies and collects a package of resources/information specific to that group. Groups could be the waiting room population (to encourage patients to raise the issue with a GP), women identifying continence as an issue (eg. during a Pap test), men with continence problems related to prostate issues, parents seeking information on toilet training or nocturnal enuresis, or another group that you identify. Then share the resources identified with the other members of the group and have information identified for many potential situations.

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