clinical challenge

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.gplearning.com.au. Check clinical challenge online for this month's completion date.

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Single completion items

CPD

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

Anh Dung Nguyen

Anh Dung Nguyen, 45 years of age, is a Vietnamese refugee who came to Australia 4 years ago. He is currently unemployed. He lives with his wife and two teenage children. You have seen Anh Dung several times over the past 3 months and believe he may be suffering from depression.

Question 1

Which of the following is true in regards to diagnosing Anh Dung's depression:

A. depression is often overdiagnosed among ethnic minority groups
B. his ethnicity does not affect outcome of care
C. his refugee status is likely to have had a role in the development of his depression
D. your own culture and background plays no role in clinical care
E. the fact that Anh Dung is unemployed is not a risk factor for mental illness.

Question 2

Which of the following is correct in regards to CALD communities:

A. it is simple to identify the prevalence of mental illness in CALD communities
B. approximately 25% of the community identifies as having a CALD background
C. the Vietnamese community in Australia are a very homogonous group
D. refugees are particularly vulnerable to mental health disorders
E. Anh Dung's CALD background will have no influence on his health and wellbeing.

Question 3

Given that Anh Dung is Vietnamese which of the following is CORRECT:

A. there is under detection of depression among Asian patients presenting to GPs
B. if diagnosed with depression, he is less likely to be referred to a specialist given his Asian background
C. lack of access to Vietnamese speaking allied health professionals may result in poor compliance on Anh Dung's part
D. lack of Vietnamese patient education materials may result in reduced compliance for Anh Dung
E. all of the above are correct.

Question 4

You consider how to best work with Anh Dung. Which of the following statements about working across culture is true:

A. Vietnamese patients such as Anh Dung are always inhibited about discussing their 'emotional baggage'
B. in order to develop a model of negotiated understanding with Anh Dung you, as his GP, need to reflect on your own culture and the role it plays in clinical care
C. GPs never adapt their communication with a patient based on their perception of the patient's culture
D. there is no such thing as a health professional 'culture' which affects patient-doctor encounters
E. the role of ensuring equity of access to mental health care services is solely the domain of specialists.

Case 2

Khin Mya

Khin Mya arrived in Australia 4 months ago. She is a refugee from Burma and is married with four children. She speaks little English.

Question 5

Khin requires an interpreter during her consultations. Which of the following is correct:

A. there is still a general reluctance among GPs to use interpreters
B. it is Khin's responsibility to organise an interpreter
C. it is your responsibility to book an interpreter if you are referring Khin
D. using an interpreter in your consultation with Khin is a breach of confidentiality
E. using an interpreter will inevitably result in a more prolonged consultation.

Question 6

Which of the following is true in regards to Translating and Interpreting Service (TIS):

A. there is a small annual fee to register
B. you must provide Khin's name and date of birth in order to book an interpreter
C. the service undertakes to provide a telephone interpreter within 30 minutes
D. TIS will translate key documents such as immunisations records into English free of charge
E. you cannot use the service if you have not previously registered.

Question 7

You realise that as a practice, you use interpreters infrequently. Factors that may increase uptake of interpreters include all of the following EXCEPT:

A. ensuring all doctors have TIS code numbers accessible to receptionists
B. encouraging patients to bring their own interpreter

C. having signs in the waiting room indicating that interpreters can be accessed
D. installing speaker telephones in each room
E. routinely collect language spoken and English competence data for all patients.

Question 8

When working with an interpreter during Khin's appointments which of the following is TRUE:

A. it is important not to look at Khin as this might confuse her
B. you should ask the interpreter to speak quickly to avoid wasting time
C. there may be situations when a face-to-face interpreter is preferable
D. it is best to refer to Khin in the third person
E. it is best to let the interpreter take control of the consultation.

Case 3

Wen Liu

Wen Liu, 75 years of age, is a Chinese man who has metastatic prostate cancer. He lives with his daughter Polly and the palliative care nurses visit him daily.

Question 9

You consider how best to provide culturally sensitive palliative care to Wen. Choose the correct statement:

A. medicine has its own language and values that may need to be explained to lay people
B. in order to be culturally sensitive, you as the doctor must ignore your own personal beliefs
C. cultural sensitivity is best learnt through formal communications skills teaching programs
D. being Chinese, Wen is bound to share the same beliefs about dying as other Chinese patients at the practice
E. as Wen is a member of an ethnic minority group he is highly likely to have access to culturally appropriate palliative care services.

Question 10

You discuss decision making around end of life care with the other members of Wen's palliative care team. Which of the following statements is correct:

A. discussing death is actively discouraged in some cultures
B. some cultural groups value family involvement more than individual autonomy
C. each individual's experience of death is unique
D. in some cultures, it is important to experience pain during the palliative period
E. all of the above.

Question 11

Common themes in palliative care identified as being independent of people's cultural backgrounds include all of the following EXCEPT:

A. good communication between patient and doctors
B. making plans and saying goodbye
C. honouring spiritual beliefs
D. dying at home
E. fixing relationships.

Question 12

You make several home visits to Wen during his final 6 weeks of life. Which of the following statements is true:

A. it is not important to explore Wen's beliefs about the cause of his illness
B. it may be appropriate to ask about Wen's preferred end of life rituals
C. if Polly does not want to discuss Wen's death this means she is in denial
D. it will be hard to organise a Cantonese interpreter
E. it is appropriate to use Polly to translate.

Case 4

Claudine Bofala

Claudine Bofala, 28 years of age, is a widow from the Democratic Republic of the Congo. She is a single mother to five children. She is new to your practice and presents complaining of constant headache and difficulty sleeping.

Question 13

You consider the possible role of Claudia's refugee experience in her presentation. Choose the correct statement:

A. approximately 50% of refugees in Australia have experienced physical or mental trauma
B. the majority of refugees are over 35 years of age
C. somatic symptoms may be a more common presentation in some cultures than specific mood symptoms
D. in 2008–2009, the majority of people granted offshore humanitarian visas came from Iraq, Vietnam and Afghanistan
E. refugees have often accessed several other health services before seeing a GP.

Question 14

Regarding Claudine's immediate future:

A. any mental or physical health problems are likely to resolve quickly now she is safely resettled in Australia
B. she is likely to be living in poor quality housing
C. she is unlikely to experience racism
D. the Congolese community is likely to have the capacity to financially support her
E. she is unlikely to have ongoing anxiety about family loss and separation.

Question 15

You start to take a history from Claudine and ask her if there is anything bothering her. She looks at the ground and says has 'many bad thoughts at night'. With regards to questioning her about possible torture and trauma:

A. it is helpful to convey to Claudine your ability to hear painful material
B. if Claudine has undergone any trauma, it is unlikely her children were affected as they are very young
C. it can be helpful in the long run to press Claudine to say more than she wants to
D. any inconsistency in her retellings indicates that she is not telling the truth
E. basic questions about sleep, energy levels and daily tasks, appetite and concentration are irrelevant.

Question 16

Over the next few months Claudine confides in you that she witnessed her husband and her eldest son being shot. She has daily headaches and says she can't sleep. Which of the following should be considered as a possible cause of Claudine's insomnia:

A. post-traumatic stress disorder
B. chronic grief
C. depression
D. substance abuse
E. all of the above.

Answers to March clinical challenge

Case 1 – George Hatzis

1. Answer B

A FEV1 of less than 50% is a reasonable threshold for concerns about potential flights for patients with obstructive lung disease. (As is a vital capacity of less than 70% for restrictive lung disease.)

2. Answer C

Patients with good exercise capacity are usually safe to fly. Patients with saturations below 88% should not fly, those on oxygen with correctable hypoxemia should increase their flow rates by 1–2 L and those with reduced exercise tolerance and oxygen saturations 92–95% should be referred for hypoxia challenge testing.

3. Answer D

Travel is considered safe 14 days after a traumatic pneumothorax if the lung is fully inflated. The risk is maximal on short haul flights as pressure changes occur more rapidly. Travel should be delayed 6 weeks after conservatively managed spontaneous pneumothorax. A pneumothorax treated with pleurodesis is unlikely to recur.

4. Answer A

The threshold for recommending oxygen should be lower in COPD patients with comorbid significant cardiac disease. Knee length graduated compression stockings and low molecular weight heparin are indicated for some patients with increase risk of venous thromboembolism, but aspirin is not effective.

Case 2 – Olivia Chen

5. Answer B

Spirometry is not an appropriate first line investigation for acute breathlessness but is indicated in the other settings listed.

6. Answer A

Three manoeuvres to within 0.2 L for FEV_1 and FVC should be obtained and the largest value for each parameter taken as the result. A ratio of FEV_1 to FVC of less than 0.7 is evidence of significant airflow limitation whereas in restrictive lung disease this ratio is normal or high.

7. Answer D

Approximately 1 in 2500 people exposed to the level of radiation from a chest CT could be expected to develop a fatal cancer. Plain X-ray detects most symptomatic lung tumours. CT is not useful if X-ray is normal and high resolution CT samples only 10% of the lung therefore potentially missing small lesions.

8. Answer E

Chronic cough with normal spirometry does not necessarily require fibreoptic bronchoscopy whereas the other conditions listed are accepted indications for bronchoscopy.

Case 3 – Patrick O'Grady

9. Answer B

Women are at increased risk, not men. All the other factors are known risk factors for COPD in nonsmokers.

10. Answer A

Pulmonary rehabilitation reduces symptoms and hospitalisations and improves function. Long term oxygen therapy in appropriately selected patients prolongs life, outreach case management for severe disease prevents hospitalisation and frequent exacerbations are correlated to more rapid lung function decline. Pneumococcal vaccine prevents pneumococcal pneumonia but it is unclear if it presents pneumococcal exacerbations.

11. Answer E

Long acting beta-2 agonists are indicated when frequent deterioration in symptoms occurs with symptomatic bronchodilator use. Moderate disease is defined by FEV_1 of 40–59% of predicted and involves dyspnoea on the flat. Tiotropium is useful in moderate and severe disease but only once daily.

12. Answer C

Oral corticosteroids for 7–14 days are indicated if Patrick is significantly mores breathless and has no contraindications – they do not need tapering. Antibiotics should be instituted if there is increased sputum purulence and/or volume and short acting beta-2 agonists must be used at sufficient doses to relieve breathlessness.

Case 4 – Lyndal Booth

13. Answer C

A reduction in lung volumes is typical of interstitial lung disease (ILD) as is a restrictive defect and reduced DLCO; 90% of patients with ILD have an abnormal chest X-ray. Although a mixed obstructive and restrictive picture is possible it is not typical of ILD.

14. Answer B

Bibasal inspiratory crackles are a minor criteria for the diagnosis of idiopathic pulmonary fibrosis in the absence of surgical biopsy. The others are major criteria.

15. Answer B

Hypersensitivity pneumonitis generally has a favourable prognosis if the allergen is avoided. The incidence of pneumoconioses is decreasing and drug induced ILD is rare but important. ILD secondary to rheumatoid arthritis has a poor prognosis and median survival for idiopathic pulmonary fibrosis is only 3–5 years.

16. Answer A

Treatment for sarcoidosis is indicated if there is progressive disease on radiology and lung function, there are significant symptoms or extrapulmonary disease. The other factors listed do not affect the decision to treat.

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