



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](http://www.racgp.org.au/afpinpractice).

Carolyn O'Shea

## Learning objectives



After completion of this activity participants will be able to:

- describe methods that assist in conveying information to concerned patients
- discuss urgency issues around some critical presentations to general practice
- identify local services for transient ischaemic attack management and opportunities for prevention of poisoning
- analyse the professional and ethical issues involved in implementing a management plan before the diagnosis is made
- examine practice triage policies in specific areas and improve as required.

## Category 1 – SGL questions

### Domain 1

#### Communication skills and the patient-doctor relationship

##### ICPC codes: W78, A78, P76

Pregnancy is a time when many women are very cautious about their lifestyle and medications. The article by Rio in this issue of *Australian Family Physician* considers pregnancy, and makes the point that it is not as simple as avoiding 'everything'. For example, there is an increased maternal morbidity seen with H1N1 influenza A (2009), or patients may want to stop taking medications that are medically indicated.

- Suggested learning activity: role play in pairs a discussion with a woman who is 14 weeks pregnant. In the first scenario discuss the opportunity for vaccination against influenza. Then swap roles and in the next scenario the patient wants to stop taking her sertraline, which she has been on for 3 years this time. After the role plays, discuss as a group what information was provided, what worked in the communication of the consultation? What could have been improved?

### Domain 2

#### Applied professional knowledge and skills

##### ICPC codes: N99, T99

There are presentations to general practice that need a prompt recognition of the potential

diagnosis, and at times management, without confirmation of the diagnosis. Addison disease, discussed in the article by O'Connell and Siafarikas, and TIAs, covered in the article by Leung, Hamilton-Bruce and Koblar are examples.

- Suggested learning activities:

Discuss in the group if anyone has seen a case of acute or subacute Addison disease. What cues were there to the diagnosis? Was it easy to recognise? What other diagnoses were considered? Within the group, are there any presentations that people now think they should have considered as Addison disease? Why?

The article on TIAs suggests that the ABCD<sup>2</sup> score can be used to predict the risk of stroke. Consider the last patients seen with a TIA by each doctor. What was their score? Did they have a stroke in the next 48 hours? Discuss as a group if you find this a useful concept.

There is some divergence of opinion on the optimal place for TIA management. Discuss within the group what your preferences are for the location of TIA management and why.

### Domain 3

#### Population health and the context of general practice

##### ICPC codes: T99, A84, A86

General practice involves elements such as prevention and also working within the local resources.

- Suggested learning activities:

Braitberg and Oakley's article reminds us how easy it is for a child to be harmed by ingesting items found in the home. Try to locate an appropriate handout on avoiding poisoning around the home for parents or for the waiting room. If not, as a group write one that can be used.

The article on TIAs mentions some differing models for TIA management. Find out what the local protocols are in your area.

### Domain 4

#### Professional and ethical role

##### ICPC code: T99

General practitioners often practise when there is incomplete information or resources available, which contributes to the need to be able to manage the uncertainty that this may contribute to.

- Suggested learning activity: consider the proposition 'all presentations of children, not known to have diabetes, with low random blood sugar levels and altered conscious state should be treated with hydrocortisone'. What are some of the professional and ethical issues such an approach would raise?

### Domain 5

#### Organisational and legal dimensions

##### ICPC codes: A84, A86, W03

Organisation and planning is required to achieving many things in general practice.

- Suggested learning activities:

Discuss the logistics of getting a patient RhD immunoglobulin in general practice. If you are not sure, investigate how it can be obtained and work out where to record that for future use

Consider the triage policy of your practice, would it identify patients with potential stroke or TIA? What would happen? Is that appropriate? If not, what changes are needed?

Consider the triage policy of your practice, what advice would be given to a parent whose child may have ingested a poison? Is it appropriate? If not, what changes should be made? Is the Poisons Information Centre information easily accessible in the practice?