



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.gplearning.com.au

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Learning objectives



After completion of this activity participants will be able to:

- integrate knowledge of minor head injury management into a consultation
- suggest triggers to suggest a serious but uncommon childhood presentation
- describe recommended prophylaxis for contacts of a child with meningococcal disease
- identify, and find solutions to, gaps in your practice's drugs and equipment to manage a childhood emergency
- examine the triage protocols for children in your practice for areas to improve.

Domain 4

Professional and ethical role

ICPC codes: A78, R83, A99

Part of the professional role of the GP is to maintain professional standards, including having organised systems. In this issue of *AFP* there are recommendations about the drugs and equipment required for managing croup, meningococcal presentations, and the unwell child.

- Suggested learning activity: consider (and ideally look around) your practice for the following that may be needed in a childhood emergency presentation:
 - Do you have accessible charts for paediatric normal values, equipment and doses? If not, where should they go? What is needed?
 - Could you provide nebulised adrenaline for a child with croup? What equipment and drugs are needed? Are they available and in date?
 - There is suggestion that cases of suspected meningococcal disease should have an initial dose of ceftriaxone. Is this accessible? If not, what is available? Are there readily accessible guidelines to assist in appropriate dosing?

Domain 5

Organisational and legal dimensions

ICPC code: A99

The article on assessment of the unwell child by Yock Corrales and Starr in this issue of *AFP* mentions the need for a whole-of-practice identification of the unwell child, starting with reception.

- Suggested learning activity: review the practice triage and other protocols that may be relevant to an unwell child. Do they exist? If not, can you find a template to begin to develop one? What are its strengths? What could be improved?

Category 1 – SGL questions

Domain 1

Communication skills and the patient-doctor relationship

ICPC code: N80

A critical part of most management plans is the communication to the person involve in carrying out and/or monitoring the progress. The article about minor head injuries in children by Luckoff and Starr in this issue of *Australian Family Physician*, makes the point that parents and care givers need to be given information about the head injury. It also discusses follow up and recovery.

- Suggested learning activity: role play in pairs a discussion with the parent of a child who has been assessed as having had a minor head injury but is able to be observed at home. Explain what to look for and what is the expected course. Then discuss in the larger group what worked (from both the doctor and patient perspectives) and what content was included.

Domain 2

Applied professional knowledge and skills

ICPC codes: N80, T89

Identification of the problem is the first step in an appropriate response. Some examples in paediatrics include considering diabetic ketoacidosis (DKA) as an initial presentation of type 1 diabetes, or considering that a head injury

may be due to a nonaccidental injury.

- Suggested learning activity: discuss as a group what triggers you use to prompt you to consider these conditions. A starting point would be to each write a list of what features would prompt you to consider those serious but infrequent presentations (particularly compared to the number of sick children and minor head injuries a general practitioner will see). Then compare lists. Are there common features? Are there specific cues that everyone uses? Are there cues that prompt only one person? Discuss how this may affect identification of these problems.

Domain 3

Population health and the context of general practice

ICPC code: A78

The article by Rajapaksa and Starr on meningococcal sepsis in this issue of *AFP* prompts you to consider meningococcal immunisation and prophylaxis for contacts.

- Suggested learning activity: consider a child at the local school who has been diagnosed with meningococcal meningitis. You realise that you may get questions from the school community about prophylaxis for contacts and decide that you need to check your knowledge is up-to-date. Discuss when prophylaxis is required. Does prior immunisation change anything? Where can you get information? If needed, as a group look up the current recommendations.