



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).

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## Learning objectives



After completion of this activity participants will be able to:

- identify areas of communication in discussing challenging content that could be improved
- devise a method to incorporate the use of clinical decision tools into clinical practice
- analyse the feasibility of a suggested approach to your individual clinical practice
- integrate knowledge from either decision aids or the individual patient into decision making when there is uncertainty
- discuss critically the systems in your practice for warfarin management.

With that knowledge, discuss among the group if this influences the use of the algorithm in your practice. Discuss how you might incorporate this into your practice.

## Domain 4 Professional and ethical role

### ICPC codes: K78, K94

One of the more difficult elements of being a professional is making judgments and decisions when the information available is less than you would ideally like.

- Suggested learning activities:

The article by Tadros and Shakib on warfarin considers individualised risk-benefit analysis. Each think of a case where you have considered the risk-benefit analysis to be unclear, or where another prescriber has started warfarin and you were unclear that the potential benefits outweighed the potential risks. Each then present the case and discuss the issues and decision making process as a group.

- The article by McRae discusses the Wells score for PE which can be used to calculate PE likely (47%) or PE unlikely (12%). Discuss as a group how you feel about these percentages and how you would manage them clinically.

## Domain 5 Organisational and legal dimensions

### ICPC codes: A99–50

Warfarin is a medication that can be associated with significant complications for a range of reasons – some predictable, many not predictable. This is one of the reasons systems to identify those on warfarin (and that they understand the medication and its key features) is important.

- Suggested learning activity: discuss how in your practice you can identify patients on warfarin. Then discuss how you can identify who is managing the dosing, those at increased risk of noncompliance, and those who have received appropriate education about warfarin. What improvements may be possible in your practice systems?

## Category 1 – SGL questions

### Domain 1

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

##### ICPC codes: K78, B99

Communication can be made challenging by the content. Difficult topics traditionally include those about bad news; however topics considering abstract ideas or significant education on previously unknown topics can also fit into that category.

- Suggested learning activities:

Consider what you would say to a patient who is a retired English teacher with atrial fibrillation. The patient has a CHADS2 score of 4 and requests pharmacogenetic testing to work out if he should take warfarin. Role play the consultation in pairs. Discuss what message the patient had at the end of the consult. How did the doctors feel the consultation went?

An 18 year old woman comes in for results of her blood tests that were ordered by another doctor. The results show she is a carrier of Factor V Leiden. Her father is also a carrier (found on screening after a thrombosis). Role play the consultation. Discuss as a group what you told her (and what she understood). How could the communication be improved?

### Domain 2

#### Applied professional knowledge and skills

##### ICPC codes: K93, K94

The article in this issue of *Australian Family Physician* by Ho on deep vein thrombosis (DVT) and the article by McRae on pulmonary embolism (PE) both refer to the Wells score that can be used to calculate risk of DVT and PE.

- Suggested learning activity: locate both Wells scores and discuss how you can make them available to use in your practice. Then consider the last two patients when you considered DVT or PE as the diagnosis (or search the medical records to identify patients with the diagnosis). How does the scoring system perform for these patients? Do you have enough information recorded to allow you to calculate their risk scores? Discuss how you could incorporate Wells scores into your practice.

### Domain 3

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

##### ICPC code: K94

The article by Ho on DVT provides a diagnostic algorithm that involves compression ultrasound and D-dimer blood testing.

- Suggested learning activity: consider the availability, cost and time to get a result for these tests in your practice. If you are not sure, find out from your usual radiology and pathology providers.