

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.

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# Learning objectives









After completion of this activity participants will be able to:

- conduct a consultation aiming to change the health beliefs of a patient
- identify the required monitoring and impact on preventive activities of disease modifying anti-rheumatic medications (DMARDs)
- suggest ways to minimise the functional impact of arthritis on a patient
- describe your approach to complementary medicines
- examine and identify improvements in practice systems to identify patients taking DMARDs

# Category 1 – SGL questions

## Domain 1

# Communication skills and the patient-doctor relationship

### ICPC codes: L88, L90

Consultations sometimes involve providing information to patients to encourage them to do something that may not have been on their agenda. Both rheumatoid arthritis, discussed in Ngian's article in this issue of Australian Family Physician, and osteoarthritis, discussed in McKenzie and Torkington's article, can provide such issues.

 Suggested learning activity: role play the following scenarios and then as a group consider what worked and did not work from both the patient and the doctor's perspectives.

You diagnosed Johan, a 28 year old man in your remote area, with rheumatoid arthritis about 6 weeks ago. You spoke to the local rheumatologist (who was about to go on long service leave for 3 months) and he suggested starting him on methotrexate and that he would see him on his return. Now you need to discuss this idea with the patient

Imagine you are Melissa John's GP (viewpoint article author) and are seeing her when her baby is 3 months old. She has not restarted her medication and there is a letter in the file from the rheumatologist asking you to help convince her to restart medications. She has attended today for a Pap test. You decide to raise the medication issue

Joyce is a 69 year old overweight woman diagnosed with knee osteoarthritis 6 months

ago. Her pain is well controlled. You have just diagnosed hypertension and suggest she needs to increase her exercise. She replies, 'But I can't, it will damage my knees'. You discover she has given up all exercise and limits her activity to 'protect' her knees. You decide you need to change this belief in order to get her to increase her exercise.

### **Domain 2**

# Applied professional knowledge and skills

#### ICPC code: L88

With the increased role for DMARDs in rheumatoid arthritis you decide that you should refresh your knowledge on monitoring of treatment complications and wonder if taking DMARDs has any impact on other general practice preventive activities, such as immunisation.

· Suggested learning activity: each select a DMARD then investigate its monitoring and impact on preventive activities. Share this knowledge with the group. Then discuss and see if there are commonalities within the drug class.

### Domain 3

# Population health and the context of general practice

#### ICPC codes: L99, L88, L91

Arthritis can impose functional limitations. Assisting patients to work within and around these limitations can be part of the role of the general

practitioner and health care team.

· Suggested learning activities:

A primary school aged patient has recently been diagnosed with juvenile idiopathic arthritis as discussed in the article by Boros. You are asked to talk about the condition to the teachers at the school and what it means for school life. As a group discuss what you would say. What resources could you take with you?

There are many patients in the practice with a range of functional limitations due to arthritis. Discuss what aids and appliances you are aware of that have, or could, help them. Where can they be sourced? Investigate what is available.

#### Domain 4

### Professional and ethical role

## ICPC codes: L88, L89, L90

The article by Pirotta in this issue of AFP considers the use of complementary therapies in arthritis.

· Suggested learning activity: discuss your approach in consultations to complementary therapies. Consider some specific examples such as glucosamine in osteoarthritis and whether your approach would change if the patient had rheumatoid arthritis.

### Domain 5

# Organisational and legal dimensions

### ICPC code: L88

You consider the issue of DMARDs and wonder how many patients in your practice are taking them.

· Suggested learning activity: try to identify patients in the practice taking DMARDs so that you can then consider if their care and monitoring is appropriate. How would you go about it? Would DMARDs always be recorded in the medication list? Could they be hidden in the text of specialist letters? Try a few different ways and see what happens. Then develop a system within the practice that will allow you to accurately identify all patients taking DMARDs.