

Call for help list

When should I call for help?

GP registrars are expected to seek help from their supervisor for patient's they are not competent or confident to manage alone. In your first term of general practice your supervisor will assess whether you are ready to consult without review of every consultation. Once this occurs it will be up to you, with guidance from your supervisor, to determine when to call for help.

As each registrar has a unique training background and set of clinical experiences it isn't possible to create a standardised list of clinical situations when help should be sought by all registrars. Instead, an individualised plan is required for each registrar. This document is intended to guide a conversation between you and your supervisor about when supervision will be needed.

The 'call for help' list was developed through research with registrars, experienced supervisors and medical educators. Some of the problems on the list are present because a registrar is unlikely to have encountered them before. Other problems on the list are high-risk for all GPs and even an experienced GP might seek help from a colleague. Finally, some problems are on the list because, although a registrar may have encountered them during hospital training, management in general practice is different. For example, troponin levels are routinely used for chest pain presentations in hospital but are unlikely to be used in mainstream general practice.

Items may need to be added to the list because you have identified an area where you will need help or because your practice may have a special interest or serve a particular patient demographic not covered in the list. The list doesn't include every clinical situation when help will be needed, and you should feel free to call for any problem when you perceive you need assistance. Over time, you will work with your supervisor to know which problems need to be discussed during a consultation and which can be left to discuss at a later opportunity.

In addition to the list of specific clinical problems to trigger a call for help there is also a list of 'uncertainty flags', a list of 'new and challenging consults', and a list of 'professional and legal scenarios' These lists should be self-explanatory.

How to use this document

Read through and become familiar with the list of 'uncertainty flags.' These are broad markers of uncertainty that indicate you should seek assistance. The 'new and challenging consults' and 'professional and legal scenarios' are specific circumstances where, particularly the first time you encounter them, your supervisor is likely to want to be consulted.

The remaining items on the 'call for help' list are clinical problems. For each of the items on the list of clinical problems complete an assessment of your confidence to manage the problem. Bring your completed list for use in a discussion with your supervisor about when you are likely to need to call for help.

Keep the list handy during the term. Some registrars who have felt reluctant to call for help have found it reassuring to see the breadth of circumstances where help is expected to be obtained. Your supervisor may add other reasons to call that are relevant to this practice.

Uncertainty flags

- Considering sending patient to Emergency Department
- A patient you are unsure about sending home
- Third presentation for the same issue without a clear diagnosis or plan
- If you think you have made an error
- If you think there is going to be a complaint (disgruntled or dissatisfied patient or relative)

- When you are unsure who to refer to
- Abnormal Pathology or imaging results that you don't understand
- Prescribing medications you are unfamiliar with
- 'Heart sink' patients: i.e. patients you are finding overwhelming
- When a patient attends asking you for a 'second opinion'

New or challenging consultations

- Nursing home visits
- Home visits
- Issues of cultural safety particularly for an Aboriginal and/or Torres Strait Islander patient
- Procedures being done for the first time in the clinic (excisions, implants, joint injections)
- Making a new major diagnosis (cancer, diabetes, IHD) and starting management
- Breaking bad news to patient (cancer, HIV, adverse pregnancy outcome)
- Pre-operative assessment of fitness for anaesthetic

Professional or legal

- Certifying competency to sign a will or other legal documents
- Workers' compensation consultations
- Driving assessment
- Consultations involving determining whether someone is a 'mature minor'
- Commencing a drug of dependence (S8) other than for palliative care
- Repeat drug of dependence (S8) prescriptions

Reference: Ingham G, Plastow K, Kippen R, White N. A 'call for help' list for Australian general practice registrars. Aust J Gen Pract. 2020;49(5):280-7.

Call for help list

Practice name

Registrar name

Date of plan

Designated supervisor name

Stage of training

Clinical Problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
Emergency medicine/Acute presentations			
Acute significant systemic symptoms: collapse, rigors.			
Extreme abnormalities of vital signs			
Acute onset of shortness of breath			
Severe abdominal pain			
Chest pain			
Severe headache that is new or sudden onset or associated with vision change or meningism			
Concussion/post head trauma			
Trauma with high risk of injury e.g. high speed or rollover MVA			
Post collapse, possible seizure			
Acute eye - unilateral red, painful, vision loss, or periorbital swelling			
Sudden loss of hearing not due to wax			
Fracture			
Nerve, tendon or serious muscular injury			
Acute red swollen joint			
Possible malignancy			
New bowel symptoms in a patient over 50 years of age			
Painless haematuria			
Lymph node enlargement without simple explanation			
Unexplained weight loss			
PR bleeding			
Testicular lump			
A new or enlarging lump			
Iron deficiency			

Clinical Problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
Skin lesions you are unsure of diagnosis and whether to excise			
Breast lump			
Persistent cough			
Mental health			
Acutely suicidal patient			
Acute psychosis			
Paediatrics			
All neonates			
6-week baby check			
Australian immunisation schedule immunisations (including catch ups)			
Unwell child under 2 years of age			
Failure to thrive under 12 months of age			
Developmental delay			
Child and adolescent mental health consultations			
Child abuse or unexplained injury			
Eating disorder			
Women's health			
Antenatal consultations			
Irregular vaginal bleeding			
Post-menopausal bleeding			
Postnatal depression			
Cervical screening			
Aged and palliative care			
Dementia or delirium (acute cognitive decline)			
Deciding whether to start or stop anticoagulation in elderly			
Palliative care			
Elderly patient not coping at home			
Elderly patient with multi-morbidity recently discharged from hospital			
General medicine			
Poorly controlled diabetes			
Pyrexia of unknown origin			
New neurological symptoms or signs			
Severe exacerbation of asthma or COPD			
Rash you are unfamiliar with			
Domestic (intimate partner) violence			
Dependence/Addiction/Pain management			
Chronic pain management			
Managing alcohol/drug dependence			
Sexual health			
Patient requesting STI screen			

