



CPD



How to use *AJGP* for your CPD

Each issue of the *Australian Journal of General Practice (AJGP)* has a focus on a specific clinical or health topic. Many GPs find the entire issue of interest and of relevance to their practice; some GPs find one or more articles in the journal relevant.

You can use *AJGP* for your CPD. If you want to use the entire issue for CPD, you must work your way carefully through each article in the issue and complete the Clinical challenge. When you do this, take time to read the articles carefully and critically, and think carefully about how you might adjust your practice in response to what you have learned.

We recommend that you access *AJGP*, the articles and the Clinical challenge through gplearning (<https://gpl.racgp.org.au/d2l/home>) (Activity ID: 622495). Then, when you complete the articles and the Clinical challenge, your CPD hours are automatically credited to your CPD account. If you work through the full issue of *AJGP* and complete the Clinical challenge, you will receive 12 CPD hours (six hours' Educational Activities and six hours' Reviewing Performance).

If you do not want to do the full *AJGP* issue, and you prefer to select one or more articles to read, you can QuickLog the CPD hours directly through your myCPD dashboard. As guidance, each article in *AJGP* would provide 1–2 CPD hours, split half Educational Activities and half Reviewing Performance.

Clinical challenge

These questions are based on the Focus articles in this issue. Please choose the single best answer for each question.

CASE 1

Susan, a woman aged 86 years, with a new diagnosis of Alzheimer's disease is referred for an assessment of decision-making capacity.

QUESTION 1

Assessing a patient's capacity must be decision:

- A. worthy
- B. specific
- C. friendly
- D. directed

QUESTION 2

Executive function includes problem identification, planning, judgment and:

- A. response regulation
- B. complex attention
- C. social cognition
- D. motor function

CASE 2

Jenny, a girl aged 13 years, presents for routine review with her adoptive mother.

QUESTION 3

Australian health records legislation recognises that children aged <18 years might have capacity to make decisions about their health information including its collection, use or:

- A. documentation
- B. storage
- C. disclosure
- D. destruction

CASE 3

Ming, your new registrar, is increasingly withdrawn, avoiding practice meetings and social events organised by your workplace.

QUESTION 4

The main types of microaggressions are environmental, microassaults, microinsults and:

- A. microdemands
- B. microinvalidations
- C. microattacks
- D. microscrutiny

QUESTION 5

The key roles enacted in microaggressions include the protagonist, the target, bystanders and:

- A. antagonist
- B. aggressor
- C. allies
- D. actor

CASE 4

Asha, a final year medical student aged 23 years, admits to use of cocaine to cope with increasing pressure from her family and meeting the demands of her studies.

QUESTION 6

The most commonly abused illicit substance among medical students is:

- A. alcohol
- B. methamphetamine
- C. cannabis
- D. heroin

QUESTION 7

A health practitioner who is treating a medical student must notify the Australian Health Practitioner Regulation Agency (AHPRA) if they form a reasonable belief that consumption of an illicit substance is causing:

- A. sedation
- B. addiction
- C. impairment
- D. aggression

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CASE 5

Kylie, a woman aged 30 years, requests a referral for the management of longstanding hair loss.

QUESTION 8

The key to an effective referral process is clear communication between practitioners and:

- A. specialists
- B. Medicare
- C. administration
- D. patients

QUESTION 9

Although missing a diagnosis does not necessarily mean that a doctor's care was below standard, failing to refer for assessment or investigation might be considered:

- A. unprofessional
- B. fraudulent
- C. negligent
- D. apathetic

CASE 6

Michelle, a woman aged 52 years, has recently submitted a complaint against a general practitioner at your practice for being dismissive.

QUESTION 10

Research indicates that patient complaints often stem from lack of information or poor:

- A. communication
- B. satisfaction
- C. judgement
- D. insight

These questions are based on the Focus articles in this issue. Please write a concise and focused response to each question.

CASE 1

Susan, a woman aged 86 years, with a new diagnosis of Alzheimer's disease is referred for an assessment of decision-making capacity.

QUESTION 1

List five key principles that provide a foundation for understanding the potential pitfalls when assessing decision-making capacity.

CASE 2

Jenny, a girl aged 13 years, presents for routine review with her adoptive mother.

QUESTION 2

List the factors considered by courts when determining Gillick competence.

CASE 3

Ming, your new registrar, is increasingly withdrawn, avoiding practice meetings and social events organised by your workplace.

QUESTION 3

Define what is meant by the term 'environmental microaggression'.

QUESTION 4

Define what is meant by the term 'microinvalidation'.

QUESTION 5

Define what is meant by the term 'microinsult'.

QUESTION 6

Define what is meant by the term 'microassault'.

CASE 4

Asha, a final year medical student aged 23 years, admits to use of cocaine to cope with increasing pressure from her family and meeting the demands of her studies.

QUESTION 7

List five associations of cannabis use among medical students.

CASE 5

Kylie, a woman aged 30 years, requests a referral for the management of longstanding hair loss.

QUESTION 8

Define the code of conduct that outlines a doctor's professional responsibility regarding when to refer patients.

CASE 6

Michelle, a woman aged 52 years, has recently submitted a complaint against a general practitioner at your practice for being dismissive.

QUESTION 9

List three potential advantages of directly addressing patient complaints.

QUESTION 10

List three patient barriers to direct complaints against doctors.

November 2023 Multiple choice question answers

ANSWER 1: C

The pes anserinus is formed by the tendinous insertions of the muscles, gracilis, semitendinosus and sartorius.

ANSWER 2: B

The extensor mechanism of the knee comprises the quadriceps muscle (rectus femoris and vastus lateralis, intermedius and medialis), the quadriceps tendon, the patella, the patellar tendon and the tibial tubercle.

ANSWER 3: D

The first-line investigation for significant acute sport-related knee injuries is X-ray.

ANSWER 4: A

Ultrasound for rotator cuff pathology has equivalent sensitivity to MRI.

ANSWER 5: B

Pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors is classified as nociceptive.

ANSWER 6: C

Pain that arises from altered nociception, despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain, is known as nociplastic.

ANSWER 7: A

Pain caused by a lesion or disease of the somatosensory nervous system is known as neuropathic.

ANSWER 8: B

Pain occurs when nociceptors are stimulated at a specific site and the brain interprets the pain as coming from a different area due to convergence of neural pathways. This is classified as 'nociceptive referred'.

ANSWER 9: C

Personal Activity Intelligence (PAI; www.ntnu.edu/cerg/personal-activity-intelligence) is a heart rate-based technology that converts an individual's heart rate responses to physical activity.

ANSWER 10: D

Heart-rate responses to exercise might be influenced by comorbidities such as cardiac autonomic neuropathy or medications such as beta-blockers.

November 2023 Short answer question answers

ANSWER 1

The term medial tibial stress syndrome (MTSS) is defined as exercise-induced pain along the middle to distal posteromedial aspect of the tibia.

ANSWER 2

Two common causes of medial tibial stress syndrome (MTSS) are likely to be tibial stress reactions or stress fractures and chronic exertional compartment syndrome (CECS) involving the deep posterior compartment of the lower leg.

ANSWER 3

Eight risk factors for medial tibial stress syndrome (MTSS) are:

- female gender
- a previous history of MTSS
- fewer years of running experience
- the use of orthotics
- increased body mass index
- pronated foot posture
- increased ankle plantar flexion
- increased hip external rotation.

ANSWER 4

The deep posterior compartment has strong and relatively inelastic fascial boundaries and contains the flexor hallucis longus, flexor digitorum longus, tibialis posterior and popliteus muscles.

ANSWER 5

The anterior compartment of the lower leg contains the tibialis anterior, extensor hallucis longus, extensor digitorum longus and fibularis tertius muscles.

ANSWER 6

The major physical examination finding that characterises Grade III medial collateral ligament injury is: >10-mm medial joint gapping with valgus stress at 30° knee flexion without a firm end point.

ANSWER 7

Four physical examination findings of rotator cuff arthropathy and major rotator disease are:

- active versus passive range of motion discrepancy
- weakness with Jobe's or drop arm test
- weakness with external rotation resistance test
- weakness with internal rotation belly press test.

ANSWER 8

The quadrant test involves slight extension, rotation and lateral flexion to the painful side. If this reproduces neck pain, then the cervical spine is the likely source of nociception. If it causes

shooting pain into the arm, then radicular pain (a form of neuropathic pain from an irritated nerve root) is more likely.

ANSWER 9

The examination features of cervicogenic headache are:

- C1/2 – reduced flexion–rotation test
- C2/3 and C3/4 – simultaneous-reduced cervical extension, segmental restriction plus pain and reduced craniocervical flexion test values.

ANSWER 10

The major advantage of Personal Activity Intelligence (PAI) is that it provides user-friendly quantifiable feedback on an individual's daily physical activity, which might serve as a motivator to reduce their long-term health risk.