

# Clinical challenge

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

## CASE 1

Andrew, a man aged 24 years, presents for review of chronic severe pain with defaecation.

### QUESTION 1

Lateral internal sphincterotomy (LIS) consists of a partial incision to the internal anal sphincter to relieve:

- A. constipation
- B. hypertonia
- C. flatulence
- D. ulceration

### QUESTION 2

Fissurectomy consists of resecting the fibrous edges of the fissure, the sentinel skin tag and the hypertrophied anal:

- A. verge
- B. dentate line
- C. papilla
- D. sphincter

## CASE 2

Karen, a woman aged 33 years, presents with chronic pelvic pain and dyspareunia on a background of endometriosis.

### QUESTION 3

Findings on physical examination that might indicate endometriosis include tender pelvic nodularity, visible vaginal lesions and uterine:

- A. haemorrhage
- B. prolapse
- C. immobility
- D. hypertrophy

### QUESTION 4

Hormonal therapies for endometriosis have been shown to lead to a clinically significant reduction in:

- A. fatigue
- B. dysuria
- C. infertility
- D. dysmenorrhoea

## CASE 3

Raquel, a woman aged 72 years, presents for review following transvaginal mesh repair for incontinence and vaginal prolapse.

### QUESTION 5

An effective treatment for stress urinary incontinence includes the use of:

- A. mesh mid-urethral slings
- B. percutaneous tibial nerve stimulation
- C. botulinum toxin injections
- D. sacral nerve modulator implants

## CASE 4

Shanti, a woman aged 28 years, presents for review of dysmenorrhoea.

### QUESTION 6

Protective factors for primary dysmenorrhoea include increasing age, increasing parity, exercise and:

- A. premenstrual symptoms
- B. increased length of menstrual cycle
- C. probiotic consumption
- D. oral contraceptive use

### QUESTION 7

First-line therapy to women with symptoms consistent with primary dysmenorrhoea includes:

- A. regular oral paracetamol
- B. transdermal cannabinoid oil
- C. non-steroidal anti-inflammatory drugs
- D. laparoscopic surgery

*Continued on page 43.*



## 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/d21/home>) (Activity ID: 668823). 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.



**CASE 5**

Christina, a woman aged 42 years, presents for routine management of chronic pelvic pain.

**QUESTION 8**

Muscles commonly involved in pelvic pain are the muscles of the pelvic floor and lower anterior abdominal wall, the obturator internus bilaterally and the:

- A. quadratus femoris
- B. gluteus medius
- C. latissimus dorsi
- D. iliocostalis lumborum

**QUESTION 9**

Pain involving a combination of pelvic organ and central nervous system pain is classified as:

- A. neurogenic
- B. neuropathic
- C. nociceptive
- D. nociplastic

**CASE 6**

Anita, a woman aged 33 years, presents for review of dyspareunia.

**QUESTION 10**

Sex-related cognitions are embedded through an individual's sociocultural context, including their family, friends and:

- A. level of education
- B. assertiveness
- C. body mass index
- D. religious beliefs

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

**CASE 1**

Andrew, a man aged 24 years, presents for review of chronic severe pain with defaecation.

**QUESTION 1**

List two conservative treatments for anal fissures.

**QUESTION 2**

List three complications of acute anal fissures.

**QUESTION 3**

State the mechanism of action of botulinum toxin in the management of anal fissures.

**CASE 2**

Karen, a woman aged 33 years, presents with chronic pelvic pain and dyspareunia on a background of endometriosis.

**QUESTION 4**

List the risk factors associated with a diagnosis of endometriosis.

**QUESTION 5**

List the three common categories of endometriosis.

**CASE 3**

Raquel, a woman aged 72 years, presents for review following transvaginal mesh repair for incontinence and vaginal prolapse.

**QUESTION 6**

List three complications of transvaginal mesh prostheses for vaginal prolapse and incontinence.

**CASE 4**

Shanti, a woman aged 28 years, presents for review of dysmenorrhoea.

**QUESTION 7**

List risk factors for primary dysmenorrhoea.

**QUESTION 8**

List the causes of secondary dysmenorrhoea.

**CASE 5**

Christina, a woman aged 42 years, presents for routine management of chronic pelvic pain.

**QUESTION 9**

List the range of symptoms that cluster with dysmenorrhoea.

**CASE 6**

Shiela, a woman aged 33 years, presents for review of dyspareunia.

**QUESTION 10**

Define what is meant by the term 'provoked vestibulodynia'.

## December 2023 Multiple-choice question answers

**ANSWER 1: B**

Assessing a patient's capacity must be decision specific.

**ANSWER 2: A**

Executive function includes problem identification, planning, judgement and response regulation.

**ANSWER 3: C**

Health records legislation in several Australian jurisdictions recognises that children aged <18 years might have capacity to make decisions about the collection, use or disclosure of their health information.

**ANSWER 4: B**

The main types of microaggressions are environmental, microassaults, microinsults and microinvalidations.

**ANSWER 5: C**

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

**ANSWER 6: C**

The most commonly abused illicit substance among medical students is cannabis.

**ANSWER 7: C**

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 impairment.

**ANSWER 8: D**

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

**ANSWER 9: C**

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 negligent.

**ANSWER 10: A**

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

- maturity, intellect and life experience
- ability to understand the wider consequences of the decision, including the effect of other people, moral and family issues.

**ANSWER 3**

Environmental microaggressions are defined as something in a person's environment that sends a message of invalidation towards a marginalised person, cultural group, history or heritage.

**ANSWER 4**

A microinvalidation aims to purposefully exclude the target or to negate or dismiss the targeted person's personal thoughts, feelings or experienced reality.

**ANSWER 5**

Microinsults are defined as subtle snubs or humiliations that convey demeaning messages to the recipient.

**ANSWER 6**

A microassault is defined as an explicit derogatory verbal or non-verbal attack meant to hurt the intended victim through name-calling, avoidant behaviour or purposeful discriminatory actions.

**ANSWER 7**

Cannabis use among medical students is also associated with:

- concomitant alcohol abuse
- impaired academic performance
- lenient attitudes to self-prescribing
- later substance use as a doctor
- reduced ability to diagnose patients with substance use disorders.

**ANSWER 8**

The Medical Board of Australia's *Good medical practice: A code of conduct for doctors in Australia* (Code of Conduct) outlines doctors' professional responsibility to refer patients to another practitioner when referral would be in the patient's best interests. This requires doctors to exercise their clinical judgement to decide whether the skills or knowledge of another practitioner are needed to provide appropriate patient care.

**ANSWER 9**

Three potential advantages of directly addressing patient complaints are:

- avoidance of escalation through addressing complaints
- identification of safety and quality concerns
- improvement in communication and restoration of trust.

**ANSWER 10**

Three patient barriers to direct complaints against doctors are:

- unclear complaint pathways
- a power imbalance between the patient and doctor
- fear of damaging the treating relationship.

**December 2023 Short answer question answers**

**ANSWER 1**

Five key principles that provide a foundation for understanding the potential pitfalls when assessing decision-making capacity are:

- the assessment of a patient's capacity must be decision specific (examples of decision-specific situations include medical treatment, appointing a power of attorney, sexual intimacy, entering a contract, making a will and voting in an election)
- the structure of the assessment is the same
- the process during the assessment must be different, so it is tailored to each specific situation
- there are different legal tests for each situation
- the objective of the assessment is to determine decision-making capacity, not the merits of the actual decision.

**ANSWER 2**

Courts will consider the following factors when determining Gillick's competence:

- age
- psychiatric, psychological emotional state
- understanding of the nature of the consequences of the illness and its treatment