

Clinical challenge

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

CASE 1

Dr Elizabeth, an experienced general practitioner (GP) medical educator, is undertaking a remote external clinical teaching visit (ECTV) of Dr Stuart, a second-term GP registrar.

QUESTION 1

The use of a shared screen during an ECTV can be helpful as the medical educator is able to see how the registrar records in the medical record and:

- A. uses appropriate online resources
- B. manages their consult length
- C. improves their typing speed
- D. correct the registrar's entries

CASE 2

Dr Amina is a first-term GP registrar who asks you for advice on how to improve her consultation skills.

QUESTION 2

Active listening to the patient can prompt a registrar to explore what a patient says and relate it to their ideas, concerns and expectations. Which term is most likely to be related to a patient's expectations?

- A. 'I think ...'
- B. 'I'm worried ...'
- C. 'I believe ...'
- D. 'I hope ...'

QUESTION 3

Practical tips and model phrases suggested by Morgan and Wrigley for a safe and effective general practice consultation include tips and phrases related to:

- A. optimising billing
- B. using telehealth
- C. desk placement
- D. dress code

QUESTION 4

A recently emerged concept based on the diagnostic pause is the:

- A. introductory pause
- B. concluding pause
- C. management pause
- D. agenda pause

QUESTION 5

Consultation skills include communication skills, as well as skills such as relationship building, identifying agendas, shared decision making, time management and:

- A. understanding referral pathways
- B. maximising billable time
- C. arranging follow-up
- D. developing special interests

CASE 3

Hannah, a third-year medical student, asks you about a concept she has heard about - 'the hidden curriculum'.

QUESTION 6

What proportion of medical students state that negative comments about medical specialties would affect their specialty choice?

- A. one-quarter
- B. one-third
- C. one-half
- D. two-thirds

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The five domains of general practice

- (D1) Domain 1: Communication skills and the patient-doctor relationship
- (D2) Domain 2: Applied professional knowledge and skills
- (D3) Domain 3: Population health and the context of general practice
- (D4) Domain 4: Professional and ethical role
- (D5) Domain 5: Organisational and legal dimensions

These domains apply to all Focus articles, which are required reading for the Clinical challenge CPD activity.

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: 1011479). 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.



QUESTION 7

The Medical Schools Council and Health Education England have suggested strategies to target the undermining of general practice. This includes teaching students about the hidden curriculum and:

- A. incorporating 'undermining' into faculty development
- B. increasing pay for general practitioners
- C. compulsory prevocational placements in general practice
- D. employing GPs in hospital departments

CASE 4

Dr Josie, an experienced primary care researcher, asks you to be part of a grant application for a new study she thinks your expertise would be useful in.

QUESTION 8

The idea-generation phase of preparing a grant application includes generating a clear aim, forming a team and:

- A. planning your publication
- B. structuring your budget
- C. explaining the background
- D. understanding the constraints

QUESTION 9

How long should you allow to obtain ethics approval when planning a grant application?

- A. two weeks
- B. one month
- C. three months
- D. four months

CASE 5

Dr Mohammed, a new term-one GP registrar, asks how you manage the uncertainty that comes with general practice.

QUESTION 10

The 3Rs model of management of uncertainty includes review (and reassurance); Rx (treat) and:

- A. refer
- B. rebook
- C. raise
- D. rapid

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

CASE 1

Dr Elizabeth, an experienced general practitioner (GP) medical educator, is undertaking a remote external clinical teaching visit (ECTV) of Dr Stuart, a second-term GP registrar.

QUESTION 1

Discuss the efficiencies in undertaking a remote ECTV compared to a face-to-face ECTV.

QUESTION 2

Describe the disadvantages of undertaking a remote ECTV compared to a face-to-face ECTV.

CASE 2

Dr Amina is a first-term GP registrar who asks you for advice on how to improve her consultation skills.

QUESTION 3

Discuss the steps that Morgan and Wrigley suggest to prepare for a consultation.

QUESTION 4

State four questions registrars could ask themselves as part of a management pause.

QUESTION 5

List six tips for Dr Amina that she could use as part of gathering data.

QUESTION 6

Discuss strategies Dr Amina could use to manage time in her appointments.

CASE 3

Hannah, a third-year medical student, asks you about a concept she has heard about – 'the hidden curriculum'.

QUESTION 7

Define what is meant by the term 'the hidden curriculum'.

CASE 4

Dr Josie, an experienced primary care researcher, asks you to be part of a grant application for a new study she thinks your expertise would be useful in.

QUESTION 8

Discuss the potential costs to consider when preparing a budget for a grant proposal.

CASE 5

Dr Mohammed, a new term-one GP registrar, asks how you manage the uncertainty that comes with general practice.

QUESTION 9

List six approaches supervisors can take to teach the management of uncertainty.

CASE 6

Dr Charles, a GP who achieved Fellowship of the RACGP two years ago, wants to discuss his thoughts on becoming a supervisor of GP registrars.

QUESTION 10

List the six key themes found by Askew et al related to the barriers, motivators and enablers to becoming a GP supervisor.

November 2024 Multiple-choice question answers

ANSWER 1: B

Evidence shows lower rates of preconception health behaviours, increased prevalence of risk factors and increased rates of unintended pregnancies with increasing parity.

ANSWER 2: D

Over half of all men and 90% of women have at least one preconception health issue to address to improve reproductive outcomes.

ANSWER 3: A

Medicare rebates for genetic carrier screening of spinal muscular atrophy, fragile X syndrome and cystic fibrosis have now been introduced and have been available since November 2023.

ANSWER 4: A

The two subtypes of vulval cancer are those not related to human papillomavirus (HPV), found mainly in older patients, and the classic type, associated with HPV types 16, 18, 31 and 33, which are found mostly in younger patients.

ANSWER 5: B

One in six girls in Australia experience physical and/or sexual abuse before the age of 15 years, with the same proportion of women experiencing physical and/or sexual violence by a current or previous partner from the age of 15 years.

ANSWER 6: D

Early medical abortion (EMA) involves the oral intake of medical abortifacients in the form of MS-2 Step (mifepristone and misoprostol). EMA can be delivered through a face-to-face consultation or via telehealth up until nine weeks' gestation.

ANSWER 7: A

The February 2023 update to the European Society of Human Reproduction and Embryology guideline on recurrent pregnancy loss (RPL) changed the definition of RPL to two or more pregnancy losses; previous guidelines defined RPL as three or more consecutive miscarriages.

ANSWER 8: C

Healthcare providers should routinely screen women who have experienced a miscarriage for depression using assessment tools such as the Edinburgh Postnatal Depression Scale.

ANSWER 9: D

Avoid consuming >150 mg/day of caffeine as this can be linked to recurrent pregnancy loss.

ANSWER 10: B

A prospective cohort study revealed that approximately 29% of individuals who experienced a pregnancy loss exhibited a substantial mental health burden one month after the event.

November 2024 Short answer question answers

ANSWER 1

Risk factors that require higher dose folic acid supplementation include family history or previous pregnancy affected by neural tube defect, body mass index ≥ 30 kg/m², pre-pregnancy diabetes mellitus, anticonvulsant medication and malabsorptive conditions. The dose in pregnancies with an increased risk is 5 mg folic acid daily.

ANSWER 2

Increased weight when entering pregnancy is associated with increased risks of:

- gestational diabetes
- hypertensive disorders
- pre-eclampsia.

ANSWER 3

All potential parents should be educated about infectious diseases and have a review of their vaccination history for measles, mumps, rubella, varicella zoster, diphtheria, tetanus and pertussis and hepatitis B undertaken. Serological testing is recommended to confirm immunity to varicella, rubella and hepatitis B. Required vaccinations should be provided, including information to wait 28 days after rubella and varicella vaccinations before conceiving. Syphilis, HIV and hepatitis C testing should be routinely performed, with other sexually transmissible infection testing determined on individual risk.

ANSWER 4

Barriers to delivering preconception care (PCC) include low levels of community awareness and high rates of unintended pregnancies. For clinicians, barriers include a lack of time, other competing preventive health priorities and a lack of available resources to help facilitate the delivery of PCC.

ANSWER 5

The six main histopathological types of vulval cancer are:

- squamous cell carcinoma
- melanoma
- basal cell carcinoma
- Bartholin gland adenocarcinoma
- sarcoma
- Paget's disease.

ANSWER 6

Readiness in the context of health professionals' readiness to respond to family and domestic violence has been described as including being motivated; understanding the importance of a health system response; taking an advocacy approach; and working with others and being supported with ongoing domestic violence and abuse training, clinical protocols and tools and leadership in the health system.

ANSWER 7

Patient barriers to the use of telehealth for early medical abortion (EMA) consults includes patient access to the digital tools required to access telehealth EMA, as well as general digital literacy. Vulnerable groups, including people who are experiencing homelessness or people who experience socioeconomic disadvantage and are deprived of access to a phone, a phone with a camera or the money to access an unlimited data plan, are perceived to potentially be unable to access EMA via telehealth. In addition, patients needed to be digitally literate to competently book appointments and adeptly use a computer. Healthcare provider barriers include feeling unable to provide holistic sexual and reproductive healthcare via telehealth, including discussing postabortion contraception and taking the opportunity to undertake sexually transmissible infection testing and cervical screening, as appropriate.

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ANSWER 8

Testing to be considered as part of all prenatal assessments other than routine prenatal blood tests, cervical screening test and midstream urine includes:

- a sexually transmissible infection screen if aged <30 years, or for those living in an area of high prevalence or in an at-risk group following The Royal Australian College of General Practitioners' Red book or The Royal Australian and New Zealand College of Obstetricians and Gynaecologists' antenatal guidelines
- haemoglobin electrophoresis, if indicated
- vitamin D level
- thyroid stimulating hormone
- cytomegalovirus immunoglobulin G, if in close proximity to children (eg childcare worker)
- mental health screening using: Edinburgh Postnatal Depression Scale or Antenatal Risk Questionnaire tool
- family violence screening.

ANSWER 9

Recurrent pregnancy loss blood test investigations include:

- antiphospholipid screen (for lupus anticoagulant, anticardiolipin antibody, β 2 glycoprotein antibody)
- antinuclear antibodies
- thyroid stimulating hormone and thyroid peroxidase antibodies.

ANSWER 10

There is no evidence that increased monitoring or surveillance is required in future pregnancies after a single miscarriage. However, to decrease anxiety and fear, an early ultrasound can be performed (about two weeks after a missed menstrual period) and extra attention should be paid to symptoms of vaginal bleeding, spotting and cramps.