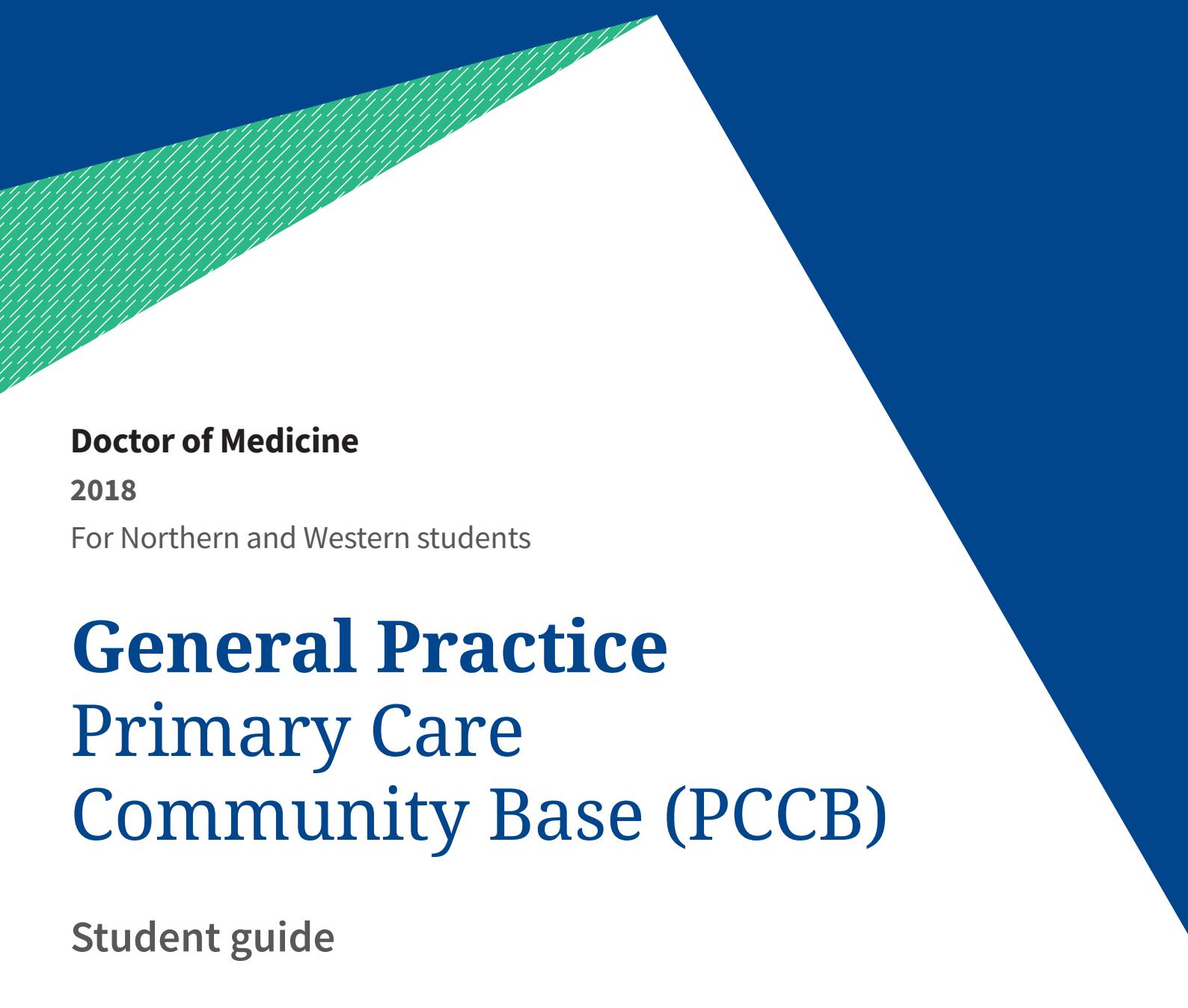




THE UNIVERSITY OF
MELBOURNE

Melbourne
Medical School



Doctor of Medicine

2018

For Northern and Western students

General Practice Primary Care Community Base (PCCB)

Student guide

DOCTOR OF MEDICINE
YEAR 2 2018

General Practice
PRIMARY CARE
COMMUNITY BASE
(PCCB)

Student guide

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Welcome

Welcome to the Primary Care Community Base (PCCB) program. We wish to acknowledge the practice staff, patients, medical students and University of Melbourne staff who contributed their knowledge and expertise to the development and implementation of the PCCB program in general practice.

This guide is written specifically for the student to be used in combination with the Practice Manager Guide and GP Supervisor Guide.

We hope you enjoy your student placements.

A/Prof Lena Sanci

Director, Teaching and Learning

Department of General Practice vision and values

Through our research partnerships and education, we work with communities and practitioners to improve the healthcare system, placing the person at the heart of healthcare and improving health outcomes.

Our relationships with our organisational partners, with the diverse communities we serve and with our colleagues, are characterised by:

- Integrity;
- Excellence;
- Innovation; and
- Respect.

Primary Care Community Base vision

The health needs of the community are met by a diverse, well trained workforce that understands and responds to the community it serves and is equipped to work in the health system of the future.

Who to contact during your PCCB placement

If you have problems please first talk with the relevant person at your practice. If the issue cannot be resolved in the practice please contact the Department of General Practice gp-enquiries@unimelb.edu.au DGP academic staff will work with your Clinical School as necessary to assist you with your issue.

Emergencies and injuries should be reported to the Department of General Practice as soon as possible

(if outside business hours report to University security).

Department of General Practice Melbourne Medical School

Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne

200 Berkeley Street, Carlton VIC 3053

Business hours: 9am to 5pm Monday – Friday

p: (03) 8344 7276
f: (03) 9347 6136
e: gp-enquiries@unimelb.edu.au

Medical School Health and Wellbeing Service

Metropolitan:

Danielle Clayman
p: 0466 474 547
e: danielle.clayman@unimelb.edu.au

Rural:

Hannah Sloan
p: 0428 933 952
e: hannah.sloan@unimelb.edu.au

Academic Mentor

Dr Kelvin Lau

To make an appointment with Dr Lau you can:
SMS the Academic Mentor's phone: 0403 568 874
e: academic-mentor@unimelb.edu.au

After hours emergencies and injuries

Security services at The University of Melbourne

p: (03) 8344 6666

Free call: 1800 246 066

Primary Care Teaching Network Website

www.gp.unimelb.edu.au/pctn

Quality standards

University of Melbourne teaching practices must fulfil the following criteria:

1. Be accredited by AGPAL or GPA. If not accredited the University will have full discretion to determine the eligibility of any unaccredited practice.
2. Sign the Professional Placement Letter Agreement prior to the placement commencing.
3. Ensure that student safety is not placed at risk.
4. An experienced GP is always available for student supervision during clinical time.
5. Offer a representative case mix of general practice patients for student learning, including translation for consultations conducted in languages other than English.
6. Provide adequate facilities for students including:
 - a. access to a consulting room to see patients alone for the equivalent of 2 sessions a week for GP block rotation, and one hour a day for PCCB placements
 - b. access to a computer with internet connection for some of the time during practice hours
 - c. access to reference materials and patient information materials.
7. Have appropriate patient consenting procedures including:
 - a. obtaining permission of the patient prior to the consultation, preferably by a receptionist
 - b. documentation of consent in the patient record. NB: written consent from patients is preferred medico-legally, however verbal consent is possible.
8. Have an administrative coordinator of the placement such as a practice manager who will act as liaison with the Department of General Practice around placement agreements, student allocation, assessment, and Practice Incentive Payments.
9. Provide orientation to the practice ensuring that the student is:
 - a. briefed on the culture of the clinic
 - b. introduced to all members of staff
 - c. trained to use clinical systems such as electronic medical records
 - d. aware of the location of educational resources, including reference materials
 - e. oriented to practice systems including training in clinic safety procedures such as the location of the distress alarms/safety buttons, disposal of sharps and infection control
10. Ensure that the student is adequately debriefed if they are involved in any clinical critical incident, and that the Department of General Practice is informed (refer to page 2).
11. Clinical visits will occur only with the supervisor or their clinically qualified delegate present.

Students must fulfil the following criteria:

1. Meet The Faculty of Medicine, Dentistry and Health Sciences clinical placement requirements as detailed in the Policies for Clinical Placements: National Police Check; Working with Children Check; and Infectious Diseases & Immunisation Policy and a current Australian First Aid Certificate
2. Be registered with the Australian Health Practitioner Regulation Agency (AHPRA).
3. Disclose health issues affecting their own/another's safety to the GP Supervisor.
4. Disclose any disclosable outcomes on their National Police Check to their host practice.
5. Uphold standards of confidentiality.
6. Maintain infection control standards including universal precautions.
7. Report any medical incident (such as Needle-stick injury, patient aggression) to the GP supervisor, follow the protocol of the practice or the clinical school, and complete a University incident report form
8. Comply with privacy standards as outlined in The University of Melbourne Privacy Policy:
<http://policy.unimelb.edu.au/MPF1104>

Student safety and self-care on placement

Critical Incidents

The management of and response to critical incidents should be explained to the student when they first start their clinical placement.

Examples of critical incidents that may occur include and are not limited to:

- A patient fatality or near fatality
- Act of violence or threat of violence to patients, students or health professionals
- Physical or sexual assault of patients or clients, students or health professionals
- Major failure in internal process at the host organisation eg fraudulent activity.

If the student witnesses a critical incident or is involved in one, please inform the Department of General Practice (or if after hours, University of Melbourne Security services) as soon as possible.

Incidents / Accidents / Needle-stick protocol

All student accidents and injuries that occur during the GP placement must be reported to the Department of General Practice within 24 hours of an incident / accident occurring and the following actions taken:

1. Follow the Incident/Accident protocols in your practice or the student's Clinical School.
2. Notify the Department of General Practice of the event (p: 03 8344 7276, gp-enquiries@unimelb.edu.au).
3. GP supervisor must complete the S4 incident intervention form that can be found at:
<http://safety.unimelb.edu.au/#incident-reporting>
4. Student must complete the S3 incident report form that can be found at:
<http://safety.unimelb.edu.au/#incident-reporting>
5. Student should see their own GP or other health service for further follow-up.

Self-care

During your GP placements you may encounter stressful situations. Dealing with uncertainty, especially under time constraints and with unwell or distressed patients can cause significant stress on doctors and medical students alike. This can lead to burnout. This stress can be compounded by the other demands of being a medical student:

- Students often juggle work and family commitments with study and exam preparation.
- Medical students, like their senior counterparts, tend to be perfectionists and the selection and training in medicine encourages conscientiousness and sometimes reluctance to delegate and unwillingness to take time off when unwell.

Building resilience means learning to bounce back after stressful situations and also implementing ways to reduce pressures. Examples include time management strategies, developing a strong sense of self and personal limits, and having sturdy support networks.

Legal support

Students should note that whilst the University provides professional indemnity through University insurance services, it does not provide legal advice to students. If required, this advice must be obtained through your own legal advisor or Medical Defense Association which may be obtained from the services listed below. However, you should always contact the Department of General Practice to notify us of any incidents so that we can offer support and advice where appropriate. In rare circumstances it may be important for us to withdraw students from a clinical placement. Examples of situations where students may want legal advice include but are not limited to:

- When subpoenaed to appear in court,
- When asked to provide statements to police or
- When seeking to make a mandatory report of an impaired clinician

Indemnity issues

The University of Melbourne covers liability for any of its students in relation to the placement, which includes:

1. Public liability insurance of up to \$20,000,000;
2. Professional Indemnity and Medical Malpractice insurance of up to \$25,000,000; and
3. Personal accident insurance to cover the students whilst engaged on faculty approved placements associated with their University course.

Under this level of cover, students can interview and conduct physical examination of patients alone, and can perform tests such as cervical cancer screening test with direct supervision. They can also do simple procedures such as suturing, plastering and cryotherapy under direct supervision. It is expected that the level of supervision takes into account the level of experience and competency of the student. **Students can express an academic opinion but must not provide medical advice to a patient who could conceivably act upon that advice.**

Private Medical Defense associations

Medical students have the option of joining a private medical defense organisation which frequently have free membership and medical indemnity cover for medical students. Students are encouraged to join a private medical defense organisation.

- MIPS: www.mips.com.au/
- MDA: www.mdanational.com.au/
- AVANT: www.avant.org.au/

Student Union Legal service

The Student Union Legal Service provides confidential legal advice and assistance to all students at the University of Melbourne.
<http://umsu.unimelb.edu.au/need-help/legal/>

Community legal centres

Community Legal Centres offer free legal advice. Details of local centres are available at: www.communitylaw.org.au/

Roles and responsibilities

In brief, the roles and responsibilities are:

GP supervisor

Each student has a nominated supervisor whose role is to:

- Assist with student orientation to the clinical aspects of the practice
- Provide dedicated teaching time with their student each placement day, including providing feedback on progress and facilitating the completion of common presentations and procedures
- Ensure student safety including appropriate clinical supervision at home visits, external facilities, allied health and specialist services. Offsite clinical visits will occur only with the supervisor or their clinically qualified delegate present
- The GP supervisor or their nominee (another GP) will be available on site to support the student at all work times
- Provide ongoing supervision of the student and provide direct student teaching, using a range of methods such as direct observation, joint consultations, clinical discussions, and formal teaching
- Assist the student to understand the learning requirements for the term
- Complete any assessment of the student required by the University in a timely and confidential manner.

Practice manager

The practice manger can be central to the success of the placement and a separate guide is provided. In brief, the practice manager's role is to:

- Provide orientation, create a student timetable, enable access to medical software and monitor attendance, ensuring the student knows who to contact regarding absences
- Brief reception staff on the patient consenting procedure
- Coordinate placement paperwork with the student and GP supervisor
- Ensure a room is timetabled for independent consulting for at least one hour per day (PCCB) or the equivalent of two sessions a week (GP block term)
- If possible allow supervisors extra time for teaching (some practices block out two sessions per three hours, others block out one session each hour)
- Encourage and timetable other GPs, practice nurses and allied health staff to supervise the student
- The practice will offer the full range of ongoing primary care to all patients who attend, and the practice manager will ensure the student is able to see a representative case mix of these patients
- Ensure reference materials and patient information material is available for student access.

The student

The student will be a member of the practice team. In brief, the student will:

- Behave professionally at all times (see page 7)
- Notify the practice if absence is necessary and provide relevant certification
- Be responsible for creating their own learning plan, which will be facilitated by the GP supervisor
- Consult the GP supervisor about the management of patients
- Uphold standards of confidentiality
- Maintain infection control standards including universal precautions.

Guidelines for student professional behaviour

Students are expected to continue to apply the principles of ethical and professional conduct that they have been exposed to throughout the curriculum.

Satisfactory students will:

- Be punctual
- Notify the appropriate practice staff member, in advance, of any planned absence or if they will be late
- Show respect to colleagues, practice staff, and patients, including respecting any cultural and personal differences
- Respect the need for confidentiality of patient information gained on placement
- Follow practice guidelines in regards to dress code, mobile phones and identification requirements.

Unprofessional student behaviour

All clinical and administrative staff who interact with students expect that these interactions, whether face-to-face, by phone, email, fax or letter - will be respectful. When this is not the case, the staff member involved should bring this to the attention of the GP supervisor and practice manager. They should encourage the staff member to complete a Professional Behaviour Checklist form. A copy of the form is available on the Melbourne Medical School website:

<http://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>

Good medical practice code of conduct

All medical students are registered with the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA provides a code of conduct which makes explicit the ethical and professional behaviour and standards expected of doctors by their professional peers and the community. Please refer to the guide for further information. Remember that you are representing both the medical profession and the university when you are on clinical placement.

www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

University Counselling service

Free and confidential counselling for all students <http://services.unimelb.edu.au/counsel>

Student safety off-campus

Students undertaking off-campus activities including conferences, placements, research, fieldwork and excursions must ensure that adequate risk assessments and control measures are in place. Students must follow the safe work guidelines offered by their department, the faculty and the university. Information is available on the following website:

<https://intranet.mdhs.unimelb.edu.au/staff-and-student-safety-campus>

Attendance expectations

100% attendance is expected at placements. Absences must be accounted for by a medical certificate or other documentation. More importantly, the students have been asked to let the practice know as soon as they are aware of being unable to attend.

GP supervisors must sign an attendance form each day the student attends. This form is countersigned by the student and submitted to the Department of General Practice at the end of each term. This form is used to generate the PIP payment claim form.

MD Year 2 - Primary Care Community Base (PCCB) Program

All students at the Northern and Western Clinical Schools are allocated to a general practice or community health service, the Primary Care Community Base (PCCB), within the northern or western region of Melbourne. During the second year of the MD course, these students spend one day each fortnight at their PCCB practice.

PCCB students are in general practice to learn medicine with access to a broad range of patients and community health services. Activities should complement and enhance clinical learning in each of their clinical rotations. (See the ‘Core presentations’ in this guide)

The discipline of general practice is taught in the six week block term rotation during MD Year 3.

Longitudinal placements in general practice commenced in 1971 at the University of Minnesota Medical School, USA with the aim of increasing the number of rural physicians^{1,2}. Other longitudinal placements have been established at Harvard Medical School^{3,4}, and in Australia, at Flinders University, Adelaide^{5,6,7}; and the Rural Clinical School of The University of Western Australia⁸. Literature reviews have also been published, including programs established in Canada and South Africa^{9,10,11}. These studies provide evidence that longitudinal placements have benefits for students, supervisors and the community.

Intended learning outcomes:

- To learn about the community context of health care within the standard medical curriculum
- To understand the patient journey through the health system
- To enhance communication skills including information gathering, information giving, and clarification
- To develop diagnostic skills – from undifferentiated presentations to diagnosed conditions
- To follow the progression of disease over time
- To compare the care needs of patients across hospital and community settings and to prioritise management according to the setting
- To experience the roles of different health professionals in the community setting and the role of the medical practitioner within the health care team context
- To begin to perform as a member of a multi-disciplinary health care team by contributing to the work of the practice
- To acquire specific graduate attributes including
 - » Cultural awareness and understanding
 - » Problem solving and decision making
 - » Collaborative learning and teamwork.

1 Verby JE. The Minnesota Rural Physician Associate Program for medical students. *J Med Educ.* 1988;63(6): 427-37

2 Halaas GW. The Rural Physician Associate Program: successful outcomes in primary care and rural practice. *Rural Remote Health.* 2005;5(2):453.

3 Hirsh D, Gaufberg E, Ogur B, Cohen P, Krupat E, Cox M, et al. Educational outcomes of the Harvard Medical School-Cambridge integrated clerkship: a way forward for medical education. *Academic Medicine: Journal of the Association of American Medical Colleges.* 2012;87(5):643-50.

4 Ogur B, Hirsh D, Krupat E, Bor D. The Harvard Medical School-Cambridge integrated clerkship: an innovative model of clinical education. *Academic medicine : journal of the Association of American Medical Colleges.* 2007;82(4):397-404.

5 Worley P. Flinders University School of Medicine, Northern Territory, Australia: Achieving educational excellence along with a sustainable rural medical workforce. *MEDICC Rev.* 2008;10(4):30.

6 Worley P, Silagy C, Prideaux D, Newble D, Jones A, Worley. The Parallel Rural Community Curriculum: an integrated clinical curriculum based in rural general practice. *Medical education.* 2000;34(7):558-65.

7 Walters L, Prideaux D, Worley P, Greenhill J. Demonstrating the value of longitudinal integrated placements to general practice preceptors. *Medical education.* 2011;45(5):455-63.

8 Denz-Penhey H, Murdoch JC. Is small beautiful? Student performance and perceptions of their experience at larger and smaller sites in rural and remote longitudinal integrated clerkships in the Rural Clinical School of Western Australia. *Rural And Remote Health.* 2010;10(3):1470.

9 Norris TE, Schaad DC, DeWitt D, Ogur B, Hunt DD, Consortium of Longitudinal Integrated C. Longitudinal integrated clerkships for medical students: an innovation adopted by medical schools in Australia, Canada, South Africa, and the United States. *Academic medicine : journal of the Association of American Medical Colleges.* 2009;84(7):902-7.

10 Walters L, Greenhill J, Richards J, Ward H, Campbell N, Ash J, et al. Outcomes of longitudinal integrated clinical placements for students, clinicians and society. *Medical education.* 2012;46(11):1028-41.

11 Thistlethwaite JE, Bartle E, Chong AA, Dick ML, King D, Mahoney S, et al. A review of longitudinal community and hospital placements in medical education: BEME Guide No. 26. *Medical teacher.* 2013;35(8):e1340-64.

Before you start your placement

Please send your practice an email or letter introducing yourself; a photo is also useful. It helps their planning if they know a bit about your background eg your previous degree, work experience, any specialties you are interested in and why you selected that practice for your placement.

PCCB Immersion week

PCCB 2 students will have an immersion week to assist with settling into the general practice learning environment. The week begins with an orientation day at the University, followed by three days at the PCCB placement and concludes with a half day workshop back on campus.

Northern immersion week **12- 16 March**

Western immersion week **19 – 23 March**

Primary care community base calendar – Days at practice 2018

PRIMARY CARE COMMUNITY BASE CALENDAR

■ Northern student attendance ■ Western student attendance ■ Student holidays

MARCH						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
M	T	W	T	F	S	S
						1
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY						
M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST						
M	T	W	T	F	S	S
						1
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER						
M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Learning activities at your PCCB practice

There is no such thing as a patient in general practice who is not directly related to the curriculum. The PCCB program also gives you opportunity to practice patient clerking – the medical interview, physical examination, clinical reasoning and the practice of procedural skills. Patients have the right to refuse to have a student present for all or part of their consultation, use this time to either read the notes for the next patient or two or select another practice activity.

The emphasis of teaching and learning in the PCCB setting is doing clinical tasks and reflecting on them, rather than simply accumulating factual knowledge or watching others practice. You are strongly advised to be actively involved with all of the daily activities of your GP supervisor and the practice. Students who are only observing consultations by mid-year MD2 and beyond are not performing at a satisfactory level.

Be active in the consultation with your supervisor

Students who derive the most out of their placements are enthusiastic and pro-active about their learning. After you feel comfortable with the clinical environment have a conversation with your GP supervisor about taking a more active role in clinical consultations. As you gain confidence in each other, ask if you may:

- Take a discrete part of the history – such as expanding on the presenting complaint, or the past history, or medication history
- Conduct the clinical examination while your supervisor observes
- Consider the differential diagnosis list in order of likelihood,
- Suggest any tests that may be necessary
- Give the patient their results (under direct supervision)
- Suggest a possible management plan
- Explain the follow-up, a management step, or new test to the patient
- Start doing procedures (under direct supervision); including with the practice nurse.

When you and your supervisor are comfortable, ask if you may start seeing patients independently. You will have to earn your GP supervisor's trust – after all, s/he is responsible for your patients! Remember, you cannot give a patient medical advice; but you can present to the GP.

Independent consulting: wave or parallel consulting

You do not have to see every patient that your supervisor sees; fewer carefully selected patients may provide better learning opportunities. By mid-year MD2 you should be seeing some patients on your own and then presenting patients to your supervisor along with your ideas on the key findings, differential diagnosis and any management issues. Ensure any notes you make in the patient record are clearly labeled as yours and are signed off by the supervisor. Ask the GP for feedback – what are some things you did well and what can be improved? Remember to thank patients for agreeing to see you – they are helping you with your education.

What else can be done in an independent consultation?

Whenever you are “finished” with a patient and are waiting for the supervisor to be ready, don’t sit there doing nothing or just having a social chat with the patient. Check with your supervisor what other aspects of a consultation you can undertake eg preventative screening of weight or blood pressure; updating the patient record for social history, past history, smoking etc. An example of a way to bring this up with the patient is “When they have time everyone at the practice is updating the notes this week/month about past history, do you mind if I update your notes now, while we are waiting for Dr. Supervisor?”

See also RACGP. *Guidelines for preventive activities in general practice 9th ed.*

Available from <http://www.racgp.org.au/your-practice/guidelines/redbook/>

When you have a patient with multiple health care providers, interview them to understand their perspective of the health care team; consider doing a long case presentation focusing on the healthcare team involvement and their roles.

If a computer is available but not a separate room

Please be patient while your practice accommodates you; some practices don't have spare rooms readily available. You may have to use a room while someone is at lunch or doing a home visit. When a separate consulting room is not available but there is a computer somewhere for you to access, read the patient's notes beforehand while the GP sees an earlier patient. When the GP is ready, lead the consultation with the supervisor watching, or the supervisor can leave the room for a few moments. Similarly, if a patient has refused to allow a student to be present, go elsewhere to read the next patient's notes.

Matching patients to your clinical rotation

It is a complex task to match patients to your clinical rotation! Speak with your supervisor and practice manager about your current rotation and how to facilitate access to those patients. Does another GP see more of a particular group? The core presentations section of this guidebook may assist you with patient recruitment. Consider also how many patients you see over the year and think about keeping a record/logbook of unusual or interesting presentations. During your PCCB placement you are likely to see patients from most clinical areas; the benefit in this is the revision of the MD2 curriculum during MD3.

Other GPs at the clinic

You are encouraged to spend time with other doctors at the clinic to get a varied learning experience. The PCCB placement should be seen as a whole of practice initiative. This means if you are at the practice with other students you can and should swap over from time to time and ask to sit in with other doctors who work in the clinic.

Some doctors have special interests or may see more of certain patient groups (such as women, children or elderly) or may have an interest in procedures. It is also useful to see a range of consulting styles. The other GPs may not know that you are there; introduce yourself at a staff meeting or ask the practice manager to introduce you. Talk to them about your interests and why you would like them to supervise you. If they have never supervised a student before they may feel more comfortable starting with just finding one or two interesting patients for you.

Self-directed learning

You are expected to adopt a self-directed approach in your learning. This involves talking to your practice manger and GP supervisor about access to patients that best meet each rotation's requirements. Make sure you try to connect what you see in the practice with your prior learning from first year and concurrent learning in hospital terms.

Most clinics are busy private practices running on 10-15 minute appointments. When GPs are supervising students they often book in fewer patients - but this is not always possible given the high demand for doctor appointments in the community. Do not expect your GP to teach you everything about a condition or presentation – they will be able to highlight maybe just one key point for each consultation, any more than that and they will run behind – the rest is up to you to read up and understand then apply the next time you see a patient with a similar condition.

During PCCB placement days, many of you will see patients relating to child and adolescent health, women's health, mental health and aged care (MD 3 rotations). There are clear advantages to being able to integrate this learning over two clinical years instead of just in one. You are not examined on MD3 content in MD2 – however you can practice the principles of history, examination, diagnosis and management on all patients.

Home, aged care, hospital or outreach visits:

You may attend home, hospital or residential aged care visits with your supervisor, nursing or allied health staff. You must be accompanied and supervised by the relevant health professional at all times.

Practice nurse:

Students may be involved with activities that practice nurses undertake including:

- Patient immunisation sessions
- Patient education sessions eg smoking cessation, asthma education, medication management
- Chronic disease management plans and health assessments
- Wound management
- Other procedural skills such as ECG, venepuncture and spirometry.

You must be directly supervised when doing procedures. See also the separate 'Core procedures' section of this guide.

Allied health experiences including in the community

To help you understand inter-professional care, discuss with your supervisor which services they refer patients to. Suggestions include physiotherapists, radiology, pharmacists, podiatrists, diabetes educators, psychologists, audiologists, optometrists and pathology. You can visit each of these, ideally at a time when the practice has no free consulting rooms or when your GP supervisor is unavailable. You may also accompany a patient (with their permission) to their allied health sessions.

Note, not all nurses or allied health staff will have been briefed about your arrival. It is courteous to introduce yourself and explain a little about the PCCB program, that you will be attached to the practice for the academic year, and ask their permission to spend time with them learning about their health care role.

Reception and triage:

You can work in the reception area - answering calls, learning the principles of triaging patients, understanding patient billing procedures and the basics of Medicare item numbers.

Health promotion

Students can seek out health promotion or illness prevention opportunities for the practice. Examples of this may include: checking patients' immunisation status or cardiovascular risk factors; the practice may initiate a project to boost immunisation rates or undertake other health promotion activities.

Clinical audits

Your practice may ask you to do a practice audit about an issue in the practice as part of a quality improvement cycle. You can report your findings back at practice meetings and participate in the planning for improving any gaps in practice. Some of the suggested strategies may be implemented and monitored for the outcomes if there is time.

Research

You may use your evidence based research skills to perform searches to help with management issues seen in the practice, explore clinical guidelines and search for useful patient education materials that are relevant for the cases you have seen. In previous GP placements, students have also contributed to the education of GPs at staff meetings by presenting interesting cases they have seen and researched.

Special interests

Discuss any special interests in medicine that your practice might have and look for opportunities to further experience these, eg surgical assisting, sports medicine, complementary medicine.

Contribute to the work of the clinic

You may contribute to the work of the clinic – what are the other daily activities of GPs, nurses and other staff?

Student and supervisor meetings

Feedback is extremely important. Fortnightly half-hour meetings with your supervisor are advised to review your progress and expectations. You may also need meetings with your practice manager to discuss your clinical rotation, timetable and how you can gain access to relevant patients.

Core presentations

This guide contains core presentations, tasks and resources that you should become familiar with during your general practice rotation. As generalists, General Practitioners require a good working knowledge of typical presentations, prevention and management across specialties and across the lifespan. Examples are presented in the following tables, with alignment with other rotations in the MD program indicated; it should be noted that these lists are not exhaustive. They should also assist your revision and learning for your future clinical terms. The tables of women's health, paediatrics, aged care and mental health presentations within general practice are designed to direct your learning whether or not you have completed these MD year 3 terms.

Ambulatory Care, Medicine and Surgery

Table 1: Core presentations for Ambulatory Care, Medicine and Surgery

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Health promotion Preventive health activities and screening activities Immunisations	'I've come for a checkup.' 'I need a medical for work.' 'I've come for my flu shot'	<ul style="list-style-type: none"> » Practice doing 45-49 year old assessments and develop some recommendations in consultation with your supervisor. » Explain common screening programs to patients relevant to each age and sex. » Practice the 5As as per the SNAP guide. » Ensure immunisations are up-to-date for all patients 	RACGP Red Book: Guidelines for preventive activities in general practice http://www.racgp.org.au/your-practice/guidelines/redbook/ RACGP smoking, nutrition, alcohol and physical activity guide http://www.racgp.org.au/your-practice/guidelines/snap/ Immunise Australia Program (includes Australian Immunisation Handbook) http://www.immunise.health.gov.au/

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Cardiovascular disease	<p>Hypertension Lipid disorders Atrial fibrillation CVD check-up Valvular heart disease/prescribing anticoagulants Chest pain, interpretation of ECGs Stroke</p> <p>'My Dad had a heart attack at age 50 and I am worried the same will happen to me'</p> <p>'I had a blood pressure check at work and the nurse said it was very high and I should see the doctor.'</p> <p>'I am not due to see my cardiologist for 6 months, but I think I should see him earlier, as I am getting very short of breath'</p> <p>'I have been getting a tight feeling in my chest when I walk'</p> <p>'I woke up in the night with my heart pounding'</p>	<ul style="list-style-type: none"> » Calculate total cardiovascular risk and explain the results to the patient. » Educate patients on lifestyle changes in optimal management of hypertension and list the classes of anti-hypertensive medications and common side effects. » Review lipid results (under supervision) and counsel a patient about elevated lipids (non -pharmacological and pharmacological management). » Assess a patient with known heart failure who is experiencing increasing symptoms, review their medications and consider medication side effects and interactions. » Take a history from a patient presenting with palpitations. » Calculate CHADS2 risk and counsel a patient who is starting warfarin. » Perform and interpret ECGs in the clinic. » Take a history of how a CVA or TIA has impacted on the patient's life and review tertiary prevention in consultation with the hospital discharge summary. 	<p>Heart Foundation. Information for health professionals (includes guidelines on hypertension, heart failure and acute coronary syndrome) https://www.heartfoundation.org.au/</p> <p>Australian absolute cardiovascular risk calculator https://www.heartfoundation.org.au/images/uploads/publications/Absolute-CVD-Risk-Full-Guidelines.pdf</p> <p>NPS MedicineWise www.nps.org.au</p> <p>Stroke Foundation. Clinical guidelines: https://informme.org.au/en/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017</p>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Respiratory disease	<p>Asthma COPD Lung cancer / smoking</p> <p>'I need to go back on my orange puffer' 'I am here for some antibiotics as my breathing is worse' 'Help..I am having trouble breathing'...</p>	<ul style="list-style-type: none"> » Observe the practice nurse performing spirometry and interpret the results. » Explain use of inhalers, spacers and check patient's technique. » Perform PEFR. » Employ motivational interviewing techniques for a patient who smokes and discuss non-pharmacological and pharmacological methods of quitting. » Outline emergency management of an acute asthma attack. » Complete a GP management plan with a patient with asthma » Complete/ review Asthma Cycle of Care and asthma action plans » Outline management of acute exacerbation of COPD. » Review COPD medications » Prepare a GP management plan. 	<p>National Asthma Council Australia www.nationalasthma.org.au</p> <p>Australian asthma handbook www.asthmahandbook.org.au/</p> <p>RACGP Clinical guidelines: Supporting smoking cessation www.racgp.org.au/your-practice/guidelines/smoking-cessation/</p> <p>Lung Foundation Australia http://lungfoundation.com.au/health-professionals/general-practice/</p> <p>Motivational interviewing techniques http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/</p>
ENT	<p>Acute sinusitis / URTI Tonsillitis Hoarseness</p> <p>'I have got a really sore ear / throat / pain behind my eyes' 'I can't speak up in the classroom because I am having a real problem with this scratchy throat' 'I really need antibiotics'</p>	<ul style="list-style-type: none"> » Discuss the indications for antibiotic treatment in acute sinusitis/viral URTI with patients » Demonstrate correct nasal spray technique 	<p>The Royal Victorian Eye and Ear Hospital. Clinical resources https://www.eyeandear.org.au/page/Health_Professionals/Clinical_Resources/</p> <p>eTherapeutic Guidelines, available in MDConnect™</p> <p>The Royal Children's Hospital-How to use a nasal spray http://www.rch.org.au/genmed/clinical_resources/Asthma_using_a_nasal_spray/</p>

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Chronic kidney disease	'My Dad has to go onto dialysis for his kidneys. Should I have a check-up for this?'	<ul style="list-style-type: none"> » Identify risk factors and screen patients for CKD. » Write chronic disease management plans for patients with CKD and add recalls to the practice software for medium and long term management. 	Kidney Health Australia. Chronic kidney disease management handbook in General Practice. Available from: http://kidney.org.au/health-professionals/prevent/chronic-kidney-disease-management-handbook
Diabetes mellitus	<p>'My brother has recently been diagnosed with diabetes and I am wondering if I should be checked too?'</p> <p>'I can't clear up this skin infection despite having two courses of antibiotics'</p> <p>'I am due for a new care plan so I can go back to see the podiatrist for my diabetes check'</p>	<ul style="list-style-type: none"> » Practise calculating AUSDRISK » Counsel a patient with newly diagnosed type 2 diabetes. » Refer a patient to an allied health professional as part of a care plan and team care arrangement » Complete a diabetes annual cycle of care. » Measure blood glucose levels » Test urine for glucose and ketones 	RACGP. General practice management of type 2 diabetes http://www.racgp.org.au/your-practice/guidelines/diabetes/ Diabetes Australia https://www.diabetesaustralia.com.au/for-health-professionals
Gastroenterology	<p>'Can I have another script?'</p> <p>'My tummy symptoms are playing up again, and it is really worrying me'</p> <p>'The naturopath told me to cut out gluten and I am feeling heaps better. Do I need a test for coeliac disease?'</p>	<ul style="list-style-type: none"> » Give lifestyle advice to a patient diagnosed with irritable bowel syndrome. » Give lifestyle advice to a patient with GORD. Know red flags and indications for gastroscopy. » Interpret and explain coeliac screening tests to a patient. » Review and interpret LFTs. » Give lifestyle advice to patient who has a liver US confirming fatty liver. 	GESA. Irritable bowel syndrome http://www.gesa.org.au/resources/patients/irritable-bowel-syndrome/ AFP. Coeliac disease: where are we in 2014? http://www.racgp.org.au/afp/2014/october/coeliac-disease-where-are-we-in-2014/ Coeliac Australia. Resources http://www.coeliac.org.au/resources/ AFP. Fatty liver disease https://www.racgp.org.au/afp/2013/july/fatty-liver-disease/

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Thyroid Disease Hypothyroidism Hyperthyroidism	'I am feeling really tired' 'I have been losing weight lately'	» Examine patients presenting with a neck lump. » Interpret thyroid function tests. » Counsel a patient who is going on thyroxine/ carbimazole.	Australian Prescriber. Thyroid function tests https://www.nps.org.au/australian-prescriber/articles/thyroid-function-tests
Dermatology Malignant neoplasms of skin Skin manifestations of systemic disease Contact dermatitis Acne Eczema Psoriasis	'I have this new red spot next to my nose' 'I can't go to work, as my hands are terrible since I started this job at the florist' 'I'm fed up of my spotty cheeks and back'	» Practise describing skin rashes and lesions, develop a differential diagnosis and consider management approaches. » Perform dermoscopy.	DermNet NZ http://www.dermnetnz.org/ MDConnect™. MD2 Foundation term lecture: 'Introduction to Dermatology', and performing a skin examination (clinical examinations guide) https://mdconnect.medicine.unimelb.edu.au/ eTherapeutic Guidelines, available in MDConnect™
Men's health Erectile dysfunction Benign prostatic hyperplasia Prostate cancer screening	'Can I have a script for Viagra?' 'I am up all night needing to pee' 'My wife has been hassling me to get a prostate test'	» Take a history from a patient who is presenting with erectile dysfunction taking into account total cardiovascular risk, and counsel a patient starting on phosphodiesterase inhibitors. » Counsel a patient seeking a PSA test according to recent RACGP guidelines. » Complete an international prostate symptom score assessment	Andrology Australia. Health professionals pages https://www.andrologyaustralia.org/health-professionals/ RACGP. Red book Guidelines for preventive activities in general practice 9th edition. http://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/91-prostate-cancer/ Calculator: International Prostatis Symptom Score (IPSS) http://www.uptodate.com/contents/calculator-international-prostatis-symptom-score-ipss

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Headache Tension headache Migraine Red flags for headaches Bacterial and viral meningitis Head injury	'I am getting headaches every day now'	<ul style="list-style-type: none"> » Practise taking headache history including asking about red flags. » Ask a patient to prepare and then review a headache diary. » Assess differential diagnosis for headache including migraine, cluster headache and tension headache, and perform a focused neurological examination for headache. 	NPS Medicinewise. Headache http://www.nps.org.au/conditions/nervous-system-problems/pain-for-individuals/pain-conditions/headache eTherapeutic Guidelines, available in MD Connect™
Bones and Joints Back pain Osteoarthritis Rheumatoid arthritis Polymyalgia Rheumatica Osteoporosis	<p>'My back has been terrible after I did a big day of gardening'</p> <p>'My hands have really stiffened up and I am worried I am getting the same arthritis my mother had'</p> <p>'I had a terrible fall and broke my hip. The surgery went well but the doctor said I should get my bones checked'</p>	<ul style="list-style-type: none"> » Interview and examine patients with back pain enquiring about red flags. For each patient presenting with back pain, determine likely underlying cause and determine whether imaging is indicated or not. » For patients with back pain, prepare a team care plan including team members details - who, why, how to access, cost. » Enquire about level of functioning in RA and about extra-articular manifestations of the disease. » Enquire about functioning and pain management; refer to voluntary organisations. » Osteoarthritis – inquire about day-to-day functioning, management strategies and the role of physiotherapy and other physical therapies. » Determine need for DEXA scan according to a person's fracture risk; interpret DEXA results (under supervision) and discuss lifestyle advice and pharmacological treatments to reduce fracture risk. 	RACGP. Clinical guidelines for musculoskeletal diseases (OA, RA, JIA, OP). http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/ Arthritis Australia www.arthritisaustralia.com.au Osteoporosis Australia. Healthcare professionals http://www.osteoporosis.org.au/healthcare-professionals RACGP. Clinical guideline for the prevention and treatment of osteoporosis in postmenopausal women and older men http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/osteoporosis/ Diagnostic Imaging Pathways http://www.imagingpathways.health.wa.gov.au/

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Ophthalmology Approach to the red eye Foreign body in the eye Chalazion and other eyelid problems	'I woke up today with this red, painful eye' 'I was hammering in the workshop and think I got something in my eye' 'I have this painful bump on my eyelid'	» Practise examination of the eye » Create a differential diagnosis and suggested management for each diagnosis listed.	The Royal Victorian Eye and Ear Hospital. Clinical resources http://www.eyeandear.org.au/page/Health_Professionals/Clinical_Resources/ (read the Golden Eye Rules)
Travel medicine General travel advice Immunisations Fever in a returned traveller Malaria prophylaxis	'I am going on a round-the-world trip. Do I need any shots?'	» Counsel a patient who is going overseas providing general travel advice and specific advice on recommended vaccines » Identify malaria prophylaxis according to up to date surveillance and explain how it must be taken. » Take a history from returned traveller who is unwell.	Centers for Disease Control and Prevention. Traveller's Health www.cdc.gov/travel Australian Government. Smart traveller website www.smarttraveller.gov.au
Other medical emergencies/injuries Anaphylaxis Epistaxis Acute limb injury with possible fracture Acute wound	'Help me quickly; my child has collapsed in the café across the road' 'My daughter has fallen off the monkey bars at school'	» Outline initial management of a patient with suspected anaphylaxis. » Practise interpreting X-rays and compare with official radiology result » Apply a plaster to a closed non deformed fracture » Provide plaster care advice » Apply a broad arm sling and a collar and cuff sling » Counsel a patient about wound management (including tetanus and antibiotic) and apply a dressing	Australian Prescriber. The doctor's bag. App available. https://www.nps.org.au/australian-prescriber/articles/the-doctors-bag ASClA guidelines – acute management of anaphylaxis https://allergy.org.au/health-professionals/papers/acute-management-of-anaphylaxis-guidelines MD Connect™. MD2 PCP2 Ambulatory Care/ED student guide MD Connect™ Library software. Medical Imaging. https://mdconnect.medicine.unimelb.edu.au/ Therapeutic guidelines. Ulcer and Wound Management. https://mdconnect.medicine.unimelb.edu.au/

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Multi-system presentations	'I'm tired all the time' 'I'm losing weight' 'I'm having difficulty sleeping' 'My (relative) is acting out of sorts'	<ul style="list-style-type: none"> » List differential diagnosis for each presentation » Consider which 'red flag' conditions should be excluded » Justify which investigations may be ordered » Consider appropriate management strategies for each diagnosis 	Fatigue – a rational approach to investigation http://www.racgp.org.au/afp/2014/july/fatigue/
Surgery Breast disease Symptomatic breast disease Breast cancer screening	'I found a breast lump when I was in the shower' 'My mum's sister has just died of breast cancer. Should I have any tests?'	<ul style="list-style-type: none"> » Practise breast examination under direct supervision. » Describe lumps; identify characteristics of benign and malignant lumps » Give advice to patients about breast self-examination 	Cancer Council National GP Portal http://gp.cancer.org.au/ Breast Screen Victoria. www.breastscreen.org.au RACGP. Red book Guidelines for preventive activities in general practice. http://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/93-breast-cancer/ Cancer Council Optimal Care Pathways for breast cancer http://www.cancerpathways.org.au/optimal-care-pathways/breast-cancer#Cancer-Investigations
Lumps and bumps Sebaceous cyst/abscesses Lipoma Haemorrhoids	'I have this lump on my back that is getting bigger and really hurting' 'I have these funny lumps on my arm' 'I think I have piles'	<ul style="list-style-type: none"> » Describe lumps using descriptive terminology and create a differential diagnosis » Practise suturing » Outline different treatment options for haemorrhoids 	MDConnect™. Clinical examinations guide MDConnect™ Library. Skin atlas. https://mdconnect.medicine.unimelb.edu.au

Ambulatory Care, Medicine and Surgery			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Upper abdominal pain GORD Hiatus hernia Peptic ulcer disease Gastritis Pancreatitis Gallbladder disease Obstructive jaundice	'I am getting really bad heartburn / tummy pain / nausea'	<ul style="list-style-type: none"> » Take an alcohol history » Employ motivational interviewing techniques in patients presenting with alcohol related health issues » Explain gallstone diagnosis and treatment to a patient; write a referral to a surgeon for a patient for consideration of elective cholecystectomy » Take a history from a patient presenting with obstructive jaundice and formulate a differential diagnosis 	MD Connect™. MD2 PCP2 Surgery student guide https://mdconnect.medicine.unimelb.edu.au/ AFP. Motivational interviewing techniques. http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/ Gastroenterology Society of Australia clinical guidelines https://www.gesa.org.au/ AFP. Biliary pain http://www.racgp.org.au/afp/2013/july/biliary-pain/ MJA. Acute pancreatitis –update on management https://www.mja.com.au/journal/2015/202/8/acute-pancreatitis-update-management
Lower abdominal pain Acute abdomen differential diagnosis Appendicitis Ureteric colic Diverticular disease and diverticulitis Inflammatory bowel disease Gynaecological presentations for abdominal pain including ectopic pregnancy and ovarian pathology Colorectal carcinoma and the national bowel cancer screening program	'I couldn't sleep last night due to such bad tummy pain' 'My Dad has been diagnosed with bowel cancer. Should I be having any tests?'	<ul style="list-style-type: none"> » Practise taking histories from and performing physical examinations in patients presenting with acute and chronic abdominal pain » Write a referral letter to an emergency department for a patient presenting with acute abdominal pain » Practise taking family histories to determine appropriate investigations » Explain the national bowel cancer screening program to a patient who presents with queries about an FOBT in the mail 	Department of Health. Cancer screening www.cancerscreening.gov.au BMJ Best Practice. Assessment of the acute abdomen http://bestpractice.bmj.com/best-practice/monograph/503.html Gynaecological presentations: refer to the Women's Health term guide. https://mdconnect.medicine.unimelb.edu.au/ RACGP. Red book guidelines for preventive activities in general practice. Colorectal cancer. http://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/92-colorectal-cancer/

Aged Care

General resources

- PCP3 Aged Care term guide 2016. Available on MD Connect (Supervisors and MD3 students only)
<https://mdconnect.medicine.unimelb.edu.au>
- RACGP. Guidelines for preventive activities in general practice (Red book);
<http://www.racgp.org.au/your-practice/guidelines/redbook/5-preventive-activities-in-older-age/>
- RACGP. Medical care of older persons in residential aged care facilities (Silver book),
<http://www.racgp.org.au/your-practice/guidelines/silverbook/>
- Australian Medicines Handbook. Guides: Prescribing for the elderly (Available via MDConnect)
- Alzheimer's Australia. (Information and support for patients and carers, as well as tools for dementia assessment including people from a non-English speaking background.) www.fightdementia.org.au
- Advance Care Planning. Australia. Links to training resources and courses provided by the Respecting Patient Choices Program at Austin Health, <http://advancecareplanning.org.au>

Table 2: Core presentations for Aged Care

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Prescribing in the elderly and polypharmacy	'Doctor, I don't understand why I have to take all these pills!'	<ul style="list-style-type: none"> » Attend Home Medication Reviews with local pharmacists » Interview patients about how they manage medication including the use of Webster packs » Explain to patients why the medication is necessary 	AFP. Prescribing in the elderly http://www.racgp.org.au/afp/2010/october/prescribing-in-the-elderly/

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Comprehensive geriatric assessment	'The nurse rang me and said I was due for a checkup' 'I've come for my flu jab'	<ul style="list-style-type: none"> » Conduct several over-75-year-old Health Assessments, and make recommendations based on your findings to discuss with your supervisor » Review a referral to a Team Care Arrangement and consider accompanying a patient to an allied health appointment » Discuss driving safety with an older person taking into account their medical history » Discuss level of community support and home safety » Discuss the completion of Advance Care Plans with patients » Counsel a person considering residential care including referral for an ACAT assessment » Accompany a GP to local aged care facilities; contribute to the rounds there 	Austroads. For health professionals http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive/for-health-professionals Department of Social Services. My aged care http://www.myagedcare.gov.au/ Aged Care Assessment Team (ACAT) assessments http://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments The Australian Immunisation Handbook 10th edition http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home
Dementia care in the community Delirium in the elderly	'I'm worried about my mother's memory' 'I'm exhausted caring for my father who has dementia'	<ul style="list-style-type: none"> » Practise doing MMSE » Interview carers to understand the issues and refer them to local support services including respite care 	World Health Organization. Dementia http://www.who.int/topics/dementia/en/ Dementia Collaborative Research Centres. Talks and publications http://www.dementiaresearch.org.au/presentations.html
Depression in the elderly	'I feel like a burden'	<ul style="list-style-type: none"> » Practise interviewing elderly patients about their mental health 	PCP3 Aged Care term guide. Available on MD Connect https://mdconnect.medicine.unimelb.edu.au

Aged Care			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Falls	'I fell again last night'	» Assess patient for acute injury » Attend home visits to elderly patients with the GP or practice nurse to assess sensory impairments, falls risk, emotional wellbeing and other safety issues	AFP. Falls prevention in older adults http://www.racgp.org.au/afp/2012/december/falls-prevention/
Palliative care	'My pain is bad'	» Attend one home visit with the local palliative care team/GP (if possible)	Palliative Care Victoria http://www.pallcarevic.asn.au/
Osteoporosis	'I went to the chemist for a bone scan and they told me I had to see my GP'	» See MD2 core presentations	See MD2 core presentations

Child and Adolescent Health

General resources

Children aged less than 15 years account for 11% of general practice encounters.¹ The following resources are designed to assist with student learning about paediatrics and to provide an approach to history taking and physical examination in children presenting to general practice.

- Child and Adolescent Health guide; available on MDConnect™ (Supervisors and MD year 3 only):
<https://mdconnect.medicine.unimelb.edu.au>
- Royal Children's Hospital clinical practice guidelines and kids health information. This website (apps also available) provides detailed clinical practice guidelines for paediatric presentations. The Kids health information fact sheets provide useful parent and patient information. www.rch.org.au
- University of British Columbia. Learn paediatrics by students for students. Includes approaches to common problems (eg approach to the child with a fever and a rash) and a series of videos including abdominal, respiratory, cardio and neurologic examinations, inspections, and auscultations on children and newborns.
<http://learnpediatrics.com>

The videos are also available through Vimeo: <https://vimeo.com/learnpediatrics/videos/page:2/sort:date>

- Hutson JM, Beasley SW. The surgical examination of children. 2nd ed. Springer; 2013. Ebook available through the University library at: <http://link.springer.com.ezp.lib.unimelb.edu.au/book/10.1007/978-3-642-29814-1>
- Raising Children Network. The Australian parenting website: comprehensive, practical, expert child health and parenting information and activities covering children aged 0-15 years. www.raisingchildren.net.au

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Britt HC, Millar GC, Henderson J, Bayram C, Harrison CM, Valenti L, et al. General practice activity in Australia 2013-14. Sydney: Sydney University Press, 2014.

Allied health and other community resources

Your GP supervisor and the practice are part of the wider community; you should understand the role the GP and practice play in community services. eg:

- Your local maternal and child health centre (MCHC) – the nurse may allow you to visit during a session.
- If your GP practice or related allied health provider conducts education sessions at any local MCHC, crèches, kindergartens or schools you may be able to accompany them and contribute.
- Consider volunteering at the Royal Children's Hospital *Teddy Bear Hospital*, especially if it visits your local community.
- Understand the impact of a sick child on the family and the role of parental education and support in acute and chronic diseases.

Table 3: Core presentations for Child and Adolescent Health

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
First 6 weeks	'I am here for my baby's 6 week check'	<ul style="list-style-type: none"> » Examine a baby who presents for a 6 week check including doing a hip examination » Plot centiles » Interview parents regarding feeding and settling » Counsel a parent who has immunisation queries 	Newborn exam https://www.thewomens.org.au/health-professionals/clinical-education-training/the-womens-maternity-services-education-program-msep/ The 6 week check: An opportunity for continuity of car. AFP May 2012 http://www.racgp.org.au/afp/2012/may/the-6-week-check/ Royal Children's Hospital. Developmental dysplasia of the hip http://www.ddheducation.com/ Royal Children's Hospital. Child growth learning resource http://www.rch.org.au/childgrowth/Child_growth_e-learning/ Immunise Australia Program http://www.immunise.health.gov.au/

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Fever in a child Consider how investigation and management of fever differs according to age Application of traffic light system and management approach according to age of child	'My baby aged 8 weeks has a fever' 'My child aged 4 years has a fever on and off for the last 48 hours'	» Interview parents of children presenting with fevers » Perform a systematic exam to find the source of the fever » Apply the traffic light system/ screening tool for young children presenting with acute febrile illness » Provide fever advice to the parent (stable child)	Interactive seminar CAH student Guide: Fever in children https://mdconnect.medicine.unimelb.edu.au/RCH clinical practice guidelines febrile child RCH clinical practice guidelines febrile child http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/ Royal Children's Hospital. Febrile child. Includes a link to the <i>Screening tool for young children presenting with acute febrile illness</i> . http://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/
Bowel and bladder Constipation Urinary tract infections Enuresis	'My child is constipated' 'I think my child has a bladder infection' 'My child is wetting the bed at night'	» Advise a parent about conservative and medical management for constipation » Develop a plan for enuresis with a parent » Manage a UTI in the community	RCH clinical practice guidelines on constipation and parent information sheet: http://www.rch.org.au/clinicalguide/guideline_index/Constipation/ Royal Children's Hospital. Bedwetting http://www.rch.org.au/kidsinfo/fact_sheets/Bedwetting/ Royal Children's Hospital. Urinary Tract Infection http://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/
Respiratory infections Acute otitis media Pharyngitis Bronchiolitis Croup Pneumonia	'My child has a sore ear' 'My child has funny breathing'	» Perform ENT exam; know the different appearances of tympanic membranes » Advise a patient regarding natural history of an URTI and when to return to the GP/ hospital » Counsel a parent whose child is going on a short course of oral steroids	CAH student guide. ENT exam- Ear, nose and throat (ENT) examination in children https://mdconnect.medicine.unimelb.edu.au/ Royal Children's Hospital. Otitis medis https://www.rch.org.au/clinicalguide/guideline_index/Acute_Otitis_Media/ Royal Children's Hospital. Viral illnesses http://www.rch.org.au/kidsinfo/fact_sheets/Viral_illnesses/

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Asthma			
Classification	'My child has a wheeze'	» Practise taking asthma histories and classify type and severity of asthma	National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: http://www.asthmahandbook.org.au
Diagnosis	'My child has a cough at night and after exercise'	» Give feedback on and demonstrate correct inhaler and spacer technique to a patient » Interpret and explain spirometry results to a parent » Write an asthma management plan using the medical software » Complete an asthma action plan for childcare/school	Definitions of asthma patterns in children aged 0–5 years not taking regular preventer http://www.asthmahandbook.org.au/table/show/14
Treatment			Royal Children's Hospital. Inhaled medications for asthma and rhinitis http://www.rch.org.au/genmed/clinical_resources/Inhaled_medications_for_asthma_and_rhinitis/
Acute asthma management			National Asthma Council Australia. Spirometry handbook https://www.nationalasthma.org.au/health-professionals/spirometry-training-and-tools
Common skin problems			
Eczema	'My child has an itchy rash on her arms and legs'	» Describe a rash using appropriate terminology » Develop a management plan and give eczema advice to a parent	MD2 Foundation term-'Introduction to Dermatology' lecture on MD Connect https://mdconnect.medicine.unimelb.edu.au
Nappy rash	'My child has a sore rash on his bottom and I'm not sure what to do next'		Royal Children's Hospital. Eczema management http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Eczema_management/
Vulvovaginitis	'My little girl is complaining of an itch down below and it looks a bit red'		Royal Children's Hospital. Nappy rash http://www.rch.org.au/clinicalguide/guideline_index/Nappy_Rash/
			Royal Children's Hospital. Prepubescent Gynaecology (Includes vulvovaginitis) http://www.rch.org.au/clinicalguide/guideline_index/Prepubescent_Gynaecology/

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Common infections Chicken pox/ varicella Hand foot and mouth disease Impetigo	'My child has blisters on his tummy that are spreading' 'My child has a weepy rash on his face'	» Describe and diagnose common childhood rashes » Advise a parent on natural history of these conditions and give school/childcare exclusion advice	Royal Children's Hospital clinical practice guideline chicken pox http://www.rch.org.au/clinicalguide/guideline_index/Chickenpox_varicella/ Royal Children's Hospital. Cellulitis and Skin Infections http://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections/ Royal Children's Hospital. Impetigo school sores. http://www.rch.org.au/kidsinfo/fact_sheets/Impetigo_school_sores/ Department of Health. Infectious diseases. https://www2.health.vic.gov.au/public-health/infectious-diseases Department of Health. Disease information and advice. (A-Z list of blue book diseases with descriptions, notification requirements, school exclusions and management guidelines.) https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice
Common emergency presentations: Acute asthma attack Head injury Foreign body (nasal/ inhaled/ingested) Anaphylaxis Fractures	'Help, my child is struggling to breathe' 'Help my child has collapsed' 'My child fell off the monkey bars in the playground'	» Assess and manage an acute asthma attack presenting to GP » Instruct a patient/ parent on how to administer an adrenaline auto injector » Understand which fractures are referred and which are managed in the general practice	Royal Children's Hospital. Asthma Acute http://www.rch.org.au/clinicalguide/guideline_index/Asthma_Acute/ ASCIA. Anaphylaxis resources. http://www.allergy.org.au/health-professionals/anaphylaxis-resources

Child and Adolescent Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Common surgical presentations	Balanitis Inguinal hernias Testicular torsion Congenital haemangiomas	'My little boy is complaining of stinging from the tip of his penis when he pees' 'My 12 yr-old has a pain in his tummy and a sore testicle' 'My baby has a red lump on his eye that looks sore'	Abdominal and inguino-scrotal examination in children refer to Child and Adolescent Health guide available on MDConnect™ https://mdconnect.medicine.unimelb.edu.au Royal Children's Hospital. The Penis and Foreskin http://www.rch.org.au/clinicalguide/guideline_index/The_Penis_and_Foreskin/ Royal Children's Hospital. Acute scrotal pain or swelling http://www.rch.org.au/clinicalguide/guideline_index/Acute_Scrotal_Pain_or_Swelling/ Royal Children's Hospital. Haemangiomas of infancy http://www.rch.org.au/kidsinfo/fact_sheets/Haemangiomas_of_infancy/

Mental Health

Mental health issues are common in patients presenting to general practice. For example, in 2013-2014, 13% of GP encounters were shown to be related to mental health and one third of these were for depression². If students have not completed the MD year 3 Mental Health term, they will need some basic knowledge about how mental health conditions present in general practice, in particular:

- Awareness of some simple strategies to detect patients with possible mental illness. Some familiarity with the diagnostic criteria for common psychiatric conditions managed in general practice, in particular anxiety and depression is required
- How to take a history from a patient experiencing psychological distress, including how to conduct a Mental State Examination
- Knowledge of psychotropic medications commonly prescribed in the GP setting for mental illness and their side effects
- Awareness of effective non-pharmacological strategies for common mental illnesses encountered in the GP setting

² Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. 2014. General practice activity in Australia 2013–14. General practice series no.36. Sydney: Sydney University Press.

General

Table 4: Core presentations for Mental Health

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Detection of mental illness in general practice Assessing a person with psychological distress	<p>'I have had a heart attack recently and need to get my scripts and a referral back to the cardiologist'</p> <p>'I am a new Mum and I am having a lot of trouble getting to sleep, even when the baby is sleeping fine'</p> <p>'I've just dropped out of uni and my parents are nagging me to do something about my heavy drinking'</p> <p>'I have really lost my motivation at work, I'm tired and moody and think I need something to help me sleep'</p> <p>'I want you to see my 15 year old son, who is acting really weird lately'</p> <p>'I'm just not feeling well' (Somatisation)</p>	<ul style="list-style-type: none"> » Ask some questions to determine the patient's mental health. » Consider the mental health challenges for people with acute or chronic medical problems » Practise interviewing patients about their use of alcohol and other drugs » Administer the Edinburgh Postnatal Depression Scale as part of your assessment of sleep issues in the postnatal period » Perform a HEADSS assessment on a young person » Interview a patient to explore whether they have symptoms of anxiety and/or depressive disorder 	<p>RACGP. Clinical guidelines ('Psychosocial' chapter). http://www.racgp.org.au/your-practice/guidelines/redbook</p> <p>Heart Foundation. Psychosocial health. http://heartfoundation.org.au/for-professionals/clinical-information/psychosocial-health</p> <p>Beyondblue - Perinatal mental health https://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health</p> <p>Turning point. New screening and assessment tools. http://www.turningpoint.org.au/Treatment/For-Health-Professionals/New-screening-and-assessment-tools1.aspx</p> <p>Royal Children's Hospital. Engaging with and assessing the adolescent patient. http://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/</p> <p>Headspace http://headspace.org.au/</p> <p>Reachout http://au.professionals.reachout.com</p>

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Diagnosed conditions Key diagnostic criteria for mood and anxiety disorders Anxiety Depression Post natal depression Psychosis Eating disorders Substance misuse / Dual diagnosis Bipolar disorder	'I've come in for a repeat script' 'My anxiety is getting worse' 'My daughter is losing lots of weight'	<ul style="list-style-type: none"> » Conduct mental state examinations including risk assessments. » Practise applying K10 or another psychometric measure. » Perform a mental state exam on a young person, who is exhibiting unusual behavior » Provide patients with information about their specific conditions » Describe common and effective approaches to the management of anxiety disorders and understand the evidence for CBT » Compile a list of local resources and services for people with dual diagnosis and substance misuse » If possible, sit in with a patient during a session with their clinical psychologist » Practise writing mental health plans with your supervisor. » Interview patients with a history of mental illness regarding the impact it has on their life. » Provide information about the local crisis service. » Find resources on the internet that you could use to provide psycho-education to patients. » Find online therapy options for patients with common mental health concerns 	<p>In general practice, the ICD-10 codes for mental disorders are commonly recommended instead of the DSM-V diagnostic criteria. They can be easily accessed online at http://apps.who.int/classifications/icd10/browse/2015/en#/V</p> <p>Within Chapter V, it is recommended as a minimum that you read sections F30-39 (mood disorders) and F40-48 (neurotic, stress-related and somatoform disorders)</p> <p>http://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/</p> <p>Headspace http://headspace.org.au/</p> <p>'Help us, she's fading away' How to manage the patient with anorexia nervosa http://www.racgp.org.au/afp/2014/august/help-us-shes-fading-away/ http://www.mindhealthconnect.org.au/ https://beacon.anu.edu.au/</p> <p>Beyond Blue http://www.beyondblue.org.au/</p>

Mental Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Psycho pharmacology SSRIs Benzodiazepines Atypical antipsychotics	'I need a repeat script for my serepax, which I take to help me sleep' 'I stopped taking the medication the doctor prescribed for depression, as it made me feel really numb. But I am still struggling' 'I'm putting on loads of weight from those meds'	» Counsel patients who are starting an SSRI including side effects. » Know the guidelines for prescribing benzodiazepines in general practice » Interview a patient about their history of sleep problems and medication usage. Incorporate sleep hygiene advice as part of your management strategy for patients with sleep issues. » Read about common medication options for the treatment of Depressive Disorder, with attention to recommended dose range, common side effects and how to switch from one medication to another.	RACGP. Prescribing drugs of dependence in general practice, Part B Benzodiazepines. http://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b/ Therapeutic Guidelines - available on MD Connect https://mdconnect.medicine.unimelb.edu.au NPS MedicineWise http://www.nps.org.au/

Women's Health

General resources

- **PCP3 Women's Health student guide** - (available on MDConnect™)
<https://mdconnect.medicine.unimelb.edu.au>
- **Royal Women's Hospital website** - This website provides clinical practice guidelines to health professionals and patient information for pregnancy and gynaecological care - www.thewomens.org.au
- **Melbourne Sexual Health Centre** - This website provides detailed guidelines on the management and treatment of sexually transmitted infections and has useful resources for patients. www.mshc.org.au
- **Family Planning Victoria** - This website has links for both patients and health care practitioners. It covers a range of sexual and reproductive health topics including contraception and has useful patient resources. www.fpv.org.au
- **Jean Hailes website for Women's health** - This website has useful resources for GPs and for patients.
www.jeanhailes.org.au

Table 5: Core presentations for Women's Health

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Well woman check- non pregnant	'I would like a check-up' 'I would like an STI check'	<ul style="list-style-type: none"> » Give lifestyle advice eg on smoking, nutrition, alcohol, physical activity » Practise motivational interviewing » Calculate total cardiovascular risk using the CVD risk calculator » Discuss cancer cervical screening with at risk women. Perform cancer cervical screening tests (direct supervision required) » Take a sexual history and discuss STI screening » Perform breast examinations (direct supervision required) 	RACGP. SNAP guide http://www.racgp.org.au/your-practice/guidelines/snap/ Australian absolute cardiovascular disease risk calculator https://www.cvdcheck.org.au and https://www.heartfoundation.org.au/for-professionals/clinical-information/absolute-risk Family planning Victoria www.fpv.org.au Cancer Council Cancer Guidelines Wiki: National cervical screening program http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening Melbourne sexual health centre http://www.mshc.org.au/ Australian STI management guidelines for use in primary care www.sti.guidelines.org.au For mental health assessment please refer to resources listed under the Mental Health term.
Pelvic pain	'I have pain when having sex/ I bleed after sex'	<ul style="list-style-type: none"> » Consider ectopic pregnancy in any woman of child-bearing age who presents with abdominal pain or bleeding » Practise taking endocervical swabs (under direct supervision); interpret results and explain the results to a patient (under supervision) for example giving a positive chlamydia PCR result 	RANZCOG guidelines. http://www.ranzcog.edu.au/college-statements-guidelines.html RANZCOG. Useful Clinical Guidance: Chronic pelvic pain, initial management of. http://www.ranzcog.edu.au/college-statements-guidelines.html

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Contraception and period problems COCP POP implanon IUS (Mirena)-IUD depot provera Dysmenorrhoea Heavy menstrual bleeding Ethical issues-prescribing for adolescents- Gillick competence	'I would like to go on the pill' 'I have painful periods/ I have irregular periods-help!' 'I have heavy periods'	<ul style="list-style-type: none"> » Counsel a patient experiencing dysmenorrhoea and provide advice about non hormonal management » Counsel a patient before they go on the COCP and use a pill pack to demonstrate how to take it effectively, including what to do about missed pills » Counsel a patient for implanon insertion » Counsel a patient pre-mirena insertion » Take histories from women suffering from HMB and discuss investigations and management strategies 	Family Planning Victoria www.fpv.org.au NPS Medicinewise. Contraceptive methods http://www.nps.org.au/medicines/contraceptive-methods John Guillebaud and Anne McGregor. Contraception: your questions answered (textbook) RANZCOG. Heavy menstrual bleeding
Polycystic ovary syndrome (PCOS) Hirsutism Acne Subfertility	'I feel like I have more facial hair than normal and my periods are irregular'	<ul style="list-style-type: none"> » Order baseline investigation in suspected PCOS » Give management and lifestyle advice to a patient with PCOS 	Jean Hailes For Women's Health. www.jeanhailes.org.au Polycystic ovary syndrome GP tool available from https://jeanhailes.org.au/contents/documents/Resources/Tools/PCOS_tool.pdf
Emergency contraception Hormonal versus non hormonal	'I had unprotected sex last night and do not wish to get pregnant'	<ul style="list-style-type: none"> » Counsel a patient about oral emergency contraception 	RANZCOG - www.ranzcog.org.au Search for 'emergency contraception'. Family Planning Victoria. Emergency contraception www.fpv.org.au/sexual-health-info/contraception/emergency-contraception
Pre-conception care Pre conception counselling-medical issues, lifestyle issues, preventive interventions	'I would like to get pregnant...'	<ul style="list-style-type: none"> » Counsel a woman who is considering getting pregnant 	RACGP red book 9th edition-preventive activities prior to pregnancy: http://www.racgp.org.au/your-practice/guidelines/redbook/1-preventive-activities-prior-to-pregnancy/

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Infertility Lifestyle factors Male and female factors Menstrual cycle factors	'I would like to get pregnant, and have been trying for over a year now'	» Order pre-IVF investigations/ write a letter referring a patient to a fertility specialist	Australian Doctor 2015 How to Treat Series. Subfertility and IVF http://www.australiandoctor.com.au/education/how-to-treat (Site requires registration, available to APHRA registered medical students)
Standard antenatal care Lifestyle advice in pregnancy Immunisation advice in pregnancy Referral pathways unplanned pregnancy	'I am pregnant, what do I do now?.... I am pregnant and bleeding...am I having a miscarriage?	» Provide lifestyle advice to a woman who has just found out she is pregnant » Assess and refer a patient with abnormal vaginal bleeding for appropriate investigations » Discuss antenatal care options available and the usual schedule of care » Counsel a patient about combined maternal serum screening and Non-invasive prenatal testing (NIPT) » Give immunisation advice to a pregnant patient » Identify referral pathways for unplanned pregnancy, and options for termination of pregnancy	Royal Women's Hospital www.thewomens.org.au AFP Noninvasive prenatal testing. 2014. 43(7): 432-434 http://www.racgp.org.au/afp/2014/july/noninvasive-prenatal-testing/ Immunise Australia Program. http://www.immunise.health.gov.au/ Royal Women's Hospital. Abortion. https://www.thewomens.org.au/patients-visitors/clinics-and-services/unplanned-pregnancy-services/abortion-service/
Post natal care Standard post natal check Breastfeeding	'My baby is now 6 weeks'	» Perform Mood assessment/ screen for PND » Give breastfeeding advice » Give contraception advice » Do a 6 week baby check and give immunisation advice	Australian Family Physician. The six week check. 2012. 47(5): 288-290 http://www.racgp.org.au/afp/2012/may/the-6-week-check/

Women's Health			
Core topic	Typical Presentations	Tasks to perform or learning objectives	Resources
Menopause Lifestyle advice When to prescribe HRT Osteoporosis screening Breast cancer screening Metabolic syndrome/ CVD risk Incontinence Uterovaginal prolapse	'I have hot flushes and no interest in sex - am I experiencing the change?' 'I feel like I leak urine when I cough or do exercise' 'I have a sensation of something coming down'	<ul style="list-style-type: none"> » Counsel patients who request to go on HRT » Provide general lifestyle advice to a woman who is perimenopausal » Practise taking histories from women presenting with urinary incontinence. » Outline pharmacological and non-pharmacological management of menopause to the patient. » Refer a patient for urodynamics » Outline treatment options for patients who present with uterovaginal prolapse 	Jean Hailes For Women's Health. www.jeanhailes.org.au Menopause Management GP Tool available from https://jeanhales.org.au/health-professionals/tools UroGynaecology Association of Australasia. Patient information http://www.ugsa.org.au/pages/patient-information.html

Procedural skills

Students are required to practice procedural skills, many of which are possible in general practice. It is a requirement of the Melbourne Medical School (MMS) and affiliated health services that ***all medical students must be appropriately supervised when performing any medical procedures on a patient.*** This requirement also applies to Elective Medical Students from other medical schools who are undertaking a University of Melbourne rotation.

Appropriate supervisors include qualified medical, nursing and health sciences staff for whom the procedure is within their scope of practice. Individual students are responsible for sourcing an appropriate supervisor before commencing any patient procedure.

The following procedures are routinely performed in the general practice setting and are appropriate for students to learn and perform.

- Instructing patients on mid-stream urine collection and first-void urine sample collection
- Urine pregnancy testing
- Instructing patients on the process for faecal occult blood testing
- Microbiological swabs for investigation of a variety of infections, including respiratory tract infections, wound infections
- Spirometry
- Peak flow measurement
- Education and observation of patients using inhalers
- Educating patients on how to use inhaler devices
- Blood glucose testing blood sugar measurement using a variety of blood glucose monitors,
- Urine testing for glucose, protein, ketones, microalbumin
- Pulse oximetry
- Taking ECGs
- Dermoscopy
- Bandaging and/or strapping of lower and upper limb injuries
- Application of slings – collar and cuff, broad arm

*Procedures such as the following should only be undertaken with **direct supervision:***

- Injections and immunisations
- Venepuncture
- Wound debridement and dressing
- Excision and / or punch biopsy of skin lesions
- Removal of lumps and bumps
- Removal of foreign body (soft tissue)
- Removal of foreign body (nose or ear, including ear wax, via syringing)
- Removal of foreign body (eye)
- Cryotherapy for warts and solar keratoses
- Simple suturing and removal of sutures
- Applying back slabs and / or plasters to upper and lower limb injuries
- Performing a speculum examination and cervical cancer screening test
- Conduct a digital rectal examination
- Taking genital swabs – vaginal/cervical, urethral, rectal
- Microbiological swabs for investigation of sexually transmitted infections
- Fluorescein stain of cornea

Core drug list

The core drug list for the General Practice rotation is modified from the core drug list for the MD program. Students will have learned about many of these medications during MD2 and other PCP3 rotations. By the end of the MD Year 3 general practice rotation students should be able to explain the mechanism of action, indications for use, common and serious adverse effects, important drug interactions and the necessary monitoring required for these core drugs.

The drugs highlighted in bold are particularly important and students should know as much as possible about the individual drug. For all other drugs, students should have a basic understanding of the individual drug as an example of that particular drug class.

Drug Class: Allergy/Anaphylaxis

- Sedating antihistamines
 - » promethazine
- Less sedating antihistamines
 - » cetirizine
 - » fexofenadine
 - » loratadine

» metronidazole

» tinidazole

» penicillins

» quinolones

» tetracyclines

- Loop diuretics

» **frusemide**

- Sympathomimetics

» adrenaline

- Nitrates

» **glyceryl trinitrate**

» isosorbide mononitrate

- Antihypertensives

» **thiazides**

» amiloride

» ACE-inhibitors

» angiotensin II antagonists

» calcium channel blockers
-dihydropyridine

» diltiazem

» verapamil

» beta-blockers

» **prazosin**

» **clonidine**

» hydralazine

» methyldopa

» moxonidine

- Antiarrhythmics

» **amiodarone**

» **digoxin**

» sotalol

- Drugs for dyslipidaemia

» **statins**

» fenofibrate

» gemfibrozil

» **ezetimibe**

Drug Class: Anaesthetics

- local anaesthetics**
- » lignocaine

Drug Class: Analgesics

aspirin

paracetamol

codeine

fentanyl

hydromorphone

methadone

oxycodone

morphine

tramadol

pethidine (why not to use it)

non-steroidal anti-inflammatories eg.
ibuprofen

- Other antibacterials

» nitrofurantoin

» trimethoprim/
sulfamethoxazole

» trimethoprim

- Antifungals

» **azoles**

» amphotericin

» **nystatin**

» terbinafine

» griseofulvin

- Antivirals/antiretrovirals

» **aciclovir**

» famciclovir

» ganciclovir

» valaciclovir

- Antiprotozoals

» atovaquone/proguanil

» chloroquine

» mefloquine

- Anthelmintics

» albendazole

» mebendazole

» pyrantel

» praziquantel

Drug Class: Antidotes/Antivenoms

glucagon

naloxone

thiamine

Drug Class: Anti-infectives

- Antibacterials (major)

» **cephalosporins**

» clindamycin

» **macrolides**

Drug Class: Cardiovascular

- Aldosterone antagonists

» spironolactone

Drug Class: Blood and Electrolytes

- Anticoagulants
 - » **enoxaparin**
 - » **warfarin**
 - » rivaroxaban
 - » dabigatran
- Antiplatelets
 - » **aspirin**
 - » **clopidogrel**
- Thrombolytics
 - » tranexamic acid
- Drugs for anaemias
 - » erythropoietin alfa
 - » folic acid
 - » **iron**
 - » **vitamin B12**
- Drugs for electrolyte imbalances
 - » polystyrene sulfonate resins (resonium)
 - » aluminium hydroxide
 - » calcium carbonate
 - » potassium chloride SR

Drug Class: Dermatologicals

mometasone
hydrocortisone
pimecrolimus
calcipotriol
acitretin
isotretinoin

Drug Class: Ear, Nose, Throat

- Drugs for ear infections
 - » dexamethasone/framycetin/gramicidin
 - » flumethasone/clioquinol
 - » ciprofloxacin
 - » triamcinolone/neomycin/nystatin/gramicidin
 - » isopropyl alcohol
- Drugs for vertigo
 - » betahistine
- Drugs for rhinitis/sinusitis

- » phenylephrine
- » pseudoephedrine
- » oxymetazoline
- » **intranasal corticosteroids**
- » azelastine
- » ipratropium

- Glaucoma
 - » timolol
 - » latanoprost
 - » brimonidine
 - » brinzolamide

Drug Class: Endocrine

- Diabetes
 - » **insulins**
 - » **sulphonylureas**
 - » **metformin**
 - » glitazones
 - » DPPV 4 inhibitors
 - » GLP 1 agonists
 - » glucagon
- Thyroid
 - » **thyroxine**
 - » carbimazole
 - » propylthiouracil
- Osteoporosis
 - » **alendronate**
 - » **risedronate**
 - » calcium carbonate
 - » **calcitriol**
 - » cholecalciferol
 - » strontium
 - » raloxifene
- Adrenal insufficiency
 - » cortisone acetate
 - » fludrocortisone
 - » hydrocortisone

desmopressin

bromocriptine

carbergoline

Drug Class: Eye

- Eye infections
 - » framycetin
 - » ciprofloxacin
 - » **chloramphenicol**

Drug Class: Gastrointestinal

antacids

H2 Antagonists**proton pump inhibitors**

hyoscine butylbromide

Antiemetics

- » **dopamine antagonists (antiemetics)**
- » **5HT3 antagonists**

- Laxatives

- » docusate +/- senna
- » bisacodyl
- » polyethylene glycol laxatives (movicol, colonlytely)
- » lactulose
- » glycerol suppositories
- » **bulking agents (Metamucil, Normocol)**

- Antidiarrhoeals

- » loperamide
- » diphenoxylate (lomotil)

- Inflammatory bowel diseases

- » mesalazine
- » sulfasalazine

- Haemorrhoid/fissure products

- » Rectinol®
- » Rectogesic®
- » Proctosedyl®
- Drug Class: Genitourinary

- Urinary tract disorders

- » oxybutynin
- » desmopressin

- Prostate disorders

- » **prazosin**
- » tamsulosin
- » finasteride

- Erectile dysfunction
 - » sildenafil
- Other
 - » urinary alkalisers

Drug Class: Immunomodulators and Antineoplastics

methotrexate

tamoxifen
aromatase inhibitors
azathioprine
corticosteroids

Drug Class: Immunisations

Immunisations on the National Immunisation Program Schedule
Travel immunisations

Drug Class: Musculoskeletal

- NSAIDs
 - » **celecoxib**
 - » **meloxicam**
 - » **non-selective NSAID's**
- Rheumatoid arthritis
 - » azathioprine
 - » leflunamide
- **methotrexate**
 - » hydroxychloroquine
 - » sulfasalazine
- Gout
 - » **allopurinol**
 - » **colchicine**

Drug Class: Neurological

- Antiepileptics
 - » **benzodiazepines in epilepsy (clonaz, clob, midaz, diaz)**
 - » **carbamazepine**
 - » **sodium valproate**
 - » **phenytoin**
 - » lamotrigine
 - » levetiracetam
 - » topiramate
- Parkinson's drugs

» **levodopa/carbidopa**

- » bromocriptine
- » cabergoline
- » pramipexole
- » benztropine
- » entacapone

- Migraine
 - » chlorpromazine
 - » triptans
 - » pizotifen

- Alzheimer's drugs
 - » donepezil
 - » rivastigmine
 - » galantamine
- Other
 - » Baclofen

Drug Class: Obstetrics and Gynaecology

Combined oral contraceptive pills

Long acting reversible contraceptives

Nuvaring

ethinyloestradiol

cyproterone
drospirenone
norethisterone
levonorgestrel
oestradiol
tibolone
calcipotriol

Drug Class: Psychotropics

- Antidepressants
 - » **SSRIs**
 - » **TCAs**
 - » moclobemide
 - » **SNRIs**
 - » mirtazapine
- Antipsychotics
 - » **haloperidol**
 - » chlorpromazine
 - » **olanzapine**
 - » **risperidone**

- » quetiapine
- » clozapine

- Bipolar
 - » lithium

- Anxiolytics/sleeping agents
 - » benzodiazepines
 - » zolpidem

- ADHD
 - » methylphenidate
 - » dexamphetamine

- Drugs for opioid dependence
 - » methadone
 - » buprenorphine
- Drugs for nicotine dependence
 - » varenicline
 - » nicotine products

- Drugs for alcohol abstinence
 - » naltrexone
 - » acamprosate

Drug Class: Respiratory

- Bronchodilators
 - » **salbutamol**
 - » **terbutaline**
 - » **salmeterol**
 - » **tiotropium**
 - » **ipratropium**
- Inhaled corticosteroids
 - » fluticasone
 - » budesonide

- Other
 - » cromoglycate
 - » montelukast

Resources

Department of General Practice

The Department of General Practice has a dedicated website for the GP Teaching Network of the Department of General Practice, University of Melbourne. This has sections for students, GPs and practice staff, and includes teaching practice profiles: <http://medicine.unimelb.edu.au/school-structure/general-practice/engagement/primary-care-community/teaching>

Clinical rotation guidebooks

The clinical rotating term guidebooks outline core presentations, many of which are seen in general practice. Use these to inform your supervisor, practice manager and the other GPs about which patients are relevant to your clinical rotation. This guidebook also includes a list of general practice common presentations relevant to each clinical term and what tasks may be accomplished. The reference lists and clinical websites are also relevant to general practice; the recommended text books and resources for MD3 specialty rotations are:

General resources available via MD Connect™

- Walker BR, Colledge NR, Ralston SH, Penman ID. Davidson's principles and practice of medicine. 22nd ed. Edinburgh: Elsevier Health Sciences; 2014.
- Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015.
- Greenhalgh T. Primary health care: theory and practice. Oxford: Blackwell publishing; 2007.
- Australian medicines handbook
- BMJ best practice
- ClinicalKey
- Therapeutic guidelines

Apps

- The Doctor's Bag (from NPS Medicinewise)
- MBS Search. The latest Australian Medicare Benefits Schedule
- palliAGED Decision Assist an easy guide for GPs to deliver good palliative care for their older patients

Websites

- **The Royal Australian College of General Practitioners**
 - » <http://www.racgp.org.au/>
 - » RACGP offers free online student membership that provides access to their online learning resources. Click on 'My account', select 'Join now' and there is a 'Free student online' option.
 - » The RACGP website provides open access to clinical guidelines. It also provides information about GP as a career option for medical students and interns.
 - » <http://www.racgp.org.au/your-practice/guidelines/>
- **The Royal Australian College of General Practitioners' GP learning website.**
 - » This is a series of case-based learning modules of a variety of common GP-based problems. It is excellent revision for important topics. You must register for the free student online account to gain access.
 - » <http://gplearning.racgp.org.au/>
- **The Royal Australian College of General Practitioners' Red Book 9th ed.**
 - » The 'Red Book' provides evidence-based guidelines for preventive care in General Practice.
 - » www.racgp.org.au/your-practice/guidelines/redbook/

- **The Royal Australian College of General Practitioners' Green Book:**
 - » The 'Green Book' is intended as a practical resource designed to strengthen preventive care in General Practice
 - » www.racgp.org.au/your-practice/guidelines/greenbook/
- **Department of Health (Victoria)**
 - » A portal to Victorian Government information for GPs
 - » <https://www2.health.vic.gov.au/audience/general-practitioners>
- **Royal Women's Hospital**
 - » Webpage for health professionals – fact sheets, clinical guidelines and health information.
 - » <https://www.thewomens.org.au/health-professionals/>
 - » Includes videos on post natal check and neonatal check at
 - » <https://www.thewomens.org.au/health-professionals/clinical-education-training/the-womens-maternity-services-education-program-msep/>
- **VCS Pathology**
 - » Includes resources on: Taking a cervical sample; cervix sampling card (images of cervixes); chlamydia testing; HPV: A guide for practitioners; plus others.
 - » <http://www.vcspathology.org.au/practitioners/resources1>
- **Royal Children's Hospital**
 - » Webpage for health professionals - <http://www.rch.org.au/rch/health-professionals/>
 - » Kids health info fact sheets - <http://www.rch.org.au/kidsinfo/>
- **General Practice Students Network**
 - » The General Practice Students Network (GPSN) companion (available to members only; \$cost) contains easy-to-access facts and figures on a range of common medical conditions, preventive medicine and clinical reasoning.
 - » <https://gpsn.org.au/members-only/gp-companion-members-only>
 - » GPSN also has tips for medical students at <https://gpsn.org.au/why-be-a-gp/hints-tips-for-rotations/>
- **St George's, University of London**
 - » Has a series of Clinical Skills Online videos available on You Tube on taking a patient history.
 - » <https://www.youtube.com/user/sgulcs0>
- **University of British Columbia**
 - » Learn paediatrics by students for students. <http://learn.pediatrics.ubc.ca>
 - » Includes approaches to common problems (eg approach to the child with a fever and a rash) and a series of videos including abdominal, respiratory, cardio and neurologic examinations, inspections, and auscultations on children and newborns.
 - » The videos are also available through Vimeo: <https://vimeo.com/learnpediatrics/videos/page:2/sort:date>
- **Coroners Court**
 - » Includes information on which deaths are reportable to, or reviewable by, the coroner
 - » <http://www.coronerscourt.vic.gov.au>
- **Australian Family Physician (AFP)**
 - » AFP is the official journal of the RACGP. Its aim is to provide evidence-based information to GPs. It has useful information for patient management in a wide range of issues written by experts in the field.
 - » www.racgp.org.au/afp/

- **THINK GP**
 - » This website offers free continuing medical education modules for a variety of common GP topics.
To access THINK GP you will need to register online, there is no cost involved.
 - » <http://thinkgp.com.au>
- **Health Pathways Melbourne:** Health Pathways Melbourne contains pathways that provide guidance around the assessment and management of common medical conditions, including when and where to refer patients. The pathways have been developed collaboratively by GPs, specialists, nurses and allied health professionals.
 - » <http://melbourne.healthpathways.org.au>
 - » Username: connected
 - » Password: healthcare
- **The Australian College of Rural and Remote Medicine:** This site consists of a variety of links relevant to rural GP including the curriculum for rural training.
 - » www.acrrm.com.au
- **The Bettering Evaluation and Care of Health (BEACH)** program continuously collects information about the clinical activities in General Practice in Australia including patient characteristics and reasons for attendance.
 - » <http://sydney.edu.au/medicine/fmrc/beach/>
- **Australian Institute of Health and Welfare:** This website provides information and statistics on Australia's health and welfare.
 - » www.aihw.gov.au
- **Diagnostic Imaging Pathways.** The Diagnostic Imaging Pathways website is an evidence-based and consensus-based education and decision support tool for clinicians. It guides the choice of the most appropriate diagnostic examinations in the correct sequence in a wide range of clinical scenarios.
 - » <http://www.imagingpathways.health.wa.gov.au/>
- **Dermnet:** this website provides information about dermatological conditions including an extensive picture gallery for patients and health professionals.
 - » www.dermnet.org.nz
- **Immunise Australia Program:** www.immunise.health.gov.au
- **Australian Immunisation Handbook 10th edition:**
 - » <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- **NPS Medicinewise** Quality use of medicines and medical tests.
 - » www.nps.org.au

Assessment

Assessment of your PCCB placement is integrated into Principles of Clinical Practice (PCP). Please refer to your PCP 2 subject guide and the MD year 2 rotating term guide for updated assessment requirements and deadlines.

In MD Year 2:

- One Mini-CEX assessment is to be completed in the PCCB placement please refer to the PCP2 subject guide for updated requirements and submission details.

Hurdle requirement:

- 100% attendance at PCCB placement days, signed off by the GP Supervisor or practice manager.

Quality assurance of placements

For critical incidents and emergencies, see page 4.

Feedback from students about their experience at their GP placements is an extremely important component of maintaining and/or improving the quality of GP teaching. Honest and constructive feedback, both positive and negative, is essential. We use student feedback to advise practices and supervisors on what they do well and what areas they can improve. GP Supervisors find this feedback extremely useful and for many, it is a key motivator to continue taking students.

There are some situations where a student is concerned about their experience on placement which they feel cannot be addressed in consultation with their placement provider or tutor. In such circumstances, we have additional processes in place so that issues are dealt with in a transparent, professional manner.

What are considered Quality Assurance (QA) issues?

Student concerns or issues may be in relation to:

- Quality of teaching:
 - » Insufficient patient contact
 - » Limited access to a range of clinical experiences
 - » Lack of adequate student consultation space
 - » Lack of clarity regarding learning objectives for the placement
 - » Concern regarding variation in practice compared to hospital-based teaching
- Student safety:
 - » Needle-stick injury
 - » Sexual harassment
 - » Patient aggression
 - » Incidents on home visit
 - » Bullying by clinical staff, etc

How does the Department of General Practice (DGP) respond to QA issues?

Once an issue has been reported to DGP, **an academic may contact you for more information.**

Some possible outcomes of the meeting include:

- Providing you with practical strategies for discussion with the practice
- A practice intervention by the academic. **IMPORTANT:** If a student is on placement at the practice, the practice intervention is arranged in consultation with the student and in a way that discloses information in a way agreed to by the QA academic and the student involved.
- If the matter is very serious, you may be moved to another practice.