



THE UNIVERSITY OF
MELBOURNE

Melbourne
Medical School

Doctor of Medicine

MEDS90020 - Year 3 - 2019

Principles of Clinical Practice 3

General Practice guide

DOCTOR OF MEDICINE

2019

Principles of Clinical Practice 3

MEDS90020

General Practice
guide

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INTRODUCTION

Welcome to your GP rotation

Welcome to your General Practice rotation. Whether you are placed in a rural or urban setting, this term gives some insight into one of the most stimulating, varied and satisfying of the specialties. The GP term allows the application of integrated knowledge from all of your completed rotations.

Practising as a GP opens doors to working in a variety of settings both here and throughout the world. You will work with skilled members of other health professions to bring the best healthcare to the community. You will meet interesting people who come to you with their problems, who will develop a relationship with you over time and usually value very highly the time you spend with them in helping them to improve their health. This rotation gives you a chance to put your learning into practice and to consider whether general practice appeals to you as a longer term career option.

General Practice rotations are undertaken in a rural or urban area, the GPs might have admitting rights to the local hospital, work as a procedural GP doing obstetrics, surgery or anaesthetics, or pursue a special interest practice such as women's health, dermatology or mental health. You will observe how the GPs know their patients as people, share with them the joys they experience and assist them through some of their most difficult times.

You will join a practice and see what it is like to be a valued member of your community. Many of the GPs have flexible work patterns that allow them to pursue interests outside the consulting room and you will observe how they incorporate life outside of medicine – time for family, hobbies and friends.

Your GP tutors and supervisors work to make your GP term interesting and enjoyable, as you learn the principles and practice of primary, patient-centred, preventative, continuing, community-based and comprehensive care beyond a disease focus. Those of you who eventually take up other specialties will take away valuable lessons from this term about holistic, patient-centred and interdisciplinary care and the importance of communication between everyone involved – including the patient and their family. Those of you who become GPs will make a comfortable living, have a rewarding career and make a real difference in the lives of your patients, their families and the community.

For more information about general practice as a future career choice, please see the General Practice Student Network (GPSN) website: <http://gpsn.org.au/>

We hope you enjoy your GP rotation.

Professor Lena Sanci

Director, Teaching and Learning,
Department of General Practice

Staff contacts

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

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Business hours: 9am–5pm Monday–Friday

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Email: gp-enquiries@unimelb.edu.au

Rural Clinical School Melbourne Medical School

49 Graham Street, Shepparton VIC 3632

Clinical School Officers:

Phone: +61 3 5823 4597

Email: RuralAccommodation@lists.unimelb.edu.au

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Dr Lindsay Moran / Dr Maeve O'Donnell

Department of Medical Education

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SMS: 0403 568 874

Email: academic-mentor@unimelb.edu.au

If you do not receive a reply, please email

md-enquiries@unimelb.edu.au.

Medical School Health and Wellbeing Service

Metropolitan:

Danielle Clayman

Phone: 0466 474 547

Email: danielle.clayman@unimelb.edu.au

Rural:

Lachlan Slade

Phone: 0428 933 952

Email: lachlan.slade@unimelb.edu.au

Primary Care Teaching Network Website

<http://medicine.unimelb.edu.au/school-structure/general-practice/engagement/primary-care-community/teaching>

After hours emergencies and injuries

Security services at The University of Melbourne

Phone: +61 3 8344 6666

Free call: 1800 246 066

Student safety and self-care on placement: who to contact during your GP rotation

The Department of General Practice has staff members whose role is to support both students and practices during the GP rotations.

The first point of call for most enquiries regarding the GP rotation is the administrative team who will triage queries and forward them to the appropriate person. The team's role is to ensure administrative issues including travel and accommodation are looked after. Students who are unable to attend their placement for short periods will need to supply either a medical certificate or complete a leave of absence document and forward this to the administrative team.

For any academic enquiries, concerns about teaching within general practice placements or personal difficulties (which may affect either attendance or performance during the GP rotation) please contact the Department of General Practice.

Each student will have access to an experienced general practitioner if they participate in the zoom meetings; placement related issues can be discussed with them.

For other avenues of student support, please refer to the PCP3 subject guide.

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 available from <https://www.medicalboard.gov.au/codes-guidelines-policies.aspx>. Remember that you are representing both the medical profession and the University when you are on clinical placement.

Critical incidents

The management of and response to critical incidents should be explained to you when you first start your 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 or clients, 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. Always remember that you are entitled to support whether that be from family, friends or a University staff member.

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 (Phone: +61 3 8344 7276, or Email: gp-enquiries@unimelb.edu.au).
3. GP Supervisor must complete the Incident investigation form available from: <https://safety.unimelb.edu.au> (Search Incident investigation) and send to the Department of General Practice via email (gp-enquiries@unimelb.edu.au) or Fax: +61 3 9347 6136 ASAP. Further information is available from: <https://safety.unimelb.edu.au/#incident-reporting>
4. Student must complete the Incident report form available from: <https://safety.unimelb.edu.au> and send to the Department of General Practice via email (gp-enquiries@unimelb.edu.au) or Fax: +61 3 9347 6136. Student should see their own GP or the University of Melbourne Health Service for further follow-up.

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 Defence 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
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 tests 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 Defence associations

Medical students are encouraged to investigate joining a private medical defence organisation. The Student Union Legal Service can provide guidance to students on the various organisations available.

Student Union Legal service

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

Community Legal centres

Community Legal Centres offer free legal advice. Details of local centres are available from: <https://www.fclc.org.au/>

University Counselling service

Free and confidential counselling for all students <https://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 from: <https://safety.unimelb.edu.au/safety-topics/travel-and-off-campus-work>

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.

Students can refer to their PCP3 Subject Guide for further information.

Preparation for the GP term

Introductions

You will be notified about your placement at least a month before it commences. We strongly advise you to write a letter of introduction to your nominated GP supervisor before you commence the placement. Send a photo of yourself, and some background information about yourself (eg interests, country of birth, career ambitions, etc).

It is imperative that you call the practice one week before the placement commences to introduce yourself and clarify arrangements for your orientation to the practice on the first morning.

Travel

The placement will be in urban Melbourne or rural Victoria.

Many of the urban placements are in outer suburbs, so students without cars will need to plan ahead about the best transport options to ensure punctuality. If you don't have a car, try to obtain a map and transport information about the local area, so that you can more easily get around to some of the local community health venues, such as nursing homes and aged care hostels.

Please take care when driving to your placements. All students must have a current Victorian drivers licence (or equivalent overseas or interstate).

Rural travel can be reimbursed in some circumstances as per the Rural Travel Policy. This has been posted on MD Connect™ for your information and is also available from <http://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>

Attendance expectations

If at any time you are not able to attend a placement or are running late, please ring the practice and let them know. Sometimes, they will have arranged specific tasks for you on certain days, so not turning up is not only extremely discourteous and unprofessional, it also may significantly disadvantage some patients. Remember to provide a medical certificate or other appropriate documentation for any placement days that you miss, both to your GP supervisor and to the Department of General Practice. Unsatisfactory attendance can lead to failure to pass PCP3.

We expect you to attend your general practice placement four full days per week (that is, eight sessions of approximately 3.5 hours per week). In week 3 you will be expected to attend the practice for three days as you will be attending the University of Melbourne in Carlton for two clinical workshop days that week. You will also attend a workshop on the final day of your placement in Carlton. Students based in rural placements will need to ensure that they plan their travel to be able to attend these days.

Attendance at the clinical workshop days and the CREST workshop is compulsory. 75% attendance at these sessions is a hurdle requirement.

Students can apply for Leave of absence (LOA) if required. The LOA policy and application form can be found on the MMS website at <http://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>

Any LOA needs to be approved by the Subject Coordinator. ERC students will need to seek approval from their Director of Medical Education.

Mental Health first aid training

For students wishing to gain skills in responding appropriately to people who might be experiencing mental illness, there is an evidence-based program provided through Orygen Youth Health in conjunction with The University of Melbourne. The Mental Health first aid program aims to improve capacity to respond in both the crisis situation and in the earlier stages of mental illness. This is tailored for health professionals who have increased exposure to mental health issues. This could be a useful program to undertake in preparation for your GP placement, if you have not already done so earlier in your course. Details can be found at: <https://mhfa.com.au/courses/elearning>

Rural Clinical School

At the Rural Clinical School the GP curriculum will be taught in two different ways. Students in Ballarat will have the traditional 'block' format and will attend the tutorials in weeks 3 and 6 at the Department of General Practice, Carlton.

The Extended Rural Cohort (ERC) students will be based in General Practice for the whole year, with 'miniblocks' back into the hospital for the other disciplines. Content for all disciplines will also be learned in the GP setting. ERC students will have all their teaching in the three hubs - Shepparton, Wangaratta and Echuca. ERC students will be given specific details about their individualised program once they commence MD3, including when and where their GP tutorials will be taught.

GP block term overview

Your GP rotation will consist of four components: clinical placement, online learning modules, clinical workshops and the CREST workshop.

Clinical placement

The clinical placement will help you apply your learning to consulting with patients and will raise areas for you to pursue further learning. Learning in your clinical placement will be largely experiential. It is recommended that you review the Core presentations for the rotation are available in this guide to assist your learning. You will have a GP supervisor who will meet with you regularly to hear you present cases and provide feedback. Your supervisor or other experienced GP will conduct your mini-CEX assessment and sign off on the GP Supervisor feedback form.

Online learning modules

There are eight online learning modules available through MDConnect. The modules are:

- Introduction to the general practice term
- Diagnostic reasoning and development of management plans
- Discussing sensitive issues
- Rash decisions
- Interprofessional communication
- A morning in general practice and an afternoon in general practice
- Primary health care for trans, gender diverse and non-binary people

Details of the learning objectives for each of these sessions are available in the *Learning activities* section. You are required to complete an online form after completion of each module as a hurdle requirement for the General Practice rotation. It is recommended that you complete the first two modules prior to or during the first week of your general practice rotation.

These sessions will assume prior knowledge of:

- Foundation term (PCP2) lectures – ‘Learning in General Practice’ and ‘Patient- centred care across the life stages in primary care - incorporating public health’
- Ambulatory care term GP days – understanding where the GP fits within the health care system
- PCP1 – communication medical interview, physical examination and diagnostic reasoning skills
- PCP2 – communication medical interview, physical examination and diagnostic reasoning skills

Clinical workshops

There will be four clinical workshops held in week 3 of the rotation, each of which is aligned to a key research theme in the Department of General Practice.

Each workshop will consist of compulsory pre-reading, pre- and post-workshop multiple choice questions and case-based teaching. Refer to the *Clinical workshops* section of this guide for the details of each workshop. Cultural Respect Encompassing Simulation Training (CREST) workshop on Communication and Indigenous Healthcare will be held on the final day of the rotation at the University of Melbourne in Carlton.

Zoom meetings

Zoom meetings will be offered to students in weeks 1, 2, 4 and 5. The purpose of the sessions is to give students the opportunity to de-brief about their placement, share clinical cases and receive mentoring from a GP tutor. These sessions are not compulsory but are highly recommended. You will be provided with details in your placement letter about how to register for these sessions. Registered students will then be provided with a zoom internet link to join the session.

Office hours

Senior academics from the Department of General Practice will hold office hours in weeks 2 and 4 for students who wish to discuss any concerns or issues they may be facing during their GP placement. You will be provided with details in your placement letter about how to register for these sessions.

Intended learning outcomes for the GP rotation

“General Practice is a traditional method of bringing primary health care to the community. It is a medical discipline in its own right, linking the vast amount of accumulated medical knowledge with the art of communication.”

Murtagh¹, 2011, p 2.

Broad goals

The three broad goals of the GP term align with the quotation above from Emeritus Professor Murtagh. We seek to enable students to:

1. *Communicate* effectively
2. *Problem solve* (apply *diagnostic reasoning* skills and elicit the ‘problem list’)
3. Derive a *management plan* WITH the patient covering goals for the short, medium and long-term and including the skill of dealing with uncertainty

Communication skills apply to every section of this triad because in General Practice you must be able to elicit a patient history, and explain your diagnostic reasoning process, the reasons for examination and investigations as well as management to patients in a way they can understand and make meaning of. This requires you to use *active listening skills* – picking up cues from what they say through non-verbal forms of communication. It is also important to reflect back to patients that you have understood not only the ‘*content*’ of what they are saying but the ‘*feeling*’ that accompanies the content. Students commonly fall short of being able to construct a management plan with the patient’s input. This is not surprising given that experience builds this skill, however by thinking, for each patient you see, ‘how am I going to help this patient in the short, medium and longer term?’ you will hopefully master this skill.

Greenhalgh² (p. 116-18) writes that the key academic skills to being a *good generalist* are:

- a. *Communication skills*,
- b. *Knowledge management* (you will never know everything but you need to know how to find, sort, index, store, evaluate, summarise, synthesise and share knowledge effectively and efficiently),
- c. Ability to work with a *multidisciplinary team*, knowing roles of each in the bigger picture and
- d. Ability to *adapt appropriately* to new approaches and models.

We would like you to observe and practise these skills in your GP placements.

Intended learning outcomes

The Intended Learning Outcomes are applied in the four key areas of the general practice curriculum as defined by the Royal Australian College of General Practice (RACGP), namely: People and their Populations; Presentations, Processes of General Practice (ie the four P’s).

In summary, the Intended Learning Outcomes of the GP term are for students to:

1. Demonstrate patient-centredness in clinical decision making and management during GP placements by applying a holistic, biopsychosocial framework and considering the needs of patients from diverse backgrounds.
2. Critically appraise and synthesise existing knowledge to assist clinical reasoning, particularly when clinical uncertainty may be high
3. Discuss population health issues from the community perspective with a focus on the role of general practice
4. Propose strategies for illness prevention and health promotion for the individual, in the context of a broader population health agenda
5. Grow as a reflective practitioner, capable of self-care and self-directed learning

1 Murtagh J. John Murtagh’s general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015.

2 Greenhalgh T. Primary health care: theory and practice. Oxford: Blackwell publishing; 2007.

Textbooks, equipment and resources

Textbooks

Prescribed texts

Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Education; 2015.

This book is an excellent resource for General Practice. It is set out with easy to read chapters starting with general principles then discussing individual presenting problems.

Recommended reading

Blashki G, Judd F, Piterman L. General practice psychiatry. North Ryde, NSW: McGraw-Hill; 2006.

A practical handbook for recognition and management of mental health issues.

Greenhalgh, T. Primary health care: theory and practice. Oxford: BMJ Books; 2007

This text begins with an overview of the research and academic underpinnings of General Practice and moves into some models of clinical reasoning, management and influence of the family on health and population health respectively.

Journal articles and guides

Several journal articles or other written guides form the recommended reading for the clinical workshops. Internet links or PDFs of these papers will be provided for you to access and download on MD Connect™.

Online resources

Below is a list of online resources commonly used in the General Practice setting. Many have both health practitioner and patient links. It is worth exploring both as the patient information sheets can assist with your initial knowledge and further explaining conditions and management to patients.

Additional links to useful readings and websites will be placed on MD Connect™.

All students should access the **free online student membership with the RACGP**. This will provide you with access to all online learning resources. To sign up for this membership, visit <https://www.racgp.org.au/> and select "RACGP membership". Follow the steps and complete your details as outlined.

Resources:

Health Pathways Melbourne: Available from: <https://melbourne.healthpathways.org.au/>

Username: connected

Password: healthcare

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.

Guidelines for preventive activities in general practice (the red book). Melbourne: The Royal Australian College of General Practitioners; 2016, 9th ed. Available from: <https://www.racgp.org.au/your-practice/guidelines/redbook/>

The 'Red book' provides evidence-based guidelines for preventive care in General Practice.

The Royal Australian College of General Practitioners' Green Book: Available from: <https://www.racgp.org.au/your-practice/guidelines/greenbook/>

The 'Green book' is intended as a practical resource designed to strengthen preventive care in General Practice.

The Royal Australian College of General Practitioners' curriculum available from: <https://curriculum.racgp.org.au/>

This site explores the curriculum for Australian General Practice training. This curriculum helped define the current PCP3 GP curriculum.

Introduction to becoming a GP in the Australian Health system – (1 hour) Available from:

<https://gplearning.racgp.org.au/>

This module is ideally done prior to or during the first week of the rotation. It has four components and is designed for medical students and junior doctors who are working in GP.

The four components are:

1. Introduction to Australian GP
2. Keys to high-quality care in Australian general practice
3. Working in Australian general practice - including working as part of a multidisciplinary team and how general practices operate as a business
4. Journey of General Practice in Australia – “How to become a GP.”

Australian Journal of General Practice (AJGP): Available from: <https://www.racgp.org.au/AJGP/>

AJGP is the official journal of the RACGP. Its aim is to provide evidence-based information to GPs.

Each monthly issue has a specific topic but previous issues are available online. It has useful information for patient management of a whole range of issues written by experts in the field.

THINK GP (free continuing medical education modules): Available from: <http://thinkgp.com.au/>

To access THINK GP you will need to register online by going to the link above. There is no cost involved.

This website provides online learning modules for a variety of common GP topics and is a great way to consolidate your knowledge or learn about the current gaps which may require further study.

Australian College of Rural and Remote Medicine: Available from: <https://www.acrrm.org.au/>

This site consists of a variety of links relevant to rural GP including the curriculum for rural training.

Bettering Evaluation and Care of Health (BEACH): Available from: <http://sydney.edu.au/medicine/fmrc/beach/>

The BEACH Program continuously collects information about the clinical activities in General Practice in Australia including:

- Characteristics of the GPs
- Patients seen
- Reasons people seek medical care
- Problems managed, and for each problem managed
 - » Medications prescribed, advised, provided, clinical treatments and procedures provided
 - » Referrals to specialists and allied health services

The General Practice Students’ Network (GPSN): Available from: <https://gpsn.org.au/>

The GPSN provides information about how to make your “GP rotation count”, career planning in GP and feedback from both GPs and medical students alike.

Australian Institute of Health and Welfare: Available from: <https://www.aihw.gov.au/>

This website provides information and statistics on Australia’s health and welfare.

Equipment

You are required to have your own stethoscope for your GP placement.

Additional equipment that may be useful to you on placements includes an ophthalmoscope, otoscope, tendon hammer, dermatoscope and tape measure. These are usually available at the clinical placement. It is a good idea to contact your GP Supervisor prior to the placement to find out whether there is anything specific you should bring.

Face-to-face DVDs and Ethical practice

The “Face to Face - Challenging Cases in Medical Practice” DVD illustrates some practical cases seen in practice. It is recommended that you view the following cases and consider the ethical points raised in each:

- Bending the rules (case 2)
- Doctor shopping – drugs of dependence (case 4)
- Consenting minor (case 7)
- Patient confidentiality (case 8)

Placement problem-solving

We expect your placement to go very smoothly and to be a valuable learning experience. If a problem does arise please follow the guidelines below.

In the event of a personal issue or if you have any administrative concerns on your placement, please contact the Department of General Practice by email: gp-enquiries@unimelb.edu.au.

If you have any questions regarding rural accommodation or travel, please contact the Rural Clinical School by phone: 03 5823 4597 or email: RuralAccommodation@lists.unimelb.edu.au

Listed below are some possible student / practice difficulties:

- Lack of independent consultations with patients / no spare room
- Lack of feedback from GP supervisor(s)
- Lack of variety of patient clinical presentations
- Language barriers / cultural difference
- Patients' refusal to see students
- Lack of procedures / lack of access to nurses or allied health.

If problems, like the ones listed above arise with your placement, please speak with your GP supervisor and/or practice manager – he/she may not be aware of your concerns. They may be able to arrange alternative consulting space at lunchtime or when other doctors are not consulting. You may also be able to sit in with other doctors and see their patients. If a clinic is not aware of problems, they cannot help you improve your placement learning opportunities.

If you are unable to resolve these issues within the practice, please seek further advice from your GP tutor (if you are attending a zoom session or an office hour) or contact the Department of General Practice via phone or email.

Assessment summary

During the GP term the following assessment tasks must be completed and submitted on the final day of your block rotation.

- **Block 1: submit by 5pm Friday 8 March**
- **Block 2: submit by 5pm Thursday 18 April**
- **Block 3: submit by 5pm Friday 7 June**
- **Block 4: submit by 5pm Friday 9 August**
- **Block 5: submit by 5pm Friday 20 September**
- **Block 6: submit by 5pm Friday 1 November**

Mini-Clinical Evaluation Exercises (Mini-CEX)

Two completed forms to be submitted to the Department of General Practice by the final day of your block rotation.

You must undertake two observed Mini-Clinical Evaluation Exercises (Mini-CEX) to a satisfactory standard during the General Practice term. The exercises will take the form of an observed clinical encounter with a patient you interview and/or examine. The assessment form must be completed by your GP supervisor. There is a link to the form in the appendices and it will also be provided on MD Connect™.

It will be your responsibility to organise these exercises with your GP supervisor or other appropriately experienced GP during your GP rotation. Completed forms should be handed in to the Department of General Practice.

Written assessment task - Evidence Based Medicine reflective piece proposed structure:

Word count: Up to 1000 words

This written assessment will encourage students to reflect on barriers and facilitators to the implementation of evidence based guidelines in the management of patients they have seen during their general practice rotation. This will encourage a deeper consideration for the challenges of balancing evidence-based and patient-centred care.

Students will be required to choose one case and briefly discuss the salient points of the history, physical exam, investigation findings and key issues before focussing the majority of their attention on management. Students should describe in detail a selected aspect of the patient's management as it was negotiated between the doctor and the patient.

Students will then be required to review the evidence-based management of the selected problem, drawing on appropriate evidence based guidelines as outlined in the core conditions section of the MD3 student guidebook.

Finally using one of the four reflective lenses (ie cultural, socio-economic, developmental or gender, as per the Lens Videos available on MD Connect) students will reflect on reasons why the patient's management was more or less aligned to the identified guideline and draw learnings from this to state how it will change their future practice.

Examples of appropriate references for each lens can be obtained by viewing the relevant videos on MD Connect. You are not expected to provide more than four references for this assessment. References that you may find helpful include:

- <http://www.who.int/gender/whatisgender/en/>
- Bird CE, Rieker PP. Gender matters: an integrated model for understanding men's and women's health *Social Science and Medicine* 1999;48:745-55.
- Celik HH, Klinge II, van der Weijden TT, Widdershoven GAM, Lagro-Janssen T. Gender sensitivity among general practitioners: results of a training programme. *BMC Medical Education* 2008;8:36
- Greenhalgh T. *Primary health care: theory and practice*. Oxford: Blackwell publishing; 2007. Ch. 9; p. 225-45. This chapter provides insight on health inequalities.

Examples of Evidence Based Medicine reflective pieces are available on MDConnect™.

The reflective piece must be submitted via Turnitin on the LMS. You are not required to attach a cover sheet but ensure you have your name; student ID and word count on the first page of your document. You can upload PDF, MS Word, HTML and RTF files. Submissions must be uploaded by 5.00pm on the last day of your placement.

You will be emailed details of how to access Turnitin to submit your document:

Please note: Do not provide any personal information in any written or verbal reports which may identify your patients. All identifying information MUST be removed, however you may leave the age and gender of the patient in your notes.

It is recommended that ERC students refer to their clinical school for guidance on when their assessment items are due.

Hurdle requirements

- **Clinical placement: attendance forms to be submitted by the final day of your block rotation to the Department of General Practice**
 - » You will be required to attend your practice for 8 sessions (4 days) per week; except for week 3 when you will be expected to attend for 6 sessions (3 days)
 - » 100% attendance at clinical placements is a hurdle requirement for this rotation. If you require leave during your GP rotation due to medical reasons, please provide a medical certificate. For other absences please refer to the Short Leave of Absence Policy at <https://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>
 - » The attendance form will be emailed to your practice on the first day of your rotation we request the GP or practice manager to tick your attendance; you and your GP supervisor must sign the form and submit to the Department of General Practice when finished. Unexplained absences will be investigated further and referred to the Subject coordinator.
- **Online modules**
 - » All online modules must be completed and the form at the end of each module completed and submitted to the Department of General Practice.
- **Tutorials and clinical workshops:**
 - » 75% attendance at tutorials and clinical workshops is required. Presenters will record student attendances and notify the Subject coordinator if students are absent without explanation.
- **GP Supervisor feedback form (minimum of one completed form signed by your supervisor):**
 - » Completion of this form is a hurdle requirement. You should complete a copy of this form prior to meeting with your GP Supervisor and self-rate your performance. Your GP Supervisor will also complete the form. You should meet to discuss your ratings, preferably by the end of week three, as well as in the final week. This can be used as a guide for learning over the remainder of the placement. You should submit the copies of this form to the Department of General Practice at the end of the rotation.

GP component of mid-year/end-of-year examinations

Content from the GP term will be included in the mid-year/end-of-year written examinations (end of year for ERC students), end-of-year multi-station OSCE and the clinical standardised case-based discussion.

Evaluation

Feedback from students on their experience during their General Practice rotation is an extremely important tool in maintaining and/or improving quality of GP training.

We ask that you complete evaluations to help the University, GP practices and supervisors improve future students' learning and enjoyment of the GP rotation experience.

Honest and informative feedback, both positive and negative, is essential. We are looking to advise practices and supervisors on what they do well and in which areas they can improve. They value this as a learning tool for themselves and cannot improve if they are unaware of relevant information. The subject coordinator reviews all student evaluation forms and if any issues are raised they will be further reviewed during Quality Assurance (QA) meetings.

The Teaching and Learning team may visit practices at which students have expressed significant issues and concerns and often contact students via phone or email for clarification and/or further exploration.

The Teaching and Learning team at the Department of General Practice will take care to protect your anonymity when providing feedback to practices and this will be done after the student supervisor feedback has been completed.

CORE PRESENTATIONS

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.

Please also refer to the resources listed in Textbooks, equipment and resources section of this guidebook for other helpful resources, including Melbourne Healthpathways.

Ambulatory Care, Medicine and Surgery

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

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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'	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 and learn how to enter them correctly in medical software	RACGP Red Book: Guidelines for preventive activities in general practice https://www.racgp.org.au/your-practice/guidelines/redbook/ RACGP smoking, nutrition, alcohol and physical activity guide https://www.racgp.org.au/your-practice/guidelines/snap/ Immunise Australia Program (includes Australian Immunisation Handbook) http://www.immunise.health.gov.au/

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Cardiovascular disease Hypertension Lipid disorders Atrial fibrillation CVD check-up Valvular heart disease/prescribing anticoagulants Chest pain, interpretation of ECGs Stroke	<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>	<p>Calculate total cardiovascular risk and explain the results to the patient.</p> <p>Educate patients on lifestyle changes in optimal management of hypertension and list the classes of anti-hypertensive medications and common side effects.</p> <p>Review lipid results (under supervision) and counsel a patient about elevated lipids (non -pharmacological and pharmacological management).</p> <p>Assess a patient with known heart failure who is experiencing increasing symptoms, review their medications and consider medication side effects and interactions.</p> <p>Take a history from a patient presenting with palpitations.</p> <p>Calculate CHADS2 or CHA2DS2-VASc risk and counsel a patient who is starting warfarin.</p> <p>Perform and interpret ECGs in the clinic.</p> <p>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>	<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 https://www.nps.org.au/</p> <p>Stroke Foundation clinical guidelines: https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017</p>

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Respiratory disease Asthma COPD Lung cancer / smoking	‘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’...	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.	National Asthma Council Australia https://www.nationalasthma.org.au/ Australian asthma handbook http://www.astmahandbook.org.au/ RACGP Clinical guidelines: Supporting smoking cessation https://www.racgp.org.au/your-practice/guidelines/smoking-cessation/ Lung Foundation Australia http://lungfoundation.com.au/health-professionals/general-practice/ Motivational interviewing techniques https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/
ENT Acute sinusitis URTI Tonsillitis Hoarsenes	‘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’	Discuss the indications for antibiotic treatment in acute sinusitis and viral URTI with patients Demonstrate correct nasal spray technique	The Royal Victorian Eye and Ear Hospital. Clinical resources https://www.eyear.org.au/page/Health_Professionals/Clinical_Resources/ eTherapeutic Guidelines, available in MD Connect™ The Royal Children’s Hospital-How to use a nasal spray https://www.rch.org.au/genmed/clinical_resources/Asthma-_using_a_nasal_spray/

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Chronic kidney disease Screening recommendations Diagnostic criteria and classification system for CKD Diagnosis Management Complications	‘My Dad has to go onto dialysis for his kidneys. Should I have a check-up for this?’	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: https://kidney.org.au/health-professionals/prevent/chronic-kidney-disease-management-handbook
Diabetes mellitus Screening Diagnosis Treatment Prevention of complications Emergencies	‘My brother has recently been diagnosed with diabetes and I am wondering if I should be checked too?’ ‘I can’t clear up this skin infection despite having two courses of antibiotics’ ‘I am due for a new care plan so I can go back to see the podiatrist for my diabetes check’	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 https://www.racgp.org.au/your-practice/guidelines/diabetes/ Diabetes Australia https://www.diabetesaustralia.com.au/for-health-professionals
Gastroenterology GORD Irritable bowel syndrome Coeliac disease Fatty liver/ abnormal LFTs	‘Can I have another script?’ ‘My tummy symptoms are playing up again, and it is really worrying me.’ ‘The naturopath told me to cut out gluten and I am feeling heaps better. Do I need a test for coeliac disease?’	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 a 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? https://www.racgp.org.au/afp/2014/october/coeliac-disease-where-are-we-in-2014/ Coeliac Australia. Resources https://www.coeliac.org.au/resources/ AFP. Fatty liver disease https://www.racgp.org.au/afp/2013/july/fatty-liver-disease/

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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’	Practice describing skin rashes and lesions, develop a differential diagnosis and consider management approaches. Perform dermoscopy.	DermNet NZ https://www.dermnetnz.org/ MD Connect™. MD2 Foundation term lecture: ‘Introduction to Dermatology’, and performing a skin examination (clinical examinations guide) https://mdconnect.medicine.unimelb.edu.au/ eTherapeutic Guidelines, available from library link in MD Connect™
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 RACGP guidelines. Complete an international prostate symptom score assessment	Andrology Australia. Health professionals pages https://andrologyaustralia.org/health-professionals/ RACGP. Prostate cancer screening: Patient information sheet. https://www.racgp.org.au/your-practice/guidelines/prostate-cancer/ RACGP. Red book Guidelines for preventive activities in general practice 9th edition. https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/91-prostate-cancer/ Calculator: International Prostatism Symptom Score (IPSS) https://www.uptodate.com/contents/calculator-international-prostatism-symptom-score-ipss

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Headache Tension headache Migraine Red flags for headaches Bacterial and viral meningitis Head injury	'I am getting headaches every day now.'	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 https://www.nps.org.au/medical-info/consumer-info/headaches-and-how-to-treat-them
Bones and joints Back pain Osteoarthritis Rheumatoid arthritis Polymyalgia rheumatica Osteoporosis	'My back has been terrible after I did a big day of gardening.' 'My hands have really stiffened up and I am worried I am getting the same arthritis my mother had.' 'I had a terrible fall and broke my hip. The surgery went well but the doctor said I should get my bones checked.'	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 rheumatoid arthritis and about extra-articular manifestations of the disease. Enquire about functioning and pain management; refer to support 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. https://www.racgp.org.au/your-practice/guidelines/musculoskeletal/ Arthritis Australia https://arthritisaustralia.com.au/ Osteoporosis Australia. Healthcare professionals https://www.osteoporosis.org.au/healthcare-professionals RACGP. Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/osteoporosis Diagnostic imaging pathways http://www.imagingpathways.health.wa.gov.au/

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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 https://www.eyear.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 recommendations 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 https://wwwnc.cdc.gov/travel Australian Government. Smart traveller website https://smartraveller.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. Practice 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 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/ ASCIA guidelines – acute management of anaphylaxis https://allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines/

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Multi-system presentations	<p>'I'm tired all the time'</p> <p>'I'm losing weight'</p> <p>'I'm having difficulty sleeping'</p> <p>'My (relative) is acting out of sorts'</p>	<p>List differential diagnosis for each presentation</p> <p>Consider which 'red flag' conditions should be excluded</p> <p>Justify which investigations may be ordered</p> <p>Consider appropriate management strategies for each diagnosis</p>	<p>Fatigue – a rational approach to investigation</p> <p>https://www.racgp.org.au/afp/2014/july/fatigue/</p>
<p>Surgery</p> <p>Breast disease</p> <p>Symptomatic breast disease</p> <p>Breast cancer screening</p>	<p>'I found a breast lump when I was in the shower'</p> <p>'My mum's sister has just died of breast cancer. Should I have any tests?'</p>	<p>Practise breast examination under direct supervision.</p> <p>Describe lumps; identify characteristics of benign and malignant lumps</p> <p>Give advice to patients about breast self-examination</p>	<p>Cancer Council National GP Portal http://gp.cancer.org.au/</p> <p>Breast screen Victoria. https://www.breastscreen.org.au/</p> <p>RACGP. Red book guidelines for preventive activities in general practice. https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/93-breast-cancer/</p> <p>Cancer Council optimal care pathways for breast cancer http://www.cancerpathways.org.au/optimal-care-pathways/breast-cancer#Cancer-Investigations</p>
<p>Lumps and bumps</p> <p>Sebaceous cyst/ abscesses</p> <p>Lipoma</p> <p>Haemorrhoids</p>	<p>'I have this lump on my back that is getting bigger and really hurting'</p> <p>'I have these funny lumps on my arm'</p> <p>'I think I have piles'</p>	<p>Describe lumps using descriptive terminology and create a differential diagnosis</p> <p>Practice suturing</p> <p>Outline different treatment options for haemorrhoids</p>	<p>MD Connect™. Clinical examinations guide</p> <p>MD Connect™ Library. Skin atlas. https://mdconnect.medicine.unimelb.edu.au/</p>

<i>Ambulatory Care, Medicine and Surgery</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Upper abdominal pain GORD Hiatus hernia Peptic ulcer disease Gastritis Pancreatitis Gallbladder disease Obstructive jaundice	'I am getting really bad heartburn / tummy pain / nausea' 'My Dad has been diagnosed with bowel cancer. Should I be having any tests?'	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. https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/ Gastroenterology Society of Australia clinical guidelines https://www.gesa.org.au/ AFP. Biliary pain https://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?'	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 http://www.cancerscreening.gov.au/ BMJ Best practice. Assessment of the acute abdomen https://bestpractice.bmj.com/topics/en-gb/503 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. https://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 available on MD Connect
- RACGP. Guidelines for preventive activities in general practice (Red book); <https://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), <https://www.racgp.org.au/your-practice/guidelines/silverbook/>
- Australian Medicines Handbook. Guides: Prescribing for the elderly (Available via MD Connect)
- 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.) <https://www.dementia.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

<i>Aged care</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Prescribing in the elderly and polypharmacy	'Doctor, I don't understand why I have to take all these pills!'	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 https://www.racgp.org.au/afp/2010/october/prescribing-in-the-elderly/

<i>Aged care</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Comprehensive geriatric assessment	<p>'The nurse rang me and said I was due for a checkup.'</p> <p>'I've come for my flu jab'</p>	<p>Conduct several over-75-year-old Health Assessments, and make recommendations based on your findings to discuss with your supervisor</p> <p>Review a referral to a Team Care Arrangement and consider accompanying a patient to an allied health appointment</p> <p>Discuss driving safety with an older person taking into account their medical history</p> <p>Discuss level of community support and home safety</p> <p>Discuss the completion of Advance Care Plans with patients</p> <p>Counsel a person considering residential care including referral for an ACAT assessment</p> <p>Accompany a GP to local aged care facilities; contribute to the rounds there</p>	<p>Austrroads. For health professionals https://austrroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive/for-health-professionals</p> <p>Department of Social Services. My aged care https://www.myagedcare.gov.au/</p> <p>Aged Care Assessment Team (ACAT) assessments https://www.myagedcare.gov.au/eligibility-and-assessment/acat-assessments</p> <p>The Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/</p>
Dementia care in the community Delirium in the elderly	<p>'I'm worried about my mother's memory'</p> <p>'I'm exhausted caring for my father who has dementia'</p>	<p>Practise doing MMSE</p> <p>Interview carers to understand the issues and refer them to local support services including respite care</p>	<p>World Health Organization. Dementia http://www.who.int/mental_health/neurology/dementia/en/</p> <p>Dementia Collaborative Research Centres. Talks and publications http://www.dementiaresearch.org.au/presentations.html</p>
Depression in the elderly	'I feel like a burden'	Practise interviewing elderly patients about their mental health	PCP3 Aged Care term guide. Available on MD Connect https://mdconnect.medicine.unimelb.edu.au/
Falls	'I fell again last night'	<p>Assess patient for acute injury</p> <p>Attend home visits to elderly patients with the GP or practice nurse to assess sensory impairments, falls risk, emotional wellbeing and other safety issues</p>	AFP. Falls prevention in older adults https://www.racgp.org.au/afp/2012/december/falls-prevention/

<i>Aged care</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Palliative care	'My pain is bad'	Attend one home visit with the local palliative care team/GP (if possible)	Palliative care Victoria https://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 encounters¹. 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 MD Connect from: <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 available from: <https://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://learn.pediatrics.ubc.ca/>
- The videos are also available through Vimeo: <https://vimeo.com/learnpediatrics/videos/>
- Hutson JM, Beasley SW. The surgical examination of children. 2nd ed. Springer; 2013. Ebook is available through the University library from: <http://library.unimelb.edu.au/>
- Raising Children Network. The Australian parenting website: comprehensive, practical, expert child health and parenting information and activities covering children aged 0–15 years. <https://raisingchildren.net.au/>

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.

¹ 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.

Table 3: Core presentations for Child and adolescent health

<i>Child and adolescent health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
First 6 weeks New baby check Well child check Growth and development Developmental dysplasia of the hip Breastfeeding and feeding Immunisation Approach to undescended testis	'I am here for my baby's 6 week check' 'My baby aged 8 weeks has a fever' 'My child aged 4 years has a fever on and off for the last 48 hours'	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 care. AFP May 2012 https://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 https://www.rch.org.au/childgrowth/Child_growth_e-learning/ Immunise Australia Program http://www.immunise.health.gov.au/
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 CAH student guide https://mdconnect.medicine.unimelb.edu.au/ RCH clinical practice guidelines febrile child https://www.rch.org.au/clinicalguide/guideline_index/Febrile_Child/

<i>Child and adolescent health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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: https://www.rch.org.au/clinicalguide/guideline_index/Constipation/ Royal Children’s Hospital. Bedwetting https://www.rch.org.au/kidsinfo/fact_sheets/Bedwetting/ Royal Children’s Hospital. Urinary Tract Infection https://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 media https://www.rch.org.au/clinicalguide/guideline_index/Acute_Otitis_Media/ Royal Children’s Hospital. Viral illnesses https://www.rch.org.au/kidsinfo/fact_sheets/Viral_illnesses/
Asthma Classification Diagnosis Treatment Acute asthma management	‘My child has a wheeze’ ‘My child has a cough at night and after exercise’	Practise taking asthma histories and classify type and severity of asthma 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	National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: http://www.astmahandbook.org.au/ Definitions of asthma patterns in children aged 0–5 years not taking regular preventer http://www.astmahandbook.org.au/table/show/14 Royal Children’s Hospital. Inhaled medications for asthma and rhinitis https://www.rch.org.au/genmed/clinical_resources/Inhaled_medications_for_asthma_and_rhinitis/ National Asthma Council Australia. Spirometry handbook https://www.nationalasthma.org.au/health-professionals/spirometry-training-and-tools

<i>Child and adolescent health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Common skin problems Eczema Nappy rash Vulvovaginitis	‘My child has an itchy rash on her arms and legs’ ‘My child has a sore rash on his bottom and I’m not sure what to do next’ ‘My little girl is complaining of an itch down below and it looks a bit red’	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/ Royal Children’s Hospital. Eczema management https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Eczema_management/ Royal Children’s Hospital. Nappy rash https://www.rch.org.au/clinicalguide/guideline_index/Nappy_Rash/ Royal Children’s Hospital. Prepubescent Gynaecology (Includes vulvovaginitis) https://www.rch.org.au/clinicalguide/guideline_index/Prepubescent_Gynaecology/
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 https://www.rch.org.au/clinicalguide/guideline_index/Chickenpox_varicella/ Royal Children’s Hospital. Cellulitis and Skin Infections https://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections/ Royal Children’s Hospital. Impetigo school sores. https://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

<i>Child and adolescent health</i>			
Core topic	Typical presentations	Tasks to perform or learning objectives	Resources
<p>Common emergency presentations</p> <p>Acute asthma attack</p> <p>Head injury</p> <p>Foreign body (nasal/inhaled/ingested)</p> <p>Anaphylaxis</p> <p>Fractures</p>	<p>‘Help, my child is struggling to breathe’</p> <p>‘Help, my child has collapsed’</p> <p>‘My child fell off the monkey bars in the playground’</p>	<p>Assess and manage an acute asthma attack presenting to GP</p> <p>Instruct a patient/ parent on how to administer an adrenaline auto injector</p> <p>Understand which fractures are referred and which are managed in the general practice</p>	<p>Royal Children’s Hospital. Asthma acute https://www.rch.org.au/clinicalguide/guideline_index/Asthma_Acute/</p> <p>ASCI. Anaphylaxis resources. https://allergy.org.au/hp/anaphylaxis/</p>
<p>Common surgical presentations</p> <p>Balanitis</p> <p>Inguinal hernias</p> <p>Testicular torsion</p> <p>Congenital haemangiomas</p>	<p>‘My little boy is complaining of stinging from the tip of his penis when he pees’</p> <p>‘My 12 yr-old has a pain in his tummy and a sore testicle’</p> <p>‘My baby has a red lump on his eye that looks sore’</p>		<p>Abdominal and inguino-scrotal examination in children refer to Child and Adolescent Health guide available on MD Connect™ https://mdconnect.medicine.unimelb.edu.au/</p> <p>Royal Children’s Hospital. The Penis and Foreskin https://www.rch.org.au/clinicalguide/guideline_index/The_Penis_and_Foreskin/</p> <p>Royal Children’s Hospital. Acute scrotal pain or swelling https://www.rch.org.au/clinicalguide/guideline_index/Acute_Scrotal_Pain_or_Swelling/</p> <p>Royal Children’s Hospital. Haemangiomas of infancy https://www.rch.org.au/kidsinfo/fact_sheets/haemangiomas_of_infancy/</p>

Mental health

Mental health issues are common in patients presenting to general practice. For example, in 2018 the RACGP *Health of Nation* report found that mental health remains the most common reason patients visit their GP². 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 Health of the nation: The RACGP takes Australia's pulse. Available from: <https://www.racgp.org.au/newsGP/Racgp/Health-of-the-nation-The-RACGP-takes-Australia%E2%80%99s-p>

Table 4: Core presentations for Mental Health

<i>Mental health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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>	<p>Ask some questions to determine the patient’s mental health.</p> <p>Consider the mental health challenges for people with acute or chronic medical problems</p> <p>Practise interviewing patients about their use of alcohol and other drugs</p> <p>Administer the Edinburgh Postnatal Depression Scale as part of your assessment of sleep issues in the postnatal period</p> <p>Perform a HEADSS assessment on a young person</p> <p>Interview a patient to explore whether they have symptoms of anxiety and/or depressive disorder</p>	<p>RACGP. Clinical guidelines (‘Psychosocial’ chapter). https://www.racgp.org.au/your-practice/guidelines/redbook</p> <p>Heart Foundation. Psychosocial health. https://www.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. https://www.turningpoint.org.au/treatment/clinicians/screening-assessment-tools</p> <p>Royal Children’s Hospital. Engaging with and assessing the adolescent patient. https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/</p> <p>Headspace https://headspace.org.au/</p> <p>Reachout https://schools.au.reachout.com/</p>

<i>Mental health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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'.	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	In general practice, the ICD-10 codes for mental disorders are commonly recommended instead on the DSM-V diagnostic criteria. They are available from: http://apps.who.int/classifications/icd10/browse/2016/en#/V 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) RCH. Mental state examination https://www.rch.org.au/clinicalguide/guideline_index/Mental_State_Examination/ Headspace https://headspace.org.au/ 'Help us, she's fading away' How to manage the patient with anorexia nervosa https://www.racgp.org.au/afp/2014/august/help-us-shes-fading-away/ Patient resources https://headtohealth.gov.au/?utm_source=mindhealthconnect&utm_medium=301 https://beacon.anu.edu.au/ Beyond Blue https://www.beyondblue.org.au/

<i>Mental health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Psycho pharmacology SSRIs Benzodiazepines Atypical antipsychotics	<p>‘I need a repeat script for my serepax, which I take to help me sleep’</p> <p>‘I stopped taking the medication the doctor prescribed for depression, as it made me feel really numb. But I am still struggling’</p> <p>‘I’m putting on loads of weight from those meds’.</p>	<p>Counsel patients who are starting an SSRI including side effects.</p> <p>Know the guidelines for prescribing benzodiazepines in general practice</p> <p>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.</p> <p>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.</p>	<p>RACGP. Prescribing drugs of dependence in general practice, Part B Benzodiazepines. https://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b/</p> <p>Therapeutic Guidelines. Depression and anxiety – available on MD Connect https://mdconnect.medicine.unimelb.edu.au/</p> <p>NPS MedicineWise https://www.nps.org.au/</p>

Women's health

General resources

- PCP3 Women's Health student guide - (available on MD Connect™)
<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. Available from: <https://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. Available from: <https://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. Available from: <https://www.fpv.org.au/>
- Jean Hailes website for Women's health -This website has useful resources for GPs and for patients. Available from: <https://jeanhailes.org.au/>

Table 5: Core presentations for Women's health

<i>Women's health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Well woman check-non pregnant Lifestyle and nutritional advice Mental health assessment Contraceptive advice STI screening	'I would like a check-up' 'I would like an STI check'	Give lifestyle advice eg on smoking, nutrition, alcohol, physical activity Practise motivational interviewing Calculate total cardiovascular risk using the CVD risk calculator Discuss cervical cancer screening with at risk women. Perform cervical cancer smears (direct supervision required) Take a sexual history and discuss STI screening Perform breast examinations (direct supervision required)	RACGP. SNAP guide https://www.racgp.org.au/your-practice/guidelines/snap/ Australian absolute cardiovascular disease risk calculator http://www.cvdcheck.org.au/ and https://www.heartfoundation.org.au/for-professionals/clinical-information/absolute-risk Family planning Victoria https://www.fpv.org.au/ Cancer Council Cancer Guidelines Wiki: National cervical screening program https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening Melbourne sexual health centre https://www.mshc.org.au/ Australian STI management guidelines for use in primary care http://www.sti.guidelines.org.au/ For mental health assessment please refer to resources listed under the Mental Health term.

<i>Women's health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Pelvic pain Ectopic pregnancy Treatment of acute established PID, and complications Endometriosis	'I have pain when having sex/ I bleed after sex'	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. https://www.ranzcog.edu.au/Statements-Guidelines RANZCOG. Useful Clinical Guidance: Chronic pelvic pain, initial management of. https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Training/RCOG-The-Initial-Management-of-Chronic-Pelvic-Pain.pdf?ext=.pdf
Contraception and period problems COCP POP Implanon IUS (Mirena)-IUD Depot provera Dysmenorrhoea Heavy menstrual bleeding (HMB) 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'	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 https://www.fpv.org.au/ NPS Medicinewise. Contraceptive methods https://www.nps.org.au/medical-info/medicine-finder John Guillebaud and Anne McGregor. Contraception: your questions answered (textbook) Jean Hailes. Heavy bleeding https://jeanhailes.org.au/health-a-z/periods/heavy-bleeding
Polycystic ovary syndrome (PCOS) Hirsutism Acne Subfertility	'I feel like I have more facial hair than normal and my periods are irregular'	Order baseline investigation in suspected PCOS Give management and lifestyle advice to a patient with PCOS	Jean Hailes For Women's Health. https://jeanhailes.org.au/ Polycystic ovary syndrome GP tool available from https://jeanhailes.org.au/contents/documents/Resources/Tools/PCOS_tool.pdf

<i>Women's health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
Emergency contraception Hormonal versus non hormonal	'I had unprotected sex last night and do not wish to get pregnant'	Counsel a patient about oral emergency contraception	RANZCOG - https://www.ranzcog.edu.au/ Search for 'emergency contraception'. Family Planning Victoria. Emergency contraception https://www.fpv.org.au/for-you/contraception/emergency-contraception
Pre- conception care Pre conception counselling-medical issues, lifestyle issues, preventive interventions	'I would like to get pregnant... '	Counsel a woman who is considering getting pregnant	RACGP red book 9th edition- preventive activities prior to pregnancy: https://www.racgp.org.au/your-practice/guidelines/redbook/1-preventive-activities-prior-to-pregnancy/
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 https://www.australiandoctor.com.au/ (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 pre natal testing (NIPT) Give immunisation advice to a pregnant patient Identify referral pathways for unplanned pregnancy, and options for termination of pregnancy	Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015. Ch. 108. Available from MD Connect. AFP Noninvasive prenatal testing. 2014. 43(7): 432-434 https://www.racgp.org.au/afp/2014/july/noninvasive-prenatal-testing/ Immunise Australia Program. http://www.immunise.health.gov.au/ Royal Women's Hospital. Unplanned or unwanted pregnancy services. https://www.thewomens.org.au/health-professionals/unplanned-pregnancy-services

<i>Women's health</i>			
<i>Core topic</i>	<i>Typical presentations</i>	<i>Tasks to perform or learning objectives</i>	<i>Resources</i>
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 https://www.racgp.org.au/afp/2012/may/the-6-week-check/
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'	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. https://jeanhailes.org.au/ Menopause Management GP Tool available from https://jeanhailes.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 practise 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.

<i>The following procedures are routinely performed in the general practice setting and are appropriate for students to learn and perform.</i>	<i>Procedures such as the following should only be undertaken with direct supervision:</i>
<ul style="list-style-type: none"> • 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 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 	<ul style="list-style-type: none"> • Injections and immunisations • Venepuncture • Wound debridement and dressing • Excision 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. You will have learned about many of these medications during MD2 and your other PCP3 rotations. By the end of the general practice rotation you 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 you should know as much as possible about the individual drug. For all other drugs, you 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

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

DRUG CLASS: ANTIDOTES/ ANTIVENOMS

- Glucagon
- Naloxone
- Thiamine

DRUG CLASS: ANTI-INFECTIVES

Antibacterials (major)

- **Cephalosporins**
- Clindamycin
- **Macrolides**
- Metronidazole

- Tinidazole
- **Penicillins**
- **Quinolones**
- **Tetracyclines**

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: CARDIOVASCULAR

Aldosterone antagonists

- Spironolactone

Loop diuretics

- **Furosemide**

Sympathomimetics

- Adrenaline

Nitrates

- **Glycerol 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: BLOOD AND ELECTROLYTES*Anticoagulants*

- **Enoxaparin**
- **Warfarin**
- Rivaroxaban
- Dabigatran
- Apixaban

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

DRUG CLASS: ENDOCRINE*Diabetes*

- **Insulins**
- **Sulphonylureas**
- **Metformin**
- Glitazones
- GLP 1 agonists
- Glucagon
- SGLT2 inhibitors

Thyroid

- Thyroxine
- Carbimazole
- Propylthiouracil

Osteoporosis

- **Alendronate**
- **Risedronate**
- Calcium carbonate
- **Denosumab**
- **Calcitriol**
- C(h)olecalciferol
- Strontium
- Raloxifene

Adrenal insufficiency

- Cortisone acetate
- Fludrocortisone
- Hydrocortisone

Other

- Desmopressin
- Bromocriptine
- Carbergoline

DRUG CLASS: EYE*Eye infections*

- Framycetin
- Ciprofloxacin

• **Chloramphenicol***Glaucoma*

- Timolol
- Latanoprost
- Brimonidine
- Brinzolamide

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

- Tadalafil
- 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
- Benzotropine
- 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**
- **Ethinylloestradiol**
- Cyproterone
- Drospirone
- Norethisterone
- Levonorgestrel
- **Oestradiol**
- Tibolone
- Calciprotiol

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

LEARNING ACTIVITIES

ONLINE MODULES

Students must complete the eight online modules in the following pages as part of the hurdle requirements for this rotation. It is recommended that the *Introduction to the general practice term* and *Diagnostic reasoning and management plans tutorials* be completed prior to or during the first week of the rotation.

All students will receive an email one week prior to commencement of their rotations with links to the CREST website (<https://edtech.le.unimelb.edu.au/login/crest/about.htm>) and Smart Sparrow modules, The CREST module will only be available between the following dates for each rotation:

<i>Rotation dates</i>	<i>Access to CREST online module</i>
Rotation 1: 28 January – 8 March	21 January – 8 March
Rotation 2: 11 March – 18 April	4 March – 18 April
Rotation 3: 29 April – 7 June	22 April – 7 June
Rotation 4: 1 July – 9 August	24 June – 9 August
Rotation 5: 12 August – 20 September	5 August – 20 September
Rotation 6: 23 September – 1 November	16 September – 1 November

Introduction to the GP term

This online module focuses on providing an overview of the general practice rotation. It will introduce the opportunities and challenges you may face during your general practice placement and introduces the common ways that students deal with these. Expectations of practices and advice on how to optimise success on placement will be discussed, using specific examples and Q&A format. Learning outcomes, assessments and the clinical workshops will be introduced and resources to assist with learning detailed.

Learning objectives

By the end of this module, students should be able to:

- Discuss the opportunities and challenges for learning in the general practice setting
- Implement strategies for maximising learning opportunities during the GP rotation
- Apply practical problem solving to address placement issues.
- Understand the intended learning outcomes, assessment and clinical workshop elements of the general practice rotation
- Identify resources available for learning in the general practice rotation

Prior learning

MD Year One:

Foundations of Biomedical Science and Principles of Clinical Practice 1

MD Year Two:

Foundation term: Learning in General Practice

Foundation term: Patient centred care across the lifestages General practice placement in Ambulatory term

EP tutorial 3: The Role of the Doctor and the Medical Student (see reading by Kerridge et al below).

Pre-reading or other pre-seminar activity

Nil

Other learning resources

Online learning module: Introduction to becoming a GP in the Australian health system.

Available from: <https://gplearning.racgp.org.au>.

Note: students will need to register as a student member of the RACGP to access this online learning module.

Kerridge I, Lowe M, McPhee J. Ethics and law for the health professions. 2nd ed. Leichart: Federation Press; 2005. p. 103-10.

Best J. Teaching medical students: tips from the frontline. Aust Fam Physician. 2012;41(1):22-4.

Available from: <http://www.racgp.org.au/afp/2012/januaryfebruary/teaching-medical-students/>

DeWitt D. Incorporating medical students into your practice. Aust Fam Physician. 2006; 35(1/2): 24-6.

Available from: <https://www.racgp.org.au/afp/200601/200601dewitt.pdf>

Lens videos available on MDConnect™ (note: at least one of these must be viewed for your written assessment piece):

- Lens lecture social equity
- Lens video culture (note – this is in 3 parts)
- Lens video: Developmental lens
- Lens video: Gender

Keywords

General practice, community-based medical education

Diagnostic reasoning using the Murtagh Model / Management models in General Practice

In this online module we revisit the theory behind the diagnostic interview and consider how this is applied in general practice, where undifferentiated problems are more common than in hospital settings. A modified approach to diagnosis is often useful in the community setting. We will use case examples that encourage you to focus on the ‘problem list’ and how to proceed with a ‘differential’ rather than a definitive diagnosis. In addition there is a range of contextual or social factors that are listed as ‘problems’ that also require management or impact on management decisions. These influence the outcome of disease or wellness processes.

General practice, perhaps like emergency medicine, has the particular challenge of never knowing for any day ‘who might walk in the door and with what’. Many symptoms may be confusing and you may not know everything you need to know about the issue that the patient has presented to you for help with. This session will discuss an approach to management in these situations and will be useful for application in your clinical placements.

Learning objectives

By the end of this module, students should be able to:

- Discuss the process of diagnostic reasoning as it applies to primary and secondary care settings
- Apply the Murtagh Model to make a differential diagnosis for common presenting complaints encountered in general practice
- Generate a comprehensive ‘problem list’ for a variety of patients, taking into account a biopsychosocial perspective.
- Describe the principles of management of patients in the GP setting and develop management plans for the short, medium and long term care of patients

Prior learning

MD Year One:

Foundations of Biomedical Science and Principles of Clinical Practice 1

MD Year Two:

Foundation term: The medical interview, communication and clinical reasoning

Foundation term: Physical examination, communication and clinical reasoning

Foundation term: Learning in General Practice

Pre-reading or other pre-seminar activity

Murtagh J. John Murtagh’s general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015.

Available as an ebook from MDConnect

- Part 1, Ch. 3: Consulting skills, p. 17-19
- Part 1, Ch. 17: A safe diagnostic strategy

Greenhalgh T. Is my practice evidence-based? *BMJ*. 1996;313(7063):957-8.

Other learning resources

Greenhalgh T. *Primary health care: theory and practice*. Oxford: Blackwell publishing; 2007.

Ch. 5, The primary care clinician.

Keywords

Diagnosis, general practice, patient-centred care

Discussing sensitive issues

Sensitive issues (sexual, drug and alcohol, abuse and violence) are common in any clinical discipline and approaches to affected patients require additional skills in asking and responding. This online module will introduce an approach to taking a history about a sensitive, challenging issue and what responses patients want from their health practitioner. We will use the example of intimate partner abuse as it is the leading cause of morbidity and mortality for women of child bearing age. We will discuss appropriate identification and management of this issue in general practice, including how to assist women and children to improve their safety.

Learning objectives

By the end of this module, students should be able to:

- Demonstrate an enhanced understanding of women's experience of a sensitive issue using the example of partner abuse
- Reflect on the barriers and facilitators to women and doctors discussing partner abuse
- Explore how to identify women who have been abused
- Discuss how to respond to abused women, including safety of women and children.

Prior learning

MD Year One:

Foundations of Biomedical Science and Principles of Clinical Practice 1

MD Year Two:

EP tutorial: Potentially challenging communication EP tutorial: The influence of culture and religion

EP tutorial: Informed consent

Clinical Colloquium: Acute abdominal pain Clinical Colloquium: Overdose in adolescence

Pre-reading or other pre-seminar activity

Nil

Other learning resources

Hegarty K, Taft A, Feder G. Violence between intimate partners: working with the whole family. *BMJ*. 2008;337(7665):346-51.

Feder GS, Hutson M, Ramsay J, Taket AR. Women exposed to intimate partner violence. Expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. *Arch Intern Med*. 2006;166(1):22-37.

Domestic violence resource centre Victoria. Department of Human Services, Victoria, Australia. Available from: <http://www.dvrcv.org.au/>

Men's referral service. Available from: <https://www.ntv.org.au/>

Keywords

Sensitive inquiry and response, family violence, risk assessment and safety

Rash decisions

Consultations for problems related to the skin account for 17 per 100 encounters in general practice (BEACH, 2016). In this online module, Dr Paul Grinzi will introduce the diagnosis and management of common and important skin conditions including dermatitis, psoriasis, acne and skin cancer.

Learning objectives

By the end of this module, students should be able to:

- Demonstrate an understanding of the classification, presentation and treatment of dermatitis
- Discuss the epidemiology, subtypes, pathology and treatment of psoriasis
- Demonstrate an understanding of the classification and treatment of acne
- Identify common types of skin cancer
- Reflect on the psychosocial impact of skin conditions

Prior learning

MD Year Two:

Ambulatory Care interactive seminars: Common dermatological conditions, Introduction to dermatology and Skin cancer

Pre-reading or other pre-seminar activity

Nil

Other learning resources

Eczema, dermatitis and allergies. DermNet NZ, New Zealand Dermatological Society Incorporated. Available from: <https://www.dermnetnz.org/topics/eczema-dermatitis-and-allergies/>

Murtagh J. John Murtagh's general practice. 6th ed. North Ryde, NSW: McGraw-Hill Medical; 2015

Available in e-book format on MDConnect

- Part 9, Ch. 123: Common skin problems
- Part 9, Ch. 126: Common lumps and bumps
- Part 9, Ch. 127: Pigmented skin lesions

Keywords

Dermatology, dermatitis, skin cancer, psoriasis, acne

CREST module: interprofessional communication

The aim of this module is to explore effective interprofessional collaboration to achieve optimal patient care.

Learning objectives:

By the end of this module, students should be able to:

- Describe the professional roles and identities inherent in interprofessional teams
- Reflect critically on interprofessional practice and the contribution to client-centred care
- Reflect on how interprofessional teams undertake effective collaborative communication

Prior learning

MD Year Two:

Ambulatory care: General practice placement

MD Year Three:

Aged care: Family meeting report

Pre-reading or other pre-seminar activity

Australian Government Department of Health, Multidisciplinary case conferences fact sheet. 2013. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-caseconf-factsheet.htm>

Other learning resources

World Health Organisation. Framework for action on interprofessional education and collaborative practice (WHO/HRH/HPN/10.3) Geneva, Switzerland: WHO 2010.

Available from: http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HP_N_10.3_eng.pdf?ua=1

Keywords

Cultural respect, communication, care coordination

Acknowledgements

Phyllis Lau

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CREST Website: <https://edtech.le.unimelb.edu.au/login/crest/about.htm>

You will receive an email with your log-in details to the CREST Modules one week before your rotation begins. The dates for accessing the CREST modules are in the table

A morning in general practice and an afternoon in general practice

These two modules cover key general practice presentations and provide important exam preparation for the general practice term with a focus on 'short answer' type questions. Cases will be presented based on common and important general practice presentations and students will need to draw on their experience in general practice to date and their knowledge of core presentations and medications for this rotation.

Learning objectives:

By the end of these modules, students should be able to:

- Appreciate the range of general practice presentations
- Review the core general practice presentations and core drug lists
- Develop short, medium and long term management plans for common general practice presentations
- Practice examination technique for short answer questions.

Prior learning

MD Year Two:

Ambulatory Care: General practice placement, emergency medicine

Medicine rotation

Pre-reading or other pre-seminar activity

Review the core presentation list (see guide) and core drug list (see guide). Reflect on which of these conditions and medications you have encountered during your general practice term. Are there any gaps currently in your knowledge of conditions or population groups that you haven't seen during your rotation? This can be discussed with your GP supervisor and/or practice manager to see if there may be opportunities to fill these gaps. For presentations that you haven't encountered during this rotation you may need to do additional reading or review content that you have learnt in PCP2 and your other PCP3 rotations.

There is no essential pre-reading prior to this session.

Other learning resources

Kidney Health Australia, Chronic Kidney Disease Management Handbook.

Available from: <https://kidney.org.au/health-professionals/prevent/chronic-kidney-disease-management-handbook>

COPD-X Guidelines. Available from: <https://copdx.org.au/>

Royal Children's Hospital Clinical Guidelines. Available from: <https://www.rch.org.au/clinicalguide/>

Links to other learning resources are available within the module.

Keywords

Chronic disease management, history, examination, management plans, physiology, pathology

Primary health care for trans, gender diverse and non-binary people

This module is designed to help learners become familiar with the diverse terminology, experiences, health issues, standards, and referral pathways for trans, gender diverse, and non-binary (TGDNB) patients.

The module complies with the current global best practice standards developed by the World Professional Association for Transgender Health and current Australian practice. The module contains information, interactive sections, video clips of experts in TGD care, a video of an interaction between a gender diverse patient and a GP, a case scenario to work through, and links to clinical and peer support referral networks around Australia. Learners can choose to do particular sections of the module in any order by using the index on the dashboard of the online classroom.

Learning objectives:

By the end of this module, students should be able to:

- Understand how to create an affirming and inclusive environment for trans, gender diverse, and non-binary (TGDNB) patients attending general practice and community care.
- Understand diversity and terminology used among TGDNB people.
- Become familiar with the current standards of care for TGDNB patients including eligibility, assessment and referral pathways for gender transition (affirmation) therapies.
- Be aware of the key issues in hormone management and surgical options for gender affirmation
- Become competent in providing care for common psychosocial issues among TGDNB patients
- Have access to a clinical and peer support networks for TGDNB care around Australia

Prior learning

MD Year Two:

Ambulatory Care: General practice placement

Medicine rotation

Pre-reading or other pre-seminar activity

Nil

Other learning resources

Links to key learning resources are available within the module.

Keywords

Gender diversity, gender affirmation, hormone therapy, speech pathology

CLINICAL WORKSHOPS

There will be four clinical workshops held in week 3 of the rotation, each of which is aligned to a key research theme in the Department of General Practice.

Pre-reading for each session is compulsory. Some sessions have additional resources that we highly recommend that you read, but it is not compulsory to do so prior to the workshop. You will find it a lot easier to work through the clinical cases and answer the multiple choice quiz in each session if you are familiar with the pre-reading and resources provided. In some components of the workshops you will work together in teams. It will be fairer to your colleagues if you are prepared for the session. To participate in the quizzes and source additional resources during the workshops you will be required to bring a laptop, tablet or smartphone with internet connectivity.

Some of the workshops require you to bring additional equipment. We recommend that you wear appropriate clothing to the sessions as you will be practicing physical examinations with your colleagues.

The Communication and Indigenous Healthcare CREST workshop will be held on the final day of the rotation. There is no compulsory pre-reading for this session although students will be required to complete pre and post questionnaire.

Primary care cancer tutorial

Learning objectives

By the end of this session, students should be able to:

- Identify current government funded cancer screening programs and understand how these apply to individual patients
- Discuss current evidence based guidelines for prostate cancer screening with patients
- Sensitively communicate a cancer diagnosis to a patient
- Be aware of available referral pathways for patients with newly diagnosed cancer and consider how these may be impacted by rurality, socioeconomic status and gender
- Develop safety netting strategies to ensure patients with serious symptoms or diagnoses receive appropriate follow up
- Explore the psychosocial impact of a cancer diagnosis on the patient and their family and identify the role of the general practitioner in assisting to address any issues identified.

Pre-reading or other pre-workshop activity

RACGP Red Book, Ch. 9: Early detection of cancers. Available from:

<https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/>

Principles of Clinical Practice Clinical Examinations Guide: The basic gastrointestinal examination

National Breast Cancer Centre and National Cancer Control Initiative: Clinical practice guidelines for the psychosocial care of adults with cancer. Available from: <https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/clinical-practice-guidelines-psychosocial-care-adults-cancer-summary-guide-health-professionals>

Optimal cancer care pathways. Cancer Council Australia. Available from:

<http://www.cancer.org.au/content/ocp/health/optimal-care-pathway-for-women-with-ovarian-cancer-june-2016.pdf>

Kumar V, Abbas AK, Aster JC. Robbins and Cotran pathologic basis of disease. 9th ed. Philadelphia, PA: Elsevier Saunders 2015. Ch. Carcinoma of the prostate. Available from MD Connect.

Other learning resources

PSA testing for prostate cancer in asymptomatic men. Australia: National Health and Medical Research Council; 2014.

Available from:

<https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/men4d-psa-testing-asymptomatic.pdf>

PSA testing and early management of test-detected prostate cancer - clinical practice guidelines. Prostate Cancer Foundation of Australia and Cancer Council Australia; 2016. Available from:

http://wiki.cancer.org.au/australia/Guidelines:PSA_Testing

Bird. S (2011) How to complete a death certificate: A guide for GPs. AFP 40(6): 446-449 Available from:

<https://www.racgp.org.au/afp/2011/june/how-to-complete-a-death-certificate/>

Diabetes and cardiometabolic conditions tutorial

Learning objectives

By the end of this session, students should be able to:

- Identify and know how to access primary care-focused, evidence based guidelines for assessment and management of type 2 diabetes and cardiovascular risk
- Develop individualised management plans for people who have been diagnosed with type 2 diabetes or who are at risk of developing this condition
- Explain and demonstrate the use of injectable devices for diabetes management to a patient
- Compare and contrast classes of glucose lowering agents and select appropriate agents for individual patients with type 2 diabetes
- Competently carry out a diabetes complications screening examination

Pre-reading or other pre-workshop activity

Tailored information for general practices to manage type 2 diabetes. RACGP. Diabetes Australia.

Available from: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/management-of-type-2-diabetes>

Ch. 3: Screening, risk assessment, case finding and diagnosis

Ch. 4: Preventing type 2 diabetes

Ch. 8: Managing glycaemia

Ch. 9: Managing cardiovascular risk

Australian absolute cardiovascular disease risk calculator. National Vascular Disease Prevention Alliance; 2012. Available from: <http://www.cvdcheck.org.au/>

MD Year 2, Ambulatory care rotation: Diabetes tutorial and physical examination

Sharman JE, Howes F, Head GA, McGrath BP, Stowasser M, Schlaich MP, et al. How to measure home blood pressure: recommendations for healthcare professionals and patients. *Aust Fam Physician*. 2016;41(1):31-4. Available from: <https://www.racgp.org.au/afp/2016/januaryfebruary/how-to-measure-home-blood-pressure-recommendations-for-healthcare-professionals-and-patients/>

Other learning resources

National Heart Foundation of Australia. Guideline for the diagnosis and management of hypertension in adults – 2016. Melbourne: National Heart Foundation of Australia. Available from:

https://www.heartfoundation.org.au/images/uploads/publications/PRO-167_Hypertension-guideline-2016_WEB.pdf
Summary of guidelines available on page 1.

Equipment to bring to the tutorial

- Tendon hammer
- Monofilament

Mental health tutorial (incorporating back pain)

Learning objectives

By the end of this session, students should be able to:

- Perform a focused history and examination on a patient presenting with acute lower back pain, identifying red and yellow flags
- Understand the role of imaging for non-specific low back pain
- Understand and apply the diagnostic criteria for depression
- Perform a suicide risk assessment and be familiar with referral pathways for the suicidal patient
- Be familiar with the main treatment modalities for depression, namely lifestyle modification, psychotherapy and antidepressant medication
- Counsel a patient starting SSRI medication for depression.

Pre-reading or other pre-workshop activity

Antidepressant medicines explained. NPS MedicineWise. Back Pain Choices. Available from: <https://www.nps.org.au/medical-info/consumer-info/antidepressant-medicines-explained>

Therapeutic Guidelines: Low back pain. Available through MDConnect

Balaratnasingam S. Mental health risk assessment. Aust Fam Physician. 2011;40(8):366-9. Available from: <https://www.racgp.org.au/download/documents/AFP/2011/June/201106balaratnasingham.pdf>

Elliott C. Pursued by happiness and beaten senseless: Prozac and the American dream. Hastings Center Report. 2000;30(2):7-12. Available from: <http://onlinelibrary.wiley.com.ezp.lib.unimelb.edu.au/doi/10.2307/3528306/pdf>

Imaging for low back pain. Choosing wisely. American Academy of Family Physicians. Available from: <http://www.aafp.org/patient-care/clinical-recommendations/all/cw-back-pain.html>

Young people and sexual health tutorial

Learning objectives

By the end of this session, students should be able to:

- Know when to offer opportunistic sexual health screening to patients and how to manage the consequences of positive sexual health tests, including treatment, notification and partner tracing.
- Demonstrate a youth friendly approach to explore and address mental health issues and health risks in adolescents.
- Provide appropriate contraceptive options to patients and have an understanding of the legal framework protecting minors in clinical practice.

Pre-reading or other pre-workshop activity

Sexual Health:

Australian STI management guidelines for use in primary care. Australian Sexual Health Alliance. Available from: <http://www.sti.guidelines.org.au/>

and/or

Treatment guidelines. Melbourne Sexual Health Centre. Alfred Health Network <https://mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/tabid/116/>

Screening and treatment guidelines for common sexually transmitted infections

- Contact tracing
- Notification of STI's
- Emergency contraception (under fact sheets)
- Sexual health for men who have sex with men (under fact sheets)

Temple-Smith M, Sanci L. LARCs as first-line contraception: what can general practitioners advise young women? *Aust Fam Physician* 2017;46(10):710-15. Available from: <https://www.racgp.org.au/afp/2017/october/larcs-as-first-line-contraception/>

Adolescent health:

McGorry P, Goldstone S. Is this normal? Assessing mental health in young people. *Aust Fam Physician*. 2011;40(3)94-7. Available from: <https://www.racgp.org.au/download/documents/AFP/2011/March/201103mcgorry.pdf>

Other learning resources

Sexual Health:

Age of consent laws: Available from: <https://aifs.gov.au/cfca/publications/age-consent-laws>

Moore P, Streeton C. Oral hormonal contraception in special circumstances. *Aust Fam Physician*. 2017;46(10):728-32. Available from: <https://www.racgp.org.au/afp/2017/october/oral-hormonal-contraception-in-special-circumstances/>

Adolescent health:

Adolescent health GP resource kit. 2nd ed. NSW Government. Available from: <https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/GP-resource-kit.aspx>

This is a useful resource in general practice. It is recommended that you read Section 2, chapters 1 to 6 and Section 3. There is also a useful chapter on mental health and substance use.

Communication and Indigenous Healthcare (CREST workshop)

In Australia, the Aboriginal and Torres Strait Islander (respectfully referred to as Indigenous in this document) culture, cultural beliefs and connection to land, country, community and family strongly shape or even dictate relationships and daily life practices. Diseases such as heart disease, diabetes and cancer account for almost 80% of the Indigenous life expectancy gap, with the lack of culturally appropriate healthcare services being quoted as a main reason for the disparity. Cultural respect is fundamental in healthcare and services delivery to enhance an Indigenous patient's desire and ability to seek healthcare and to ensure that culturally appropriate care is a part of effective and efficient care. It is important for healthcare practitioners to provide quality care and to treat all their patients, Indigenous and non-Indigenous, with respect. Improving the quality of care provided to Indigenous Australians could considerably reduce the disparity between their health and that of other Australians. This is recognised by the Federal and State Governments' closing the Indigenous health gap initiatives which includes incentives for primary care to extend its ability to provide appropriate services to Indigenous Australians.

Learning objectives

By the end of this session, students should be able to:

- Recognise the diversity and uniqueness of the Indigenous cultures and how that can affect a patient's identity, desire and ability to seek help
- Understand the importance of cultural safety and security for Indigenous patients
- Appreciate the differences in cultures, health beliefs and values and learn not to judge, blame or impose mainstream values or beliefs on Indigenous patients
- Be aware of the national and state Closing The Gap health initiatives for Indigenous Australians.

Pre-reading or other pre-workshop activity

Online CREST module: Interprofessional Communication. Available through MDConnect

Other learning resources

The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Canberra: Australian Bureau of Statistics and Australian Institute of Health and Welfare. Available from:

<https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/table-of-contents>

An introduction to cultural competency. Royal Australian College of Physicians; 2004. Available from:

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APPENDICES

Medicare Items for Health Assessment, Care Planning and Chronic Disease Management

During your six-week term in general practice you will discover a range of Medicare items designed to assist GPs develop management plans for patients with chronic illness or common medical conditions. Medical students may perform these assessments and develop management plans under the supervision of the patient's usual GP and with the patient's consent. Proforma for these items are available within the electronic medical record and additional information is available from <http://www.mbsonline.gov.au/>

GPs may encourage students to use their practice computer program to recall patients for these services. For example, patients over 75 years of age are eligible for an annual comprehensive health assessment and all patients taking more than 5 medications are eligible for a pharmacist home medication review.

Extended Primary Care Services

1. 75+ year-old health assessments (Item 701, 703, 705, 707)

A health assessment is a detailed annual bio-psycho-social assessment for a patient over 75 years of age, or for Indigenous people over 55 years of age and living in the community. The assessment may be performed by the practice nurse in conjunction with the GP and must include:

- Medication review
- Blood pressure, pulse rate and rhythm,
- Assessment of physical function and activity
- Continence assessment
- Immunisation status
- Psychological and social functioning including assessment of activities of daily living (ADL)
- Falls assessment
- General physical examination.

The assessment may also include fitness to drive, hearing, vision, oral health, diet, exercise smoking, foot care, need for community services or home help.

2. Domiciliary medication management review (home medicines review Item 900)

A GP may refer to an accredited pharmacist for an annual medication review if a patient living in the community has any of the following issues:

- Is taking five or more medications or more than 12 doses of medication a day
- Has had significant changes to medication in the last three months
- Takes medication with a narrow therapeutic index and/or requiring monitoring, eg Warfarin, digoxin.
- Has symptoms suggestive of a drug reaction
- Has a suboptimal response to treatment with medicines requiring therapeutic monitoring
- May not be complying with medication or is unable to manage medication related therapeutic devices.
- Has literacy or language problems, dexterity problems, impaired sight, confusion/ dementia or other cognitive problems
- Is attending a number of GPs or specialists
- Has been discharged from hospital within the previous four weeks
- Other medication issues/problems

Once the pharmacist has visited the patient in their home and reviewed the patient's medication, their findings must be discussed with the GP and a written medication management plan produced.

3. GP Management plan (Item 721)

The GP management plan occurs when the GP prepares a management plan for a patient with a chronic condition. The steps include assessment of the patient, agreed management goals, identification of actions to be taken by the patient as well as treatment and on-going services required, and documentation of the plan. The recommended frequency is once every year, with regular reviews every three to six months.

4. Team care arrangements (Item 723)

In addition to the GP Management Plan there is provision for co-ordination of team care arrangements for a patient with a terminal or chronic condition who requires a multidisciplinary team of at least three health professionals. This is usually performed in conjunction with a GP Management Plan. There is a wide range of other professionals who could be involved in a patient's care, and provision of a Team Care Arrangement opens up access to a lot of these services, many then being covered by Medicare. eg

- Aboriginal health and liaison workers
- Alcohol and drug treatment services
- Allied health professionals, eg for a diabetic patient a dietician, diabetes educator, optometrist and podiatrist may be involved
- Child protection services
- Community health services
- Physiotherapy
- Psychologists
- Family mediators
- Mental health services
- Nurses.

A case conference (Item 735-758) with two or more health professionals or service providers to identify and discuss the care goals of the patient. A case conference can take place either in person or by telephone or video-conference. A maximum of five conferences a year is permitted.

5. 45–49 year-old Assessment (Item 701, 703, 705, 707)

Patients in this age group who are at risk of developing a chronic disease are eligible for a comprehensive annual health check. A chronic disease risk includes diabetes, cancer, cardiovascular disease, arthritis, musculo-skeletal conditions, and mental health conditions.

Factors the GP may consider include, but are not limited to:

- Lifestyle risk factors, eg smoking, alcohol, physical inactivity, poor nutrition
- Biomedical risk factors, eg high cholesterol, hypertension, impaired glucose metabolism
- Family history of chronic disease.

The health check must include:

- Information collection – history taking
- An overall assessment of the patient
- Interventions as indicated, eg lipid, glucose estimation
- Providing advice and information to the patient.

6. GP Mental Health Care Plan (Item 2700, 2701, 2715, 2717)

A GP Mental Health Care Plan can be developed for patients with a wide range of mental health problems, eg depression, anxiety states, bipolar disorder. The provision of the plan opens up other supported management options for patients, such as referral to psychologists, clinical psychologists, counsellors, social workers. The plan includes assessment and management phases.

a. Assessment phase. This must include:

- Recording the patient's agreement for the GP Mental Health Care Plan
- Relevant history, including the presenting complaint
- Conducting a mental state examination
- Assessing associated risk and any co-morbidity
- Making a diagnosis and/or formulation
- Administering an outcome measurement tool if clinically appropriate

b. Management phase includes:

- Discussing the assessment with the patient including the mental health formulation and diagnosis
- Identifying and discussing referral and treatment options
- Agreeing goals with the patients
- Provision of psycho-education
- A plan for crisis intervention
- Making arrangements for required referrals, treatment, appropriate support services, review and follow-up
- Documentation in the patient's General Practice Mental Health care plan.
- Arranging a clinical review with the GP.

7. Other initiatives

There are several other funded services available under Medicare. These will not be discussed in any detail here, but you may want to discuss these options for particular patients with your GP supervisor, or seek further detail at <http://www.mbsonline.gov.au/>

- Aboriginal and Torres Strait Islander Child Health Check
- Aboriginal and Torres Strait Islander Adult Health Check
- Health Assessments for Refugees and other humanitarian entrants
- Annual Health Assessment for people with an intellectual disability
- Co-ordinating a review of team care arrangements
- Contributing to a multidisciplinary care plan or contributing to a review of a multidisciplinary care plan for a patient who is not a resident in an aged care facility
- Contributing to another provider's multidisciplinary care plan or contributing to a review of a multidisciplinary care plan for a patient who is a resident of an aged care facility
- Case conferences by medical practitioners (other than a specialist physician)
- Residential Medication Management Review for patients in a residential aged care facility
- 4 year-old Healthy Kids Assessment.
- Diabetes Annual Cycle of Care
- Asthma Cycle of Care

Forms

General Practice: Supervisor feedback form and guidelines

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_Supervisor_feedback_and_guidelines-Form.pdf

PCP3 Mini clinical evaluation exercise form (Mini-CEX)

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_MiniCEX_assessment-Form.pdf

General Practice: Reflective piece form and marking guidelines

https://mdconnect.medicine.unimelb.edu.au/portal/mdresources/forms/PCP3_GP_Reflective_piece_and_guidelines-Form.pdf