Northern Ireland mdta Medical & Dental Training Agency

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ST using this document:

- Use this in conjunction with the RCGP curriculum statements
- This is a support document – how you use it is to be determined by each group. There is a large variation in content, style and length between each section. Each group must decide for themselves how to integrate this according to their needs & learning styles. You have been given one day each week protected learning over the next six months – 20% of your remuneration is dedicated to protected learning. This is truly adult & self directed learning; and with this comes an enormous responsibility to use the time most efficiently in group format. Each member can still do personal learning in their own time.
- One week in advance begin to consider each section – using various resources
- Meet each Thursday morning, of each week, & work through the tasks/questions in "discussion format"
- It is essential that each group develops "ground rules" - to ensure no single person is contributing less than acceptable or dominating the group over the course etc – sample ground rules are found at the end of this document.
- All these sections are based on the RCGP curriculum statements and are intended to focus your mind on these systematically & help you prepare for the AKT
- ST3 will focus on the CSA
- You will notice a wide variation of each section – they have been built by 12 different people – thus should reflect a variety of teaching & learning styles – so should suit everyone in ST2 in some parts & perhaps no one in ST2 in other parts!
- It is essential to complete feedback on this learning. To facilitate this you will be sent a Zoomerang feedback email – we need these completed to develop this form of Teaching & Learning.
- We are particularly keen for your feedback to help us fine tune the content for next year – so feel free! fergusdonaghy@msn.com

Trainers using this document

Look through the curriculum section that you will be facilitating in the afternoon – pick out contentious & controversial areas that can promote discussion / discourse.

Please don't let the sessions be a matter of finding out the right answer – the aim of the game is to "promote learning" through the ST2 researching the tasks – rather than just documenting answers – the afternoon should

be discussion based with constant references to patients they have seen that demonstrate the answers – keep the emphasis on Problem Based & Case Based.

It is key to ensure every one contributes equally – please note any oddities and discuss amongst trainer group.

Ground rules for ST2

Chair
Each group must appoint a "chair" for each week; this role must rotate & every ST must chair at least 3 sessions. The role of the Chair is to keep the show moving, to ensure the tasks are completed and to ensure each member has prepared, & contributes throughout the session.

Coordinator
Each group must appoint a co-coordinator who will oversee communication during the 6 months in GP. The coordinator will accept & disseminate information about absences & leave and any variations from the timetable regarding topics / locations etc. The coordinator may also report to the trainers or PD on behalf of the group if needed.

Groups
Groups generally take a while to "form" – prior to this stage there can be a bit of "storming" whilst members settle in. Some groups can be quite dysfunctional – for a variety of reasons! It is the responsibility of the group to recognise errant behaviour and deal with it to enable maximal learning to occur.
Do you recognise any of these people?

- Too quiet – just listens absorbs & benefits from the group without contributing
- Too dominant – loves the sound of their own voice
- The cynic – what's the point in all this
- The loner – just wants to do it without discussion or learning from others – thinks there is only one right way
- Sensitive – people wouldn't be interested in my views

Rules

1. The start time is 9.30am - What does the group do with someone who is often late?
2. Each member should prepare answers to the tasks in advance – how does the group deal with someone who "wings it" or someone who opts out
3. What do we do for lunch, alone / together / organise food rota
4. Finish time is?
5. Data to be loaded onto the portfolio – when at the end of each session or in personal time later
6. Confidentiality – stories about PATIENTS (& TRAINERS & other ST!) remain confidential within the group
7. You will have other rules you wish to incorporate...

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Acutely ill

What symptoms / signs would you look for in an acutely ill patient?

- In the elderly?
- In the very young?

What risk factors would raise your suspicion of an acute cardiovascular event?
A patient collapses in the waiting room. How would you manage the situation (with involvement of other staff)?

Outline the process of admission to hospital for a patient with:

- An MI
- Acute appendicitis
- Acute psychosis

The knowledge base

What would be your initial primary care management in a patient with:

- Shock
- Acute Coronary Syndrome
- Haematemesis
- Acute lower limb ischaemia
- Sudden onset severe pleuritic chest pain
- Acute Asthma attack
- Stridor in a child
- Acute confusion in an elderly patient
- Acute pv bleeding and pelvic pain in a 20 year old female
- Acute severe abdominal pain in a 70 year old male
- Acute onset of floaters and flashing lights in a 50 year old
- Sudden onset of headache in a 65 year old male

List out dangerous/severe diagnoses which would require emergency admission?

What precautions/ steps may be taken to avoid and treat the following in practice?

- Anaphylaxis after vaccines
- Vaso-vagal episodes after minor surgery
- Local anaesthetic toxicity

How would you risk assess for suicide?

How might you manage a violent/ potentially violent patient?

Investigation

What investigations (if any) might be appropriate whilst on a house call for an acute severe illness?

Treatment - Pre-hospital management of convulsions and acute dyspnoea

How would you manage the following pre-hospital?

- Status epilepticus
- Acute dyspnoea

Emergency care

Describe the initial ABC principles in emergency care?

Discuss the organisation of NHS out-of-hours care?

Describe the personal risks of working in out-of-hours?

Outline any safety measures you might consider

Resources

What equipment / medication would you expect to be available in:

- The Doctors bag
- The out of hour's car
- The emergency ambulance

How would you maintain the doctor's bag?

What training would practice staff require for treatment of emergencies?

How might this be delivered?

Prevention

What chest pain advice would you give to a patient with known ischaemic heart disease?

What information is asked for by the ambulance triage?

Discuss examples when telephone triage result in an emergency ambulance call without directly seeing the patient?

How might the provision of out of hours surgical/ medical emergencies differ from in hours work?

What other out of hours services work in conjunction with GP out of hours?

You are called to assess a patient with suspected psychotic disease at his house. It is clear on arrival he is quite agitated and potentially dangerous. What precautions could you take to ensure your own safety in this situation?

What precautions could potentially have been taken prior to the visit?

What specific communication skills would be required for out of hours care?

What symptoms should you be aware of to indicate potential burnout?

What would you do to prevent personal stress through work?

Person-centred care

Discuss your management of a patient who is acutely dyspnoeic on the telephone requesting a house call?

How would you arrange a medical assessment of an acutely confused patient at the local A/E – who is refusing to go?

How might you arrange 24 hour supervision of a patient with an acute episode of COPD who refuses to go to hospital? (What agencies would be involved and what considerations should be given to carers).

Specific problem-solving skills

How does a telephone triage differ from a face to face consultation?

How would you deal with an irate patient on the telephone?

Discuss how you would deal with a demanding patient requesting a house call for a mild self limiting illness during a busy out of hours session?

What elements of a telephone consultation ensure patient safety?

A comprehensive approach

What other co-morbidities would you consider in a patient with:

- Chest pain
- Acute dyspnoea
- Acute confusion
- Sudden loss of consciousness

(With particular reference to working in an out of hours setting at the point of telephone triage)

Community orientation

What strategies might you employ to deal with a demand from a parent for a house call to a child with a self limiting viral illness?

You decide to manage an elderly type II diabetic with moderate lower limb cellulitis at home. What other specialist community services might you involve?

A holistic approach

What communication skills might you use when dealing with relatives or carers of a patient who has just died?

What are the requirements of a GP for certification of death?

When might a proforma be required?

What circumstances would require referral to the coroner after death?

What cultural factors might influence your management around the time of death?

Contextual aspects

What forms are used for a formal mental health admission?

What legal bill governs this process?

What are the implications of being called out during the day on an acute call?

How might you manage this type of situation?

What conditions may limit or reduce the quality of care provided to an acutely ill patient at home?

How is out of hours care provided in the practice you work in?

Attitudinal aspects

Describe the ethical principles which would require consideration when dealing with acute illness?

What considerations would be given when deciding whether resuscitation is appropriate?

Scientific aspects

Describe how you would source evidence based guidelines for emergency care pathways?

Outline how these may be applied locally?

From a clinical governance point of view how would you record and use significant events?

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CHD

Primary Care Management

- What new recommendations are in updated NICE guidelines for CVD?
- How will guidelines affect your care of patients as a GP?
- What evidence was used to change the guidelines?

Knowledge Base

With respect to Chest pain:

- Important causes of chest pain to consider include myocardial infarction; acute coronary syndrome; pulmonary embolism; oesophageal rupture
    - Can you think of some other causes of chest pain?
    - What symptoms are suggestive (but not definitive) of non-cardiac chest pain?

With respect to Breathlessness

- What is paroxysmal nocturnal dyspnoea?
- What are some suggested causes of patient presenting with a history of chest pain and breathlessness?

With respect to Ankle Swelling

- What are the causes of ankle swelling/lower limb swelling?
- What features are important in the history of ankle swelling when assessing a patient?

With respect to clinical features of Peripheral Vascular Disease

- Need to consider both arterial and venous disease.
- Calf claudication is a classic symptom of peripheral arterial disease. What other conditions should be considered in the differential diagnosis?

With respect to symptoms of Cerebrovascular Disease

- What is amaurosis fugax?
- What do modern guidelines suggest for investigation and management of Strokes and TIA's?
- What is the risk of Stroke following a TIA?

With respect to the patient with a history of Syncope:

- What important points are there to consider in the history?
- What important points to consider on examination?

Consider Presentations and Management of:

I. Angina:

Do men and women present the same?

What are the problems with performing an ECG?

II. Acute Coronary Syndromes
III. Cardiac Arrest:
IV. What are the Pre-hospital life support measures?
V. Who is MONA?

Epidemiology:

- How common is CHD?
- Where are rates rising and falling?
- What is the situation in UK/Ireland?

Arrhythmias

- When are ectopic beats significant?
- What is the management of AF? Consider rate limitation/anticoagulation/DC conversion.
- What is the significance of bundle branch block on ECG?

Valvular Heart Disease

The mitral valve may become stenosed, regurgitant, or there may be mixed disease, or valve prolapse. How do these present?

Aortic stenosis is a common heart lesion that may occur in isolation or in combination with other heart defects. How does it present? What are the dangers?

Aortic Regurgitation: This condition may be classified as being due to cusp abnormality or to aortic ring dilatation.

Aortic Sclerosis: This is senile degeneration of the aortic valve and is not associated with left ventricular outflow tract obstruction. How does it present?

Aortic Cusp abnormality – (Rheumatic valvulitis: Congenital: Infective endocarditis)
- How does these present?
- Who is at risk?

Congenital Heart Disease
- What common types?
- What types present in primary care and how do they present?

Cardiomyopathy
- Types of Cardiomyopathy?
- Who is at risk?
- What treatment options are there?

Heart failure
- With respect to the different classifications of heart failure
  - What are features of right ventricular failure?
  - What are features of left ventricular failure?
  - Are third and fourth heart sound sensitive markers for left ventricular dysfunction?
    - with respect to the third heart sound
    - with respect to the fourth heart sound
  - Be aware of the NYHA classification of heart failure

Epidemiology of heart failure:
- Is heart failure common?

Assessment of possible heart failure in primary care:
- What investigations are useful in the assessment of heart failure in primary care?
- What is the role of brain natriuretic peptide (BNP) in the diagnosis of chronic heart failure?
  - What about patients with AF?
  - What if a patient has a normal ECG and normal BNP levels?
- What ECG changes may be seen?

Management of heart failure:
- With reference to the management of chronic heart failure:
  - What medical therapies are effective in terms of reducing morbidity and mortality in chronic heart failure?
  - What medical therapies are effective in terms of symptomatic control?
- With respect to medical treatment for chronic heart failure with left ventricular dysfunction:
  - ACE inhibitors in heart failure
    - Which is started first, an ACE inhibitor or a beta blocker?
      - Is there evidence for the use of higher, rather than lower, doses of ACE inhibitors in chronic heart failure?
      - What about the use of ACE inhibitors in renal impairment?
  - Beta blockers in heart failure
    - with respect to beta blockers in left ventricular dysfunction
      - Which beta blocker, carvedilol or metoprolol?

        - Which patients with heart failure should not be prescribed beta blockers?
  - Aldosterone in heart failure
    - with respect to aldosterone antagonists
      - What is the concern with using this medication in combination with ACE inhibitors?
      - What is a suggested maximum dose of spironolactone in this treatment group?
      - What is eplerenone and what is the significance of the EPHESUS
  - Digoxin in heart failure
    - with respect to digoxin in heart failure
      - when should this be used?

Hypertension

1) Considering the classification of hypertension:

- What are the systolic blood pressure and diastolic blood pressures that define severe hypertension?
- How is isolated systolic hypertension defined?

2) Regarding blood pressure measurement
What are the considerations that are important when measuring a patient's blood pressure?
What adjustment for blood pressure readings needs to be made when evaluating ambulatory blood pressure readings?

3) When considering management of a raised blood pressure then the presence of target organ damage is a prompt for more aggressive management. Can you give examples of target organ damage?

4) Guidance regarding management of raised blood pressure varies with respect to level of blood pressure. What management is indicated for a patient with a blood pressure of:

- 165/105 mmHg?
- 150/95 mmHg?
- Systolic blood pressure of 225 mmHg?
- What are the indications for referral to secondary care if a patient is hypertensive?

5) What are the routine investigations indicated in management of hypertension?

6) What are the clinical features of a phaeochromocytoma? When should this condition be considered as a cause for hypertension?

7) 95% of hypertension is essential (i.e. there is no demonstratable cause of the high blood pressure). As a refresher, can you think of some causes of secondary hypertension?

8) In essential hypertension various factors can influence a level of a person's blood pressure these include?

9) If secondary hypertension was suspected then what additional investigations might be instigated (some may be instigated from primary care and others from secondary care)

10) What are the summary features of the NICE hypertension guidance or the BHS guidelines and what ways if any do they differ?

Hypertension - trial evidence

Cardiovascular disease (CVD) risk associated with elevated blood pressure is determined by both the level of blood pressure and the presence of other risk factors for atherosclerotic disease

Any evidence relating to systolic hypertension?
Angiotensin-Converting Enzyme (ACE) inhibitors in hypertension management

Contrasting evidence exists for the use of ACE inhibitors for hypertension. Two important trails in the 1990s looked at these, what were they?
ACE inhibitors to reduce the risk of cardiovascular disease. Two important trials have shown benefit in terms of reduction of risk of cardiovascular disease in patients at high risk. Which trials are these.

Alpha blockers in hypertension

- What was the concern regarding use of alpha blockers that was produced in the ALLHAT study?

Hypertension and Lipids

There is evidence of benefit for the treatment of raised lipids in the context of hypertension. Which trials looked at this?

Aspirin in hypertension

Which study revealed the benefit of using aspirin in patients with controlled hypertension?

Which studies used Angiotensin Receptor Blockers in Hypertension?

Are there any pragmatic definitions of hypertension resulting from the clinical trials?

<u>Investigations</u>

24hr Ambulatory BP measurement - How does this relate to prognosis compared with intermittent readings?

Venous Dopplers and ABPI measurement - How can these aid management of conditions in Primary care?

Should we have open access to Echo's and 24hr monitoring?

<u>Treatments</u>

Lipid Lowering Treatments

Scenario 1:

- 46 year old man with a history of type 2 diabetes. Glycaemic control revealed an HBA1c of 7.2%. Lipid profile revealed a total cholesterol of 6.5 mmol/l, LDL of 3.4 mmol/l, HDL 1.1 mmol/l and fasting triglycerides of 3.4 mmol/l
  - Should a cardiovascular risk equation be used in this situation?
  - If lipid lowering treatment was to be used, then what base-line investigations would be considered before starting statin therapy?
  - This gentleman had his lipids monitored four weeks after initiating a statin. Is this period of time too soon?
  - In diabetic patients in the age group 18-39 years old, the JBS2 guidelines have stipulated circumstances when statin treatment would be indicated. What are these circumstances?
  - Which two important trials are concerned with the use of statins in patients with diabetes?

Scenario 2:

- 55 year old lady with a history of manic depression. She is on treatment with olanzapine and it has been noted that her weight has increased since initiation of her olanzapine treatment. Recent blood tests revealed a fasting glucose of 6.2 mmol/l. Her fasting lipids revealed cholesterol of 7.7 mmol per litre and triglycerides of 4.4 mmol/l. Other secondary causes of hyperlipidaemia were excluded.
  - what is significant about her fasting glucose level?
  - is olanzapine associated with possible development of diabetes?
  - how might olanzapine affect this lady's lipid levels?
  - this lady was put on simvastatin 40mg per day and her cholesterol was 5.4 mmol/l. What reference is useful in deciding what the next step in statin treatment might be

Examples of other causes of raised lipids:

- how does abnormal thyroid function affect lipid levels?
- how does HRT affect lipid levels?

Myalgia and statin treatment

- How common is myalgia associated with statin treatment?
- Statins and warfarin: Does pravastatin interact with warfarin?

Combination treatment with fibrates and statins

- What does JBS2 state about the use of combination therapy?
- ?NICE

Lipid Lowering - The Evidence Base

i. statins in patients with a history of cardiovascular disease, identify some significant secondary prevention trials.
ii. A trial looking at Primary prevention of cardiovascular disease?
iii. A study involving primary and secondary prevention?
iv. Prevention of cardiovascular disease in particular risk groups
   a. Diabetic patients
   b. The Elderly
   c. Cerebrovascular disease

Any other interesting statin studies? What did they measure?

   d. TNT
   e. REVERSAL
   f. ASTEROID
   g. IDEAL

v. Other Treatment Modalities
   a. Any Fibrate studies
   b. Nicotinic acid
   c. Fish oils
vi. and finally...
   a. What does the Cholesterol Treatment Trialists' Collaborators meta-analysis 2005 show?

Emergency Care

60yr man collapses at reception desk, unconscious, what do you do?
Carriage of emergency drugs: How do you ensure they are kept safe but accessible and in date? Should there be defibrillators “everywhere”?

Cardiovascular Risk

Points to consider when calculating cardiovascular risk:

1) What is the relationship between cardiovascular risk and coronary heart disease risk?

2) Cardiovascular Risk tables are used in the primary prevention of cardiovascular disease. The latest version of the Joint British Guidelines (JBS2) have outlined situations when they consider cardiovascular risk not appropriate because the individuals are already of High Risk (cardiovascular risk > 20% over the next 10 years). Can you identify (or suggest) the groups chosen?

3) What are the suggested targets for lipid lowering in patients of high cardiovascular risk?

4) The JBS2 guidelines have identified patients with diabetes with regards to high cardiovascular risk. Statin treatment has been suggested for this population.

The principle evidence relating to use of statin treatment in patients with diabetes is based on two trials (CARDS and HPS). How does this trial based data compare to the suggested treatment groups in JBS2?

5) Microalbuminuria is a risk factor for cardiovascular disease. How does microalbuminuria affect cardiovascular risk?

6) Metabolic syndrome also increases the risk of cardiovascular disease. What is metabolic syndrome?

7) A blood pressure of less than 140/85 mmHg is suggested as optimal in reducing cardiovascular risk. How is this JBS2 target changed in the context of diabetes and how do the targets compare to the current NICE guidelines?

Cholesterol and Triglycerides:

1) What is LDL cholesterol?
2) What is the relationship between LDL cholesterol and coronary heart disease?
3) Statins are the most effective available LDL cholesterol lowering agents currently available. How do statins work?
4) Considering inherited hyperlipidaemias:
An important situations where there will be a raised cholesterol is familial hypercholesterolaemia (FH)
a) How can FH be diagnosed?
b) How common is it?
c) What clinical features are virtually diagnostic of FH?
5) Considering HDL cholesterol:
a) Is high or low HDL associated with increased cardiovascular risk
b) What are some secondary causes of low HDL cholesterol?
c) how is HDL affected by exercise?
6) Considering triglycerides:
a) how do fish oils affect triglycerides?
b) how does level of fasting triglyceride relate to cardiovascular risk?

Some Difficult Clinical Cases

Case 1

A 56 year old man with type 2 diabetes. He smokes 10 cigarettes per day. Treatment metformin 1g bd, atenolol 50 mg/d. His blood pressure is 130/75 mmHg. Recent diabetic review by practice nurse: fasting blood tests revealed HbA1C = 7.2%, cholesterol = 5.2 mmol/l, TG = 4.6mmol/l; HDL-C = 0.6 mmol/l; Calculated CVD risk > 20%. LFTs normal.

(a) What lipid lowering medication would you consider as first-line therapy:
i. statin
ii. fibrate
iii. anion exchage resin e.g. cholestyramine
iv. nicotinic acid
v. ezetimibe

(b) Should this gentleman be treated with aspirin? Y/N

(c) Which one or more of these factors may also be contributing significantly to the dyslipidaemia:
i. metformin
ii. smoking
iii. beta-blocker

(d) What are the features of the lipid profile which are suggestive of insulin resistance?

(e) Which change, if any, to diabetic medication is likely to be of most benefit?
i. increase dose of metformin
ii. add sulphonylurea e.g. gliclazide
iii. add thioglitazone
iv. add alpha-glucosidase inhibitor
v. add repaglinide

(f) Name two other interventions that would be of benefit to this patient.

Case 2

A 40 year old woman has recently become a patient at a general practice in Coventry. During her new patient medical she stated that her father had suffered angina in his 60's and had a 'heart attack' at the age of 70 years. She had no significant past medical history of note and was on no regular medication. She has had no symptoms

of cardiovascular disease and her blood pressure was 165/100 mmHg. The practice nurse checked her fasting lipids when she was seen for the new patient medical which revealed total cholesterol = 7.1 mmol/l, TG = 3.9, HDL-C 1.2 mmol/l.

i. Can you carry out a cardiovascular risk calculation given that there is only one blood pressure reading on which to base the calculation? Y/N
ii. What are the groups who are not appropriate for cardiovascular risk estimation according to the new Joint British Guidelines?
iii. Is the history of her father's cardiovascular disease significant to undertaking a cardiovascular risk calculation? Y/N
iv. What is the difference between CHD and cardiovascular risk?
v. What other significant changes were outlined in BHS guidelines with respect to estimation of cardiovascular risk?
vi. Should this lady be started on an aspirin?
vii. What initial management is suggested by the BHS guidelines for this lady's blood pressure?

1. start treatment with a beta-blocker and screen for secondary causes and undertake an ECG

2. start treatment with a thiazide and screen for secondary causes and undertake an ECG

3. screen for secondary causes and undertake an ECG and remeasure blood pressure weekly ; if blood pressure remains raised then treat

4. none of the above.

viii. Whilst taking the blood test for the lipid screen the nurse also ticked the box on the blood form for CK which has revealed a markedly raised (predominantly CK-MM). What is the likely cause of this lady's hyperlipidaemia?

Case 3

A 55 year old lady presents with a history of manic depression. She is on treatment with olanzapine and it has been noted that her weight has increased since initiation of her olanzapine treatment. Recent blood tests revealed a fasting glucose of 6.2 mmol/l. Her fasting lipids revealed a cholesterol level of 7.7 mmol per litre and triglycerides of 4.4 mmol/l. Other secondary causes of hyperlipidaemia were excluded.

- (a) What is significant about her fasting glucose?
- (b) Is olanzapine associated with possible development of diabetes?
- (c) How might olanzapine affect this lady's lipid levels?
- (d) If this lady was put on simvastatin 40mg per day and her cholesterol was 5.4 mmol/l. What reference is useful in evaluating the efficacy of different statins and deciding the next step in statin treatment?
- (e) What is the significance of raised triglyceride in terms of cardiovascular risk?

Case 4

A 79 year old gentleman has a history of a previous CVA last year. His blood pressure is 130/85 mmHg and his lipid profile shows a cholesterol of 6.5 mmol/l and a TG of 1.3 mmol/l. He has a history of osteoarthritis and hypertension. His current medication is bendroflumethiazide 2.5 mg per day, simvastatin 40mg per day, aspirin 75 mg per day, ibuprofen and omeprazole.

- (a) How do non-specific NSAIDs interact with aspirin in terms of cardiovascular risk?
- (b) Should this gentleman be on dipyridamole?
- (c) Is there evidence for the effectiveness of lipid lowering in an patient of this age?
- (d) If there is a past history of stroke then does lipid lowering treatment reduce the risk of a further stroke?
- (e) How does management of hypertension affect risk of stroke?
- (f) If this gentleman had a further CVA, what antiplatelet therapy is indicated?

Prevention

How is primary and secondary prevention tackled by QOF?
Is this a good thing?
Should we screen everyone for BP and Lipids?
What is the current QOF target for smoking?
What does NICE suggest GP's role is in smoking interventions?
What is available in the community for smoking cessation?
What is NRT?
Is there a limit on how much patches or Champix a patient can be prescribed?
What is the role of GP's in weight loss and exercise promotion?
Should we prescribe anti obesity drugs?

Person-Centred Care

We need to identify the patient's health beliefs regarding cardiovascular problems and either reinforce, modify or challenge these beliefs as appropriate.

How can we identify non-concordance? How do you negotiate management especially with regard to preventative medicines.

How do we effectively communicate the patients risks of CVD in an unbiased manner?

Comprehensive Approach

What other members of the PHCT would you involve in lifestyle advice?
What do the guidelines say re this?

Community Orientation

Should all patients over 40 be on statins?
What about OTC and on-line statins, is this a good idea?

Hollistic Approach

Do you have to notify DVLA if some one has an AMI or CABG?
What would you do if the patient is a HGV driver and says he is going to drive anyway?
How long would you issue a sick note to a 45yr man following an AMI without complications?
Are they eligible for DLA?
How are depression and CVD linked through the QOF?
In a multi-cultural society is the heart viewed differently by different cultures?

Contextual Aspects

What is the prevelance of CHD nationally and in your practice?
Are cardiac services the same all over NI?
Does everwhere have a cardiac ambulance?

Attitudinal Aspects

Does age matter if ordering a cardiac ambulance?
Should smokers be referred for andiography/CABG?

Scientific Aspects

Hypertension Trials?
Difference between BHS guidance for BP and NICE?
NICE guidelines for AF?
Guidelines on TIA/CVA management?

Psychomotor Skills

Run through a CVS exam as you would for CSA.
Can you measure BP properly, or do ECG?
Is your CPR training up to date?

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Respiratory

Learning tasks for respiratory domain:

• Demonstrate a consistent, evidence-based approach to antibiotic prescribing for respiratory infections.

What are your preferred first line Abx for

- Exacerbation of COPD
- Exacerbation of asthma
- Simple URTI
- Simple LRTI
- Lobar pneumonia
- Tonsillitis
- Peri tonsilar abscess
- Epiglottitis
- Laryngitis
- Tracheitis
- Bronchiolitis

What is your reference source / EBM for this information?

Why do hospitals use more Augmentin than GP?

What is the role of the community respiratory team and how can they support a GP?

What drugs do you administer at acute asthma admission for a 5 year old child?

What drugs do you administer at acute asthma admission for a 50 year old man?

Explain the indications for urgent referral to specialist services, especially for patient with suspected lung cancer.

What are the commonest lung cancers?

What is the different treatment preferences for each of them?

When would you make a referral “urgent” regarding possible lung cancer?

Describe the indications for home oxygen therapy and home nebulisers, and evaluate individual patient’s requirements for these.

What are the criteria for home oxygen in the BNF?

Who would you refuse home oxygen to?

How would you organise a concentrator?

What flow rate would you consider?

How do you differentiate between the dyspnoea of cardiac origin, respiratory origin and simple deconditioning?

When would you not refer haemoptysis?

When would an alteration in sputum warrant an antibiotic?

When would you use Oseltamivir?
How much is it?

What does NICE say about is use in prevention?

Should people previously vaccinated receive it?

What is the blood test used for AAFB?

What is the role of mantoux testing?

What is the policy on vaccination against TB in the children in the local community?

Investigation

What are the diagnostic spirometric values of COPD?

Exemplify & explain the different FEV1 diagnostic levels used by NICE, GOLD& QOF

What is the significance of reversibility testing & its implications for patients?

What is the difference between steroid & SABA reversibility?

How do you differentiate between "COPD that is reversible" & "Asthma"?

What is the significance of Transfer factor in hospital pulmonary function tests?

Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI)
What are the different roles of CT & MRI in Ix of COPD & in the Ix of Lung cancer?

What would you tell a patient about the procedure of an MRI?

Treatment

When is an MDI most appropriate?

When would you switch a patient to a powder inhaler?

What are the benefits & disadvantages of combo inhalers?

What is the merit of using Smybicort Smart on a PRN basis?

When is an accuhaler better than a turbohaler?

What is the cost of a SABA MDI, Turbo, Accuhaler, CFC free MDI,

When would you recommend a spacer device?

What are the 8 steps of using an MDI properly?

Emergency care

What drugs and doses would you use for a patient just collapsed after a flu vaccination?

Prevention

What are the essential points to cover in smoking cessation with a patient in 3 minutes?

What is the role of NRT?
What is the role of Champix?

Present the inclusion criteria for fluvaccination

Present the inclusion criteria for Pneumovaccination in adults

How often is the pneumovax given to adults?

Who gets revaccinated with pneumovax?

What points would you cover in a self management plan for Asthma?

What points would you cover in a self management plan for COPD?

What advice would you give for allergen avoidance to the mother of an atopic child with bad asthma & eczema?

What Ix would you do for family history of CF or emphysema?

<u>Person-centred care</u>

Negotiate a patient self-management plan for asthma in partnership with the patient bring a plan to the tutorial

How would you explain to an asthmatic patient that they have become COPD & what are the implications for the patient?

What are the 9 points in breaking bad news?

Demonstrate empathy and compassion towards patients with incurable disabling respiratory conditions. - What is the difference between empathy & sympathy?

<u>Specific problem-solving skills</u>

Describe the alarm symptoms for lung cancer.

What are the most discriminatory alarms signs of lung cancer?

<u>A comprehensive approach</u>

Assess the likelihood of occupational exposure as a cause of respiratory disease (e.g. COPD) - What are the occupational lung diseases?

Consider safety issues when prescribing home oxygen therapy – identify five key ones

<u>Community orientation</u>

Understand the current population trends in the prevalence allergic and respiratory conditions in the community – is allergy increasing?

<u>A holistic approach</u>

How would you empower a patient with COPD?

Recognise the stigma associated with smoking when giving health promotion advice to ensure the doctor-patient relationship is not damaged – how would you do this?

What are the stigma associated with Ch lung disease?

<u>Contextual aspects</u>

What is the national prevalence of asthma & COPD now?

What is the prevalence in your own practice of asthma & COPD?

What is the evidence that adherence improves morbidity & mortality in asthma?

What is the incidence of lung cancer now?

Is it increasing?

What is the 5 year survival?

Attitudinal aspects

Ensure that personal opinion regarding smoking does not influence management decisions for people with respiratory problems. - A patient has been refused a CABG by your local trust because he still smokes; how would you deal with this?

Scientific aspects

• Understand and implement the key national guidelines that influence healthcare provision for respiratory problems (e.g. the BTS / SIGN guidelines on asthma management, the NICE guidelines on COPD management) - What is the difference between the adult & children BTS guidelines for asthma?

What are the essential differences between the COPD & Asthma management guidelines with respect to ICS & LRA?

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Digestion

Primary care management

What fraction of the UK population is affected by dyspepsia and gastro-oesophageal reflux disease?
Why is the prevention and early treatment of colorectal cancer a priority of the UK department of health?
What is the UK prevalence of coeliac disease?
What is the lifetime incidence and peak age of presentation of acute appendicitis in the UK?
What are the causes and differential diagnosis of dyspepsia?
Name 5 common causes of food poisoning and how is food poisoning managed in primary care?
How do femoral hernias typically present and what is its management?

The knowledge base

Symptoms:
Does ischemic bowel cause a gradual onset of abdominal pain?
What is Murphy's sign?
How common are digestive problems after cholecystectomy?
How is constipation defined, assessed and managed?
List the possible causes of rectal bleeding and tenesmus
What is the prevalence of chronic diarrhea in the UK population? What are the colonic, small bowel, endocrine, pancreatic and other causes?

Common and/or important conditions:
What age group do gastric ulcers typically affect as apposed to duodenal ulcers?
Which type of peptic ulcer typically gives worse epigastria pain with food and which is relieved by food? What is Zollinger-Ellison Syndrome?
What is Barrett's esophagus? What is the increased risk of oesophageal carcinoma associated with it and what is the management of Barrett's?
How are the following conditions managed? a) Prebyoesophagus b) Oesophageal achalasia c) Plummer Vinson syndrome d) pharyngeal pouch
List the most common GI cancers (oesophageal, gastric, hepatic, pancreatic, and colonic) in order of prevalence and prognosis.
What is the aetiology, presenting symptoms, treatment and prevention of Hepatitis A, hepatitis B, hepatitis C.
Discuss the features (symptoms, associated conditions and investigations) of inflammatory bowel disease and its management.
What are the common symptoms in which coeliac disease can present in adults?
What is haemochromatosis, how is it classified, diagnosed and managed?
What is Primary biliary cirrhosis and its prognosis?
How prevalent is Diverticulosis in the UK? What are its causes and possible complications? How is it managed and how are its complications managed?
What are the causes of acute pancreatitis? What percentage of patients, with gallstones, gets symptoms from their gallstones?

Investigations:
What abdominal imaging techniques and investigations do you know and explain their indications?
What GI investigations can be performed in primary care –laboratory and stool sampling and explain their indications?

Prevention:
What are the risk factors associated with esophageal cancer and stomach cancer? How many deaths do they cause on average in the UK per year and why is the prognosis so poor?
What are the causes of acute hepatitis? What is chronic hepatitis and causes of chronic hepatitis?

Emergency care
What are the usual age of presentation of a) intussusceptions and b) pyloric stenosis?
What is the acute management of haematemesis and melaena?

Treatment:
Should patients diagnosed with inflammatory bowel disease (UC or crohn's) avoid NSAIDS?
What narcotic analgesia is avoided in the management of acute pancreatitis and biliary colic?
Should all inguinal hernias be referred for surgery? Is the risk of strangulation high with umbilical hernias?

<u>Person-centred care</u>
What are the gastrointestinal side effects of common medicines? Please discuss - Antiplatelets, NSAIDs, antibiotics (amoxicillin V co-amoxiclav V erythromycin), SSRIs, bisphosphonates, statins, antihypertensives (calcium antagonists, ACE inhibitors), metformin, among others.
What are the common problems patients have that are associated with stomas?
What advice would help prevent skin complications with stomas in relation to medications, diet and activities such as swimming?
How is irritable bowel syndrome defined, assessed and managed? Please use the Rome 111 criteria for diagnosing functional bowel disorders: http.www.romecriteria.org.
<u>and how is this care patient centred?</u>

<u>Specific problem-solving skills</u>
List the GI, gynecological and other causes of an acute abdomen. In what type of patients may signs be masked? If suspected in primary care, how should a GP arrange admission and what analgesia should be given prior to surgical assessment?
Discuss the benefits and disadvantages of a national screening programme for colorectal cancer? Please use the Wilson Junger criteria and the following resource www.cancerscreening.org.uk/bowel in your answer.
What are the red flag symptoms for colorectal cancer?
http://www.gptraining.net/protocol/cancer/referral/cancer.pdf

<u>A comprehensive approach:</u>
What general advice would you give to a healthy adult in relation to diet? Please discuss sugars, fats (including saturated fats), fruit and vegetables, fibre and portion sizes?
What is the relationship between 1) Smoking and 2) alcohol consumption and 3) BMI to GI cancers?

<u>Contextual aspects, Community orientation</u>
Please discuss H. pylori, what are the options for testing in primary care and eradication therapies, success of these and management of persisting symptoms? Please refer to NICE guidelines (2004) www.nice.org.uk In your answer please reflect on the rational for restricting referrals for endoscopy and the place of simple therapy and expectant measures in cost-effective management of digestive problems.
How much is the cost of managing dyspepsia to the NHS and what is the monetary cost to UK society?
What lifestyle advice is involved for dyspepsia, gastro oesophageal reflux, gallstones?

<u>A holistic approach</u>
What social, cultural and health belief factors relate to diet, nutrition and GI function in the UK? Please refer to the resource The British Nutrition Foundation (www.nutrition.org.uk) in your answers.
What is the range of normal bowel habit?

<u>Attitudinal aspects:</u>
What are the presentation and management of the following conditions +/- complications? Anal fissure, Hemorrhoids (piles), Peri-anal haematoma, Pilonidal sinus, Reatal prolape, Anal ulcer and cancer.
What patient issues are involved in such consultations and how are they overcome?
What is the prevalence of faecal incontinence in the UK population?

<u>Scientific aspects:</u>
What is the evidence –based approach to managing dyspepsia, including guidelines, red flags, investigations and the role of endoscopy in prescribing?

Resources
NICE (www.nice.org.uk.) has guidance on dyspepsia, obesity, nutritional support in adults and referral for suspected cancer.
http://www.nice.org.uk/nicemedia/pdf/CG49QuickRefGuide.pdf
SIGN (www.sign.ac.uk) has guidance on oesophageal and gastric cancer, colorectal cancer, and dyspepsia.

Specific web resources:

Primary Care Society for Gastroenterology: www.pcsg.org.uk
British Society of Gastroenterology: www.bsg.org.uk
http://www.gp-training.net/protocol/cancer/referral/cancer.pdf
http://student.bmj.com/issues/04/02/education/52.php
http://www.pathology.leedsth.nhs.uk/pathology/Departments/MicrobiologyVirology/How2Sample/StoolSamples/tabid/161/Default.aspx
www.nutrition.org.uk
www.romecriteria.org.
www.dh.gov.uk

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ENT

Primary care management

What are the commonest ENT symptoms and conditions which require simple advice or reassurance?

Which conditions in ENT require specialist referral?

For each condition define appropriate indications for referral?

Which referred ENT conditions would frequently have to wait for long periods for ENT surgery?

Why do such waiting lists arise?

Describe arrangements for referral to specialist nurse services e.g. audiometry.

What are the indications for referral to nurse-led audiometry?

How would you arrange an audiometry assessment?

The knowledge base

What would be your first line treatments for:

- Otitis media
- Otitis externa
- Bell's palsy
- TMJ pain
- Trigeminal neuralgia
- Pharyngitis
- Tonsillitis
- Laryngitis
- Glandular fever
- Oral candidiasis
- Herpes
- GORD
- Infective Rhinitis
- Allergic Rhinitis
- Sinusitis
- Nasal polyps

What EBM source backs up your choice?

When would watchful waiting/ delayed antibiotics be appropriate?

How would you manage the following in primary care?

- Perforated Tympanic membrane
- Cholesteatoma
- Vertigo
- Meniere's disease
- Nasal fracture
- Haematoma auris
- Snoring and sleep apnoea
- Unilateral hearing loss (in absence of external ear pathology or obvious cause)

What red flags exist for suspected cancers of the Head and neck?

Investigation

How do you interpret Weber's and Rhinne's tests?

How do you interpret the pure tone audiogram?

Give a brief overview of the following:

- Speech audiometry
- Impedance tympanography
- Auditory brainstem responses and oto-acoustic emissions

When might investigation in primary care be unnecessary and be detrimental?

Treatment

- Watchful waiting and use of delayed prescriptions
- Nasal cautery
- Fracture nose (need manipulation under anaesthetic within 2 weeks for optimum result)

Emergency care

- Septal haematoma
- Epistaxis
- Tonsillitis with Quinsy
- Otitis externa if extremely blocked or painful
- Foreign body
- Auricular haematoma or perichondritis

Outline your management of the following:

- Septal haematoma
- Epistaxis (and when is cautery indicated)
- Quinsy
- Otitis externa
- Foreing body in ear
- Auricular haematoma
- Fractured nasal bones

Prevention

What drugs are implicated in ototoxicity?

How are children screened for hearing loss?

How are and which adults are screened for hearing loss?

Person-centred care

How can the doctor – patient communication barriers be breached when dealing with a patient with hearing impairment?

What communication skills would you employ to address parental concerns for a patient with glue ear?

What advice might you give to encourage self management by patients for the following?

- Hay fever
- Minor epistaxis
- Dizziness
- Tinnitus
- Ear wax
- Sore throat

Specific problem-solving skills

Outline the alarm symptoms which would require urgent referral for suspected head and neck tumours?

What time periods for each presentation would be appropriate for observation initially?

How might you ensure the time period is adhered to?

A comprehensive approach

• Describe ENT presentations of systemic diseases e.g. GORD, CVA, AIDS
• Assess the likelihood of occupational exposure as a cause of ENT disease (e.g. industrial deafness).

What other systemic disease may also present with ENT symptoms?

What features in history, examination and investigation might increase the likelihood of noise induced deafness?

What other areas of occupational exposure increase the likelihood of ENT disease?

Community orientation

How would you manage a request for an urgent referral for longstanding tinnitus in a demanding patient?

Outline any system you might consider for appropriateness of referrals?

What adjustments for dealing with deaf patients might you consider for the surgery?

What legal implications are there here?

Describe the NHS newborn hearing screening programme?

A holistic approach

What community and home support could deaf patients receive?

Describe which ENT symptoms may be associated with psychological presentations?

Contextual aspects

How might you recognise your own learning needs in ENT?

How might you address these needs?

Attitudinal aspects

What potential prejudices and negative influences may arise during a consultation with a deaf patient?

How would you try to avoid these?

What communication skills would be of use during a consultation with a patient with intractable tinnitus?

Scientific aspects

What is the evidence for antibiotic usage in otitis media and sore throats?

Psychomotor skills

Demonstrate the following skills?

- Otoscopy
- How to perform nasal cautery
- Tuning fork tests

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EYES

What are the local referral pathways for patients with eye disease?

Where are local eye clinics based?

Who do you ring to make an urgent contact with eye services?

What is the protocol for referral to diabetic retinal screening service?

What is referral pathway for patients who have FH of glaucoma?

The knowledge base

What is correct treatment for a stye?

What is referral protocol for ICATS service?

What is main SE of ectropion and entropion?

What characteristics of a skin nodule make you suspect a BCC?

What is purpose of operation to treat a blocked naso lacrimal duct?

What is treatment for allergic conjunctivitis?

What syndromes are associated with dry eye syndrome?

What are the 6 most common causes of a sore red eye?

What is the risk of occurrence of corneal ulcers?

What is the goal of initial treatment in iritis?

Which disorders increase risk of cataract?

Which anterior chamber disorder is more common in hypermetropia?

How much of the eyes refraction takes place at the cornea rather than the lens?

How long can contact lens be worn for?

What are the mechanics of the treatment of acute glaucoma?

What is the typical visual field defect in COAG?

List 2 common causes of 2o glaucoma?

Which patients are more prone to retinal detachments?

What is main cause of vitreous haemorrhage?

Give 3 causes of a swollen optic disc

What ratio of disc cupping is pathological?

Which medication puts patients at risk of vascular eye diseases?

What is difference between paralytic and non-paralytic strabismus?

List the main components of an eye examination in General Practice?

List possible Ix for a patient with iritis

Knowledge of secondary care investigations and treatment including slit lamp, eye pressure measurement

What is normal intra ocular pressure?

Treatment

How long does the effect of local anaesthetic eye drops last?

What would make you suspect a FB has entered the globe?

Emergency care

What is main aspect of treatment of a hyphaema?

What are clinical features of a blow out?

List causes of painless loss of vision

List clinical features of acute glaucoma

Prevention

Which relative of patients with COAG should be screened for glaucoma?

Which diseases may a white eye in the newborn indicate?

List causes of an acute red eye

Which clinical test best assesses a hemianopia?

Which anatomical site is indicated in a bitemporal hemianopia?

What is most common cause of a vitreal haemorrhage?

What is most common cause of acute loss of vision?

A comprehensive approach

At what level of visual loss is one unable to drive a car?

How long does a driver have to wait before they can drive a car with one eye?

Community orientation

Describe the role of, and appropriate referral to, the community optician

Describe the DVLA driving regulations for people with visual problems

What is the 'Statementing' process for children with special educational needs

A holistic approach

Describe the long term care needs of patients with debilitating eye conditions and the necessary environmental adaptation and use of community resources

Contextual aspects

Describe local counselling services for genetic eye disease

Attitudinal aspects

Be able to balance the autonomy of patients with visual problems and public safety – exemplify this.

Scientific aspects

• Understand and implement the key national guidelines that influence healthcare provision for eye problems (e.g. National Service Framework for Diabetes)

List 5 main points from this document

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Drug & Alcohol

List commonly abused drugs in N Ireland

Which groups of patients are more likely to abuse drugs?

Which of the above drugs cause the most problems in primary care?

Which groups of health care professionals are involved in delivery of care to patients who use illicit drugs?

The knowledge base

List 5 symptoms or signs of opiate misuse

List 5 symptoms or signs of stimulant use –

List 5 symptoms or signs suggestive of cannabis use

List 5 of the manifestation of alcohol problems:

List complications of taking heroin

List complications of taking cocaine

List complications of taking alcohol

List complications of taking cannabis

List complications of injecting drugs

List complications of inhaling drugs

List complications of a lifestyle related to a drug-using habit

Give a clinical summary of the aetiology, presenting symptoms, treatment and prevention of HIV infection,

Give a clinical summary of the aetiology, presenting symptoms, treatment and prevention of hep A

Give a clinical summary of the aetiology, presenting symptoms, treatment and prevention of hep B

Give a clinical summary of the aetiology, presenting symptoms, treatment and prevention of Hep C

Which drugs can be routinely tested for in urine?

What does C.A.G.E stand for?

Use Disorders Identification Test (AUDIT). - What is Disorders Identification Test?

List the principles and practice of dose induction and safe prescribing for the drug-using patient

Emergency care:

What is the medical management of DTs

Prevention:

What is meant by the term of harm reduction?

What are the advantages and disadvantages of undertaking a harm reduction approach to treatment?

Person-centred care

Which consultation skills help establish a rapport with these patients?

Specific problem-solving skills

Where do illicit drug users present to the services?

What is prevalence of patients with alcohol problems in GP population?

What is the difference between dependent and problematic drug and experimental drug and alcohol use?

How does one assess suicide risk?

A comprehensive approach

Describe the factors that lead to the neglect of health and health care in this group and take steps to counter these.

Describe how to manage the associated physical health problems of people with drug misuse problems.

Describe relationship between mental health and drug misuse

Demonstrate understanding of the concept of recovery and the principles of promoting recovery

Community orientation

What are the implications of stigma and social exclusion?

Which local voluntary groups are involved with drug misuse?

A holistic approach

List main headings of Misuse of Drugs Act 1971

Demonstrate an awareness of the political changes that impact on the management of drug users

Attitudinal aspects

Demonstrate an awareness that their own attitudes and feelings are important determinants of how they manage people who self-harm or misuse drugs alcohol

Demonstrate an understanding that their personal values and attitudes should not inappropriately influence their professional decisions or the equality of patients' access to care.

Scientific aspects

Demonstrate an understanding that a critical and research-based approach to practice is particularly important in drug misuse treatment, where evidence on effective treatment is often of poor quality.

Psychomotor skills

List the main features of a mental state suicide risk and drug use risk assessment

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Children and Young people

Primary care management

- Manage primary contact with children and their families - and, with older children, on their own
- What aspects of managing children in GP do you need to consider as a practice? Consider premises, access, OOH.
- What changes would you make in an ideal situation in your practice?
- What is the role of the Health Visitor?
- What other agencies may you come across and why?

Prescribing

What are your preferred first line treatments for:

URTI
Chest infections
UTI
Skin infections
Otitis media

- What is the evidence base for your decision?
- What changes in prescribing need made in ethnic groups and why?
- What cultural differences impact prescribing?

Understanding the welfare of the unborn baby by:

- What is the incidence of domestic violence? What is it in your practice?
- How do you manage this in the practice?
- Who can you refer to and involve?
- What other issues need to be considered?
- What are the problems for the unborn baby if mum is alcohol or other substance abuser?
- Revise the Foetal- alcohol syndrome clinical picture

The knowledge base

- What are causes of neonatal jaundice and what do you tell parents?
- Identify the issues around feeding problems and how they can be managed.
- Identify the common birthmarks and their clinical course
- What conditions are associated with birth marks?
- What are the causes of an innocent heart murmur?
- How do you communicate a heart murmur to parents?
- When do you refer and what are your reasons for this?
- Differential diagnosis of a sticky eye and its management

Constipation

- How do you manage chronic constipation?
- How do you manage recurrent abdominal pain?
- What red flags do you look out for?

Pyrexia, febrile convulsions

- What is the management of a febrile convulsion?
- What is the incidence, clinical features and differential diagnosis
- cough/dyspnoea, wheezing including respiratory infections, bronchiolitis
- What is the incidence, cause and clinical course of acute bronchiolitis?

• Otitis media

- What is incidence; cause; and clinical course?
- How do you prescribe?
- Is there a indication for follow up or referral?

• Sensory deficit

- What are the types of deafness in children?
- How may these present and be looked for?

- How do you manage a case of reduced hearing?

• Gastroenteritis
  - Identify incidence, causes, clinical course and management

• Viral exanthems
  - What is differential diagnosis?,
  - What are the incubation periods of the common childhood infections?

• Urinary tract infection,
  - What is the incidence?
  - How do you treat?
  - When do you refer?

• Meningitis
  - What are the clinical features and how would you manage a suspected case at home?
  - What is the incidence?
  - How do you manage the family of a child discharged after meningitis? What issues may occur?

• Epilepsy
  - Classify types in childhood
  - What drugs are used and what problems need considered in prescribing?

• Chronic disease: asthma, diabetes, arthritis, learning disability
  - What is the incidence of child hood asthma?
  - How is it likely to present?
  - What are the current guidelines on management?
  - What is the incidence of childhood diabetes?
  - What issues are raised for GP on a diagnosis of diabetes?
  - What special issues are necessary in managing a child with chronic illness?

• Child abuse, deprivation
  - What are the clinical features of the various forms of child abuse?
  - What are the "indicators" to look out for?
  - What are the "at risk" factors?
  - Who do you involve if concerned?
  - What are the current local guidelines for management in GP?
  - How do you manage a case in the practice?
  - What issues are raised for a GP at a case conference?
  - Discuss the importance of non attendance and how would you manage it

• Mental health
  - What is the incidence and the clinical picture of:
    ADHD
    Autistic spectrum disorder
    Eating disorders in children
    Depression in children
  - Who do you involve in the management?
  - What drugs are you likely to prescribe and what monitoring issues are involved?

• Psychological problems
  - What is the incidence and clinical picture of
    Encopresis
    Eneuresis
    Bullying and school refusal
    Behavioural problems e.g. temper tantrums

• Child and young person development

- What is the role of a health visitor?
- How do you identify a child who is developing abnormally?

Prevention

• Pre-natal diagnosis
  - Identify common tests used with efficacy and incidence of conditions

• Breastfeeding;
  - List the advantages / disadvantages
  - Identify the differences in ethnic / cultural groups
  - Why do more women in our culture not breast feed?
  - How would you increase this in your practice population?

• Healthy diet and exercise for children and young people;
  - What constitutes a healthy diet for children?
  - How could you promote diet / exercise in your patients?

• Social and emotional well-being;
  - What social factors influence health?
  - What is the prevalence of social issues in your practice?

• Keeping children and young people safe; child protection, accident prevention
  - What is the incidence of accidents in the home? RTAs involving children?
  - What measures can a GP Practice take?

• Immunisation
  - Identify the current immunisation program
  - What are the new contract details for immunisation? Bring your practice details of this outcome.
  - What are the main concerns in your practice population about immunisations?
  - What is the current uptake in your practice and how does it compare locally and nationally?
  - Are there any ethnic/ cultural reasons that patients give to decline immunisation?
  - What are the possible side-effects of immunisation and what measures can you take to minimise and deal with these?
  - How do you manage the parent who does not wish her child to be immunised?

• Avoiding smoking, using volatile substances and other drugs and minimising alcohol intake,
  - How do you raise these issues in a consultation?
  - What factors make a GP practice more "Teen friendly"?
  - What are the facts on solvent, alcohol and drug abuse and who can help our management of these patients?

• Reducing the risk of teenagers getting pregnant or acquiring sexually transmitted infections.
  - How can health promotion be used best in GP practice?
  - What are the current figures of teenage pregnancy in your area and nationally?
  - What is the incidence of STI among young people in your locality?
  - Outline the ethical issues in managing contraception in young people
  - What contraceptive measures are best in this age group?

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Care of Older adults

Primary care management

- Discussion Point: Which non-medical factors cause hospital admission for older adults?

- Discussion Point: What is the Primary Health Care Team and what is the role of the primary health care team in supporting the older adult at home?

- What are the characteristic presenting features of Parkinson's disease?
- Which drugs are used in the treatment of Parkinson's disease and what are the typical side effects of each drug?
- Discuss the non-pharmacological management of a patient with Parkinson's disease.

Discussion Point: A 70 year old lady presents to you having recently fallen at home, discuss the elements of the history and examination required and your possible management plan? Do you have a local falls clinic?
Activity: If you do have a local falls clinic take a look at its referral form, referral criteria, and pre-referral investigation inventory.

Discussion Point: What communication difficulties do older adults encounter when accessing GP services? How can the GP help the older adult to overcome these barriers and improve access to services and communications in general?

Discussion Point: What factors are important in the primary prevention of stroke and what part does the primary health care team have to play in their delivery?

Discussion Point: A 64 year old man presents with a history suggestive of TIAs, discuss what action is needed. What are your local hospital protocols? Discuss the follow-up required by an older adult following hospital discharge after a stroke.

Discussion Point: What is meant by the term "intermediate care". How does the GP fit into the local intermediate care scheme?
Activity: Visit an intermediate care patient in a local nursing home, which is involved in providing intermediate care. What additional care provision does the nursing home provide that could not be accessed by the patient in his own home?

To act as an advocate for the patient
Discussion Point: Engage your trainer in a case based discussion about a contact which you have had with an older adult that you felt was challenging.

Discussion Point: what is Capacity?

Discussion Point: A local solicitor writes to you to ask if in, your opinion, Mrs White, a 77 year old widow, recently discharged from hospital following a stroke and whom you know to have some memory problems, is capable of making a will. On what basis do you proceed?
Personal Study: Medical Defence Union information section on consent and capacity; www.the-mdu.com

Person-centred care

Discussion Point: When is it appropriate to stop prescribing preventative drugs such as statins? How should you approach this decision?

Discussion Point: When I'm 88 years old my quality of life may be more important than my quantity of life.

Discuss with you trainer: How would you explain Chronic Kidney Disease and its implications to and older adult?

Personal Study: Study the patient advice leaflet on Chronic Kidney Disease in the Physician Decision Support Software on your practice clinical system (for example Mentor in EMIS)
Discussion Point: What is elder abuse and how might you recognise it? What action would you take if you suspected elder abuse?

Personal Study: See advice leaflet on elder abuse on the Help the Aged web site (www.helptheaged.org.uk).

Discussion Point: Mrs Green is brought to see you by her daughter who tells you her mum has been getting more forgetful over the past year and recently lost her way coming home from the local shop in her car. How will you proceed? Discuss with your trainer.
Activity: I you have a local Memory Clinic take a look at its referral form, referral criteria, and pre-referral investigation inventory.

Personal Study:
1. Read the section on prescribing in the elderly in the BNF.
2. Visit the Age Concern website (www.ageconcern.org.uk)
3. Attend your local geriatric day hospital to see what resources are available and attend a multidisciplinary meeting
4. Read the Royal College of Physicians guidelines on the management of stroke (www.rcplondon.ac.uk)
5. Perform an elderly health assessment including a mini mental state examination on a patient during a home visit.
6. Read the BNF section on palliative care.

Activity:
On you next house call to an older adult ask them to show you all their medicines (prescribed & over the counter, regular and complimentary). How many potential interactions can you spot?
How can safety in prescribing and compliance be improved for older adults?

Personal Study: Visit Help the Aged web site (www.helptheaged.org.uk) and look up their leaflet on "Managing your Medicines".

Activity: Talk to your local district nurse about services available locally for older adults (e.g. meals on wheels, home helps, podiatry, walking aids, home adaptations, transport...)

Personal study: Visit Help the Aged web site for advice for the older adult on staying healthy. (www.helptheaged.org.uk)

Personal Study: Visit Help the Aged web site (www.helptheaged.org.uk) and look up their extensive list of advice leaflets.

Personal Study: "The Doctor's Communication Handbook" by Peter Tate, published by Radcliffe Medical Press, ISBN 1-85775-550-2.

Activity: Perform and elderly health assessment on an older adult at home, including administering a short mental state questionnaire.

Activities:
Visit a patient in a residential care home.
Visit a patient in an Elderly Mentally Infirm home.
Discover the admission criteria for (1) a residential home, (2) a nursing home, and (3) an EMI home?

Activity: Audit the practice population of patients in residential and nursing home care for appropriate osteoporosis primary and secondary prevention interventions.

Activity: Ask the practice manager to explain the repeat prescriptions protocol in your training practice. Ask the reception staff what problems older adults experience using the system. Can you think of any ways to improve the service?

Activity: Ask the practice manager to explain the Repeat Dispensing Scheme to you. Can you think of any problems that older patients might experience with this system?

Activity: find out about weekly pharmacy boxes, how they are initiated, the pharmacy input to this service, who uses this service most. Your local pharmacy will provide information about this service.

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Womens Health

Primary care management
- How much of a GP's workload would be to woman specific health matters?
- Should all GP practices have a female doctor?
- What role have nurse practitioners?

The knowledge base
- What is the differential diagnosis of a breast lump?
- Is breast pain a worrying symptom?
- Can you run through a history of vaginal discharge?
- Bleeding disorders, what are the main causes?
- Urine problems are very common, Discuss cases you see..
- What and where do mental health issues arise in this?
- Common and/or important conditions
- Pathologist reports CIN 2 on the repeat smear, discuss.
- Lady presents with "something coming down", what is the differential diagnosis?
- What are fibroids?
- What are ways a woman would consult primary care in pregnancy?
- Any complications of pregnancy?

Investigations
- A 20yr woman presents with infertility (Primary or secondary) - What investigations would you do as GP?
- Do GP's do pregnancy tests or do patients all go to the chemist?
- Should GP's do pregnancy tests?
- What investigation would you do for a vaginal discharge?
- When do you refer for colposcopy?
- What secondary care infertility investigations are available locally?
- What tertiary care investigations are available at the RVH?

Treatment
- How would you manage a 51yr lady with hot flushes and amenorrhoea?
- What do you think about alternative medicines for menopause e.g. Red clover, Black Cohosh, St John's wort?
- How do you treat breast pain?
- How do you treat Chlamydia?
- A single 18yr girl comes wanting a termination of pregnancy. What can you do for her?
- Can you discuss the indications and risks for sterilisation?
- A 25yr pregnant lady at 20wks into an unplanned pregnancy presents for booking and is still on her prozac. Any issues around this?
- A 40 yr terminally ill lady with metastatic ovarian cancer and ascites. Discuss the management of any pain, nausea or vomiting.

Emergency care
- A 16 wk pregnant woman is bleeding. What do you do?
- You suspect an ectopic pregnancy, what do you do?
- A lady attends your surgery covered in bruises and admits to domestic violence at home. What do you do?

Prevention
- How do we best educate young girls and boys re sexual health matters?
- Pre pregnancy counselling is a good thing. Discuss the issues surrounding this.
- Is breast and cervical screening working?
- What are the guidelines re osteoporosis?

Person-centred care

- Have you a system for communicating bad news? E.g. ovarian cancer, uterine cancer or breast cancer.
- A woman discloses past sexual abuse.
- How do you deal with this?
- Where would you recommend her to go?
- Do you record this in the notes?
- Is confidentiality an issue?
- Do you as a male ST2 do a breast examination in the room alone?
- Do you as a female ST2 do a vaginal examination in the room alone?

Specific problem-solving skills
- What are examples of gynae emergencies that you may see as a GP?

A comprehensive approach
- Is screening a good or bad thing?
- Tell me about the cervical screening programme in your practice and in N.Ireland.
- Do all women have equal access to healthcare in your practice? If not, why not?
- How does a diagnosis of ovarian cancer impact on the family?

Community orientation
- What role if any do well woman clinic have in a GP practice?
- Is there a continence advisory service in your area? What is its remit?

A holistic approach
- An ovarian cancer diagnosis in a family affects all of the family. What areas can you help?
- Tell me what benefits might be appropriate?
- What is a Macmillan grant?
- What is a DS1500?
- Hair falls out with chemotherapy for breast cancer. A patient wants a wig but has no spare money. What options are available?

Contextual aspects
- What is the law in N.Ireland regarding T.O.P.?
- What is the minimum age you can prescribe the oral contraception?
- What cases guide you regarding this issue?

Attitudinal aspects
- What ethical dilemmas can you foresee in female health issues?

Scientific aspects
- Gordon Brown wants to screen all women for breast cancer. Discuss.
- Action Cancer NI screens any woman who wants it. Is this a problem?
- Are there any trial in women's health going on in tertiary centres that you are aware of?
- In the recent NI budget did health do well? Did women's health do well?

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Mens Health

Discuss the primary care management of the following symptoms
• Dysuria
• Frequency of micturition
• Haematuria
• Prostatism
• Retention of urine
• Abdominal and loin pains
• Testicular lumps
• Testicular pain (orchalgia)
• Sore / painful penis, ulceration
• Erectile dysfunction

Discuss the primary care management of the following common and/or important conditions
• Male-specific cancers: Testicular and prostate cancer
• Benign Prostatic Hypertrophy (BPH) and prostatitis
• Other testicular conditions e.g. cryptorchidism, varicocele, haematocele, hydrocele, epiydymoorchitis and epidydmitis
• Sexual dysfunction including psychosexual conditions, premature ejaculation and erectile dysfunction
• Male contraception: vasectomy
• Male infertility
• Circumcision (religious and non-religious)
• Mental health issues including depression, suicide and andropause
• Sexually transmitted diseases (covered in detail in the RCGP Curriculum Statement on Sexual Health)

Discuss the immediate care for:
• Acute management of testicular torsion
• Acute management of paraphimosis and priapism
• Acute urinary retention
• Acute management of ureteric colic
• Describe the particular difficulties that adolescent males have when accessing primary care services.
• Detect whether the male patient wishes to see a doctor of the same sex and arrange this where practical and appropriate.

A comprehensive approach
• Identify the patient's health beliefs regarding illness and lifestyle and either reinforce, modify or challenge these beliefs as appropriate.
• Educate men about symptoms, and the link between lifestyle and health.
• Promote well-being by applying health promotion and disease prevention strategies appropriately.
• Use consultations with infrequent attenders opportunistically for health education.

Develop a Community orientation to Men’s Health and be able to:
• Describe the features of a successful men's health service.
• Evaluate the effectiveness of the primary care service you provide from the male patient's point of view.
• Develop practical means of engaging with men more effectively regarding their health.
• Appraise the role of well-man clinics in primary care.
• Recognise that violence and aggression is more common amongst men, assess the risk of harm to others and intervene when appropriate.
• Evaluate the arguments for and against a national PSA screening programme.

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Cancer

- What are the 3 commonest non melanoma skin cancers (NMSC) in Northern Ireland in males?
- What are the 3 commonest NMSC in Northern Ireland in females?
- The commonest NMSC cancer deaths in males are due to?
- The commonest NMSC cancer deaths in females are due to?
- The biggest risk factor for developing cancer is age; apart from which 3 cancers?
- Cancer is commoner in females than males till what age?
- What has happened to the incidence of prostate cancer & why did this happen?
- What is the relationship between cancer & deprivation; exemplify this
- Complete the boxes below detailing the best & worst survival rates

Best Sv Men	Best Sv Female	Worst Sv Men	Worst Sv Female
1	1	1	1
2	2	2	2

- How would you use this information in QOF doing a "cancer care review"?
- Why is cancer survival better in females?
- How does NI compare to Europe for cancer survival rates?
- When did you last break bad news to a patient – exemplify the 9 stages?

• Knowledge of the principles and design of primary and secondary screening programmes

- What is the role of PSA & digital rectal examination in screening for prostate cancer?
- What is the role of HPV vaccination for cervical cancer?
- What are the ethical dilemmas in vaccinating young girls against HPV?
- What are the important features of the colorectal screening?
- How many lives are saved by Breast screening each year?
- How many lives are saved by Cervical screening each year?
- How many females would a GP have to screen & for how long, to save one life in cervical screening?
- How many females would a GP have to screen & for how long, to save one life in breast screening?

Knowledge of referral guidelines and protocols, both local and national

- Locate the NICE guidelines for urgent cancer referral & the NICAN guidance.

Breast cancer
- Which males need referral?
- Who qualifies for breast screening & how often?
- Can those with physical & learning disabilities attend for mammogram?
- What do you do with women with unilateral breast lumpiness?

Colorectal
- What are the guidelines for patients over 40yrs and then over 60yrs

Upper GI
- What are the commonest causes of dyspepsia?
- What are the alarm signs?

Skin
- Should GP's excise possible malignant melanoma in the community?

Urology
- When is haematuria an urgent referral?

Paediatric

- When would you suspect a Wilms tumour?
- What symptoms of neuroblastoma would trigger a referral?
- When do you consider and refer a retinoblastoma?

Oral

- What are the risk factors for oral cancer?
- Which symptoms trigger urgent referral?

Knowledge of the principles of palliative care and how it applies to non-cancer illnesses

- What is the role of district Nurses versus the Hospice nurses?
- What do the Marie Curie nurses do?
- Arrange in order of strength 8 tylex, 100mg tramadol & 20mg MST
- Convert 15mg MST to subcutaneous Diamorphine
- Convert 30mg MST to oxycodone oral?
- Convert oxycodone 30mg oral to subcutaneous
- Whats the difference between oxycodone & oxnorm?
- When do you issue laxitives in terminal care?
- When would you use actic lozenges? & what problems are they associated with?
- When would you use fenatanyl patches? & whats the conversion rate?
- Which hysocines are used for “death rattle” & bowel colic?
- What doses / drugs used for
- restlessness / confusion
- nausea / vomiting
- What dose used for breakthrough pain with sevredol & sc diamorph?
- What is your responsibility in informing OOH service about agonal patients?
- Person-centred care
- Would you give your mobile number to a family during terminal care?

Community orientation

- What is a DS1500 & when can u issue one & to whom?
- What is a definition of “holism”
- How does denial, anger, depression, bargaining & acceptance affect the management of the patient & of the family?

Contextual aspects

- What are the key government documents?
- What is an advance directive?
- What are the essential features to make an advanced directive valid?
- What cannot be included in an AD?

Knowledge of the ethical principles and how they apply to cancer care and control

- Where is assisted suicide available?
- What is the difference between euthanasia & assisted suicide?

Knowledge of their own personal attitudes

- What are the different traditions for Buddhists, Sheiks, Muslims, and Hindus & Jews at the time of death?

Scientific aspects

- What is the place of alternative medicine in terminal care?
- What cancer trials are ongoing locally?

Part B

Scenarios

Each group member must prepare & bring to the session a vignette of a cancer care case, preferably in GP – but possibly in hospital

Present in turn, taking 5minutes to present then 10minutes to discuss

1. Scene setting & Chronologue – age, sex, cancer & stage, location
2. Main symptoms – nausea, vomiting, dyspnoea, bleeding, pain, anorexia, dry mouth, tiredness
3. Drugs used – doses & increments & routes
4. Other agencies that were helpful
5. Interpersonal conflicts between GP & nurses & hospice & hospital?
6. Fears of respiratory depression, tolerance to morphine, hastening of death
7. Time management
8. Specific items learned
9. Personal emotions experienced
10. What went well?
11. What was difficult

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Mental Health

Primary care management

What are the common mental health problems encountered in general practice?

What national guidelines exist for mental health?
Where can you find guidelines or other resources to help manage mental health problems?

How can you assess the psychological components of the patient's experience of illness?

What are the commonly used instruments for screening and diagnosing mental health problems, including dementia, in primary care?

What ways may psychosis present in young people?

What organisations and resources are available to help in management of mental health?

What are the barriers to access that people with mental health problems may perceive?

How can GPs improve access for patients with mental health problems?

What are the indications for urgent/routine referral to adult specialist mental health services?

What are the indications for urgent/routine referral to child and adolescent specialist mental health services?

What parties should be involved in the assessment and management of children with mental health problems? How?

Person-centred care

How can you make your consultations more patient-centred, especially in the time constraints of a GP consultation?

What is meant by the patient's narrative and why is it important?

In addition to adopting a patient-centred consulting style, how can you engage the patient in sharing decision making?

What factors may create difficulties in building rapport with patients presenting with mental health problems?

What does the term concordance mean, and how does it differ from compliance?

How can we assess the effectiveness of concordance in management of mental health problems?

How can we ensure continuity of care for mental health patients?

What problems may arise where continuity of care is lacking?

Specific problem-solving skills

What proportion of consultations involves mental health problems?
How many patients with serious mental illness does the average GP have on his/her list?

How many patients with chronic illness have mental health issues?

How can GPs assess the burden of mental health in their practice population?

What screening and diagnostic tools are validated for use in primary care? What are the potential problems associated with these tools?

What groups of people are at risk of mental illness, in particular depression?
What features help distinguish emotional distress and adjustment reactions from depression?

How do you assess suicide risk?

What is meant by the term “heartsink” patient?

What strategies are used to manage these patients?

A comprehensive approach

How does the presentation of physical illness differ in patients with mental health problems?

What physical health issues should be included in an annual review of patients with serious mental illnesses?

Community orientation

What other agencies are involved in social interventions for patients and their carers?

What factors contribute to the medicalisation of distress and how can you minimise this?

What ethical framework /principles are you familiar with? Apply it/them to this problem.

A holistic approach

How many socioeconomic factors influence the presentation, management and recovery of mental illness?

What cultural factors play important roles in mental health and illness?

Contextual aspects

What are the circumstances under which a GP would consider using the Mental Health Order (NI)?

How would you proceed with detaining patient under this order?

What are the exclusions from this order?

Attitudinal aspects

What factors are involved in the decision to prescribe drugs?

Why do many doctors find these consultations difficult?

How may lack of self-awareness impinge upon patient care?

What steps can you take to deal with the ‘stresses’ of work?

What is meant by emotional blunting and burnout? How can you prevent this in yourself?

Scientific aspects

Where can you find evidence on interventions in mental health?

Psychomotor skills

How would you undertake a mental state assessment?

How would you undertake a suicide risk assessment?

The knowledge base

In a general practice setting, how do you assess:

- tiredness/chronic fatigue?
- insomnia?
- anxiety?
- depressed mood?
- stress
- multiple somatic complaints of unexplained aetiology?
- psychotic symptoms
- behavioural problems in childhood
- recurrent unexplained abdominal pain in childhood

Depression

What patients are at high risk of depression?
How do you screen for depression in general practice? Which groups are currently screened?
How do you diagnose and assess a patient presenting with symptoms of depression?
What classification systems are commonly used?
What assessment tools are used in general practice?
How do you assess suicide risk?
What non-pharmacological treatment options are available?
What general advice can you give to patients?
What are the indications for urgent/routine referral?
Under what circumstances would you consider using the Mental Health Order?
Which anti-depressant do you use initially?
What information do you give to the patient on commencing antidepressant therapy?
What follow up should you arrange?
What length of therapy is appropriate?
How do you withdraw an antidepressant drug or change from one to another?

Anxiety

What is the relationship between anxiety and performance?
How is anxiety commonly classified? What are the differentiating features of these?
What is the differential diagnosis in generalised anxiety?
What non-pharmacological treatments are recommended?
What general advice can you give to patients?
What are the guidelines on using benzodiazepines in anxiety disorders?
What other drug treatments are licensed for anxiety/panic disorder?

Post traumatic stress disorder

What are the accepted diagnostic criteria for PTSD?
What are the common symptoms clusters?
What treatment options are available?

Bereavement

What are the stages of normal grief and how long do they last?
What circumstances may predispose to abnormal grief reactions?
What simple measures can help the normal grieving process?

Alcohol abuse

What are the current recommended safe alcohol consumption limits?
What screening tests are useful in the primary care setting?
What physical or psychological symptoms should alert the GP to potential alcohol misuse?
How can you assess a patient’s motivation and readiness to change?
What patients may be suitable for home detoxification?
What detoxification regime would you use?
Which patients require specialist help or admission to hospital?
What specialist services are available?

How can you help a patient maintain abstinence?
Eating disorders

What are the features of anorexia nervosa and bulimia nervosa?
What are the referral guidelines/pathways?

Autistic spectrum disorder

What symptoms may lead you to suspect autism in a child?
How do you respond to a parent's concern about the link between MMR vaccine and autism?

ADHD

What are the typical presenting features of ADHD?
What is the GP's role in prescribing and monitoring stimulant medication?

Psychoses

What are the usual presenting symptoms in new onset schizophrenia?
What is the differential diagnosis in acute psychosis?
What medications are used in managing acutely disturbed behaviour?
What are the important side effects of neuroleptic drugs?

Dementia

How does Alzheimer's disease present?
How can one distinguish Alzheimer's disease, Lewy body disease, and multi-infarct dementia?
What tools can you use to screen for dementia?
What is the current NICE guidance on dementia drugs?

What do NICE/SIGN/CREST guidelines say about the following mental health problems?

- Depression in adults
- Depression in young people /child
- Alcohol misuse
- Drug use
- Schizophrenia
- Bipolar illness
- Anxiety
- Eating disorders
- Post Traumatic Stress
- Panic disorder
- Phobias

What are the screening tools used in Primary Care and what is the evidence for their use?
How do you refer appropriately and what other agencies are available to help people with mental problems?

How do you deal with the following problems in the young person?

- Depression
- Suicidal ideology
- Eating disorders
- Self harm
- Impulsive Overdoses
- Drug misuse

What is concordance and what can the clinician do to improve it?

What are the problems/difficulties likely to be for the clinician and what can help solve them?

What is the role of the GP in follow-up care of the patient with mental problems?

How is the care in the community co-ordinated and can it be improved?

How can you measure the prevalence of mental health problems in the practice community?

How do you assess the needs of the mental health patients within your practice?

How would you do a risk assessment especially of suicide ideation in patient with mental health problem?

How do you deal with uncertainty and what measures can you take to protect yourself

What associated physical problems are related to people with mental health problems

What screening and/or preventive measures should mental health patients undergo?

What physical illnesses lead to an increased risk of mental health problems?

How can primary care screen for mental health illness in high risk group?

What are the roles of the agencies involved in mental health care and how does the patient assess these?

How can the person with mental health problems become integrated into the community especially in the aspect of work?

What are the side effects of psychotropic drugs?

How could these be misused?

What social circumstances are important to take into consideration to aid recovery?

What are the responsibilities of GP s according to the Mental Health Act?

Are there any Regional variations?

How can we identify our prejudices in dealing with people with mental health issues?

How can we protect our own mental health—any strategies available?

How can we apply critical reading to drug promotion issues?

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Metabolic Problems

Primary care management
Activity: attend your practice diabetic clinic and sit in with (1) the practice nurse (2) the podiatrist (3) the dietician (4) the GP.

Activity: If possible, accompany a patient newly diagnosed with Type Two Diabetes as he/she visits your practice diabetic clinic for the first time. Hear what the dietician, podiatrist, practice nurse and GP have to say to the patient. Find out what baseline biometric measurements and tests are done. What treatment / management is initiated and why.

The knowledge base

Activity: If your practice runs an obesity management clinic attend it and discuss the protocols for management with the practice nurse.

Personal Study: study the National Institute for Clinical Excellence guidance on the management of Obesity (www.nice.org.uk)

Activity: visit your local endocrine clinic and ask the consultant if you can observe.

Activity: visit your local lipid clinic and ask the consultant if you may observe. This will give you insight into the more difficult to manage cases of hyperlipidaemia, unusually young patients and familial lipid disorders.

Activity: attend you local hospital diabetic clinic and ask the consultant if you may observe. Try to sit in with the consultant and the diabetic specialist nurse. Try to see a patient being initiated on insulin, what advice is given, how is the starting dose calculated, what insulin regimen is used...

Investigations
Personal study: Study the WHO diagnostic criteria for Diabetes, Impaired Glucose Tolerance and Impaired Fasting Glycaemia, visit www.who.int and search for health topics - diabetes where you will find the following definitive document on diagnosing diabetes; "Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia, Report of a WHO/IDF consultation"

Activity: Ask your practice nurse to show you how to measure blood glucose with a glucometer.

Personal Study; Find out more about HbA1c. How long should you wait before re-measuring a patient's HbA1c following a change in their diabetic medications?

Activity: ask the practice nurse how one measures Albumin:Creatinine ratio

Activity: ask the practice manager how the practice diabetic eye screening is organised. Look at the standard invitation letters and the post-test result notification letters.

Activity: Ask the practice nurse about the practicalities of performing a glucose tolerance test.
Personal Study: Visit the Diabetes UK website (professional section) for information

Treatment

Activity: discuss the practice protocols for the running of the practice cardiovascular disease clinic and the practice diabetic clinic with the practice nurse.
What targets for Lipid management are used in the practice?
Why have they been chosen and what is the evidence for their use?
What BP targets have been chosen and what is the evidence for their use?
What HBA1c targets are used and what is the evidence for them?

Personal Study: visit the Diabetes UK website www.diabetes.org.uk to see what care patient's who have diabetes should expect to receive.

Emergency care

Person-centred care

Activity: make yourself a “tablet box” – you can use raisins as pretend pills- imagine that you are a diabetic patient on the following medications: Aspirin one in the morning, Metformin 500mg one three times a day before meals, Gliclazide 80mg on in the morning, Simvastatin 40mg one in the evening, Ramipril 10mg one in the morning. Make up your boxes of pills and label them. Try to live, as you would advise you diabetic patient to live, for three days. At the end evaluate your performance;

- Did you eat any sweet foods?
- How much alcohol did you drink?
- Did you remember to take all your tablets and at the correct times?
- If not which medication doses were hard to remember and why?
- Did you take 30 minutes of exercise daily?
- If not why not?
- Did you eat five portions of fresh fruit and veg per day?

Discussion Point: discuss how the experiment of living as a diabetic for three days affected your quality of life. What difficulties did you encounter?

Personal study: see the Diabetes UK website for patient friendly discussion of the complications of diabetes. (www.diabetes.org.uk)

Discussion point: role play a patient’s first consultation at the practice diabetic clinic for a newly diagnosed patient with type two diabetes aged 50 years who drives a HGV lorry for a living. One of your colleagues can play the patient and another can play the doctor.

- How difficult is it to impart all the necessary information?
- How much information is it reasonable to impart at this first visit?
- What aspects of the consultation do you consider essential and do your colleagues agree?
- How can you facilitate the patient’s understanding of his new condition?

Activity: attend you local community or hospital dietetic clinic and observe how patients with obesity, lipid disorders and diabetes are managed.

Activity: Attend you practice Obesity clinic and observe. Ask the practice nurse what outcomes this clinic’s interventions achieve.

Personal Study: Read the National Institute for Clinical Excellence guidance on Obesity (www.nice.org.uk)

Discussion Point: Find out how you practice screens for metabolic disease.

- Which patients receive invitations for blood sugar tests, urinalysis, lipid tests, thyroid function tests, hypertension screening?
- Why are these groups chosen for screening?
- Is there a “best” method to screen for diabetes?

Activity: Ask your trainer to show you how to use a Glucagon injection kit.

Discussion Point: Discuss the following scenario with your trainer: a 30-year-old insulin dependent diabetic patient telephones you in the health centre. He has had diarrhoea and vomiting since he woke this morning. What will you do?

Discussion Point: Polycystic Ovary Syndrome is the female version of Syndrome X; discuss.

A comprehensive approach

Discussion Point: which patients should we screen for diabetes and how frequently?

A holistic approach

Personal Study: read the Driver and Vehicle Licensing Authority “At A Glance” recommendations on fitness to drive (www.dvla.gov.uk).

Personal Study: see resources and information available to patients in the Diabetes UK website (www.diabetes.org.uk).

Contextual aspects

Personal Study: read the guidance on diabetes and obesity and hypertension management on the National Institute for Clinical Excellence website (www.nice.org.uk).

Describe the key research findings that influence management of metabolic problems (e.g. UKPDS, DCCT).

Personal Study: read the UK Prospective Diabetes Study at the Diabetes Trials Unit at Oxford; http://www.dtu.ox.ac.uk/index.php?maindoc=/ukpds/.

Personal study: The national service framework for diabetes is available at www.library.nhs.uk.

Personal Study: read the Diabetes Control & Complications Trial at
http://diabetes.niddk.nih.gov/dm/pubs/control/.

Describe the role of particular groups of medication in the management of diabetes

- antiplatelet drugs,
- angiotension converting enzyme inhibitors,
- angiotensin-II receptor antagonists,
- lipid lowering therapies

Personal study: Read the Joint British Societies JBS2Guidelines: prevention of cardiovascular disease in clinical practice available at www.library.nhs.uk.
The specific link is http://www.bcs.com/download/651/JBS2final.pdf.

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Learning Disabilities

- What is incidence of literacy problems and what groups are most at risk?
- What extra is required in a consultation with these patients?
- What is the expected incidence and how can a practice identify these patients?
- What conditions are likely?
- What would identify a patient with learning needs to you in a consultation?
- Who can you refer to for help?
- What associated conditions are likely to occur?

Person-centred care

Demonstrate respect for the patient's autonomy, which may be limited, and an awareness of how communicating via carers may skew the doctor–patient relationship.

- Identify areas where this may effect the consultation and how.

Demonstrate an awareness of residential situations, and attendance at day centres.

- Identify in your area residential facilities where these patients attend or stay. Who are the specialists involved and how do you access them?

Demonstrate the ability to optimise communication through the use of consulting skills and communication aids.

- What way would you use communication skills and how would this differ to other patients?
- What impact has this on your practice and staff?

Demonstrate an awareness of the issues of capacity and consent, and the mechanisms by which these can be determined.

- What ethical principles are you likely to apply with patients with LD?
- What conflicts are you likely to face as a GP?

Specific problem-solving skills

Describe how psychiatric and physical illness may present atypically in patients with learning disabilities who have sensory, communication and cognitive difficulties.

- How can you use consultation skills to reach correct conclusions with these patients?
- What ways can a carer influence how this is managed and how do you deal with this?

Demonstrate an understanding of the need to use additional enquiry, appropriate tests and careful examination in patients unable to describe or verbalise symptoms.

- How do you prepare for a consultation with PWLD?

A comprehensive approach

Describe the associated medical problems in commonly encountered conditions that make up learning disabilities, including Down's and fragile X syndromes, cerebral palsy and autistic spectrum disorder.

- CVS problems
- GIT problems
- Epilepsy
- Orthopaedic problems
- Psychiatric problems
- Respiratory
- Skin
- Obesity

Demonstrate an understanding of how health can be overlooked in PWLD and the remedial steps, such as health promotion, that can be taken.

- How can you ensure accurate assessment of "other problems" and that these patients have equal access to all health care?

Community orientation

Demonstrate awareness that the health needs of patients with learning disabilities are met appropriately by primary care and community services.

Describe the roles of paid carers, respite care opportunities, voluntary and statutory agencies and an ability to work in partnership with them so there is cooperation without duplication.

A holistic approach

Describe the impact of learning disabilities on family dynamics and the implications for physical, psychological and social morbidity in the patient's carers.

- How would a patient with LD impact on parents, siblings?
- What way would GP be involved in this wider family dynamic?

Contextual aspects

Demonstrate an understanding of the impact of the doctor's working environment on the care provided to PWLD, e.g. the measures taken to compensate for sensory impairment.

- What way would you consider changing the practical lay out of your premises?
- What are the legal requirements to meet disability legislation?

Attitudinal aspects

Demonstrate an understanding that PWLD are more prone to the effects of prejudice and unfair discrimination, and that doctors have a duty to recognise this within themselves, other individuals and within systems, and to take remedial action.

- Identify how you would respond to a patient with LD and try to determine why you respond in this manner and how you can deal with this.

Scientific aspects

Demonstrate the skills to conduct a physical and mental state assessment.

- Determine how you would perform a mental state examination on a patient with LD.

The knowledge base

Withdrawal, challenging behaviour, tearfulness, agitation, weight loss.

- Revise the clinical picture and issues in Down's Syndrome; Autistic spectrum disorder; fragile X syndrome

Emergency care:

In urgent life-threatening cases, treatment needs to proceed without consent in the best interests of person with limited capacity.

- What legal and ethical issues are involved?
- How can you prepare for this?

Treatment:

Hard to identify side effects.

- List some of the side effects you should be aware of
- How as a practice can you improve the safety and compliance of these patients?

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Neurological Problems

Neurology

The cases included here represent common and important neurological conditions in general practice. The intention is to promote practical learning, rather than address all aspects of the curriculum statement. Thus it is advisable to read through the curriculum statement after completion of the cases in order to identify further learning needs.

Process

All ST2 doctors should read through all of the cases and consider the issues raised. However, the learning group should divide the cases for detailed preparation by individual doctors; two or three each, with some cases being prepared by more than one. On the morning of the learning day, each doctor should present his/her cases to the group for discussion. In the afternoon, the GP Trainer will work through some cases, in part or in full, with the group. This will allow the ST2 doctors to assess their learning achievements and further needs. The opportunity also exists for individuals to bring their own experiences of neurological problem cases to the group for discussion. The learning session should be recorded in the trainees' eportfolios. There are some self assessment questions included: these may cover areas not addressed in the cases.

Method

Read the brief case history carefully and try to complete each set of questions fully before moving on. The diagnosis may be apparent at an early stage but learning about other possible diagnoses will be facilitated by working through each question and considering the range of responses. The suggested resources will be of benefit but other sources of information will be required.

The cases

1. Headache
2. Migraine
3. Dizziness and vertigo
4. Blackout/collapse
5. Multiple sclerosis
6. Parkinson's disease
7. Paraesthesia
8. Transient ischaemic attack
9. Dementia

Self-assessment questions (true/false)

1. Absence of visible venous pulsation on funduscopy is a reliable indicator of raised intracranial pressure.
2. Triptans (5HT1 agonists) used in treating migraine are contra-indicated in ischaemic heart disease
3. Migraine is commonly provoked by chocolate and cheese.
4. Cluster headache can be confused with temporal arteritis because both respond to steroids.
5. Medication overuse headache occurs with paracetamol and codeine drugs, but not with Aspirin or NSAIDs.
6. Idiopathic (benign) intracranial hypertension characteristically affects obese young women.
7. Repeated normal EEGs (electroencephalogram) rules out epilepsy.
8. In women taking enzyme-inducing anti-epileptic drugs, the progesterone implant is recommended as reliable contraception.
9. Following a solitary alcohol-related seizure, the patient may resume driving after three months.
10. Meniere's syndrome is the commonest cause of vertigo in general practice.
11. Alzheimer's disease accounts for approximately 50% of all cases of dementia.
12. NICE guidance advises the use of cholinesterase inhibitors in patients with dementia of moderate severity only (Mini Mental State Examination between 10 and 20 points).
13. Isolated tremor is more likely to be benign than Parkinson's disease.
14. Neuroleptic drug-induced tardive dyskinesia usually recovers with 2-4 weeks of stopping the drug.
15. In multiple sclerosis, hyperbaric oxygen has been shown to have modest beneficial effects on the course of the condition.

Case 1. Headache

A 32 year old single mother of three young children presents with a long history of headaches, which have got worse in the past few weeks. The headaches seem to be present most of the time and are partially relieved by Co-codamol 8/500mg (taking 4-6 daily).

What is the likely diagnosis based on this information?

What are the differential diagnoses?

How would this change if she was 60 years old?

What are the distinguishing features of the following causes of headache?

- tension headache
- migraine
- cluster headache
- medication overuse headache
- cervicogenic headache
- raised intracranial pressure
- meningitis
- subarachnoid haemorrhage
- temporal arteritis
- glaucoma

What are her worries likely to be?

What other questions will you ask and why?

What are 'warning' features in headache?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What are you going to tell the patient?

Resource.

British Association for the Study of Headache. Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache. Available from www.bash.org.uk.

Case 2. Migraine

An 18 year old female student presents with new onset of headaches in the previous 6 months. She also describes visual symptoms of flashing lights and "zig-zag" lines in her right field of vision prior to onset of the headaches.

What is the likely diagnosis based on this information?

What is the differential diagnosis?

What are the typical features of the two main types of migraine?

What are her worries likely to be?

What other questions will you ask and why?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What should you and the patient know about Triptans?

When would you consider prophylactic medication and what drugs would you use?

If she requires family planning, what would you propose?

Resource.

British Association for the Study of Headache. Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache. Available from www.bash.org.uk.

Case 3. Dizziness and vertigo

A 65 year old retired man presents with a two week history of dizziness. He has been previously well and rarely visits the doctor. He is an ex-smoker and is on no medication.

What are the differential diagnoses based on this information?

How do you distinguish between dizziness and vertigo and why is this important?

What are his worries likely to be?

What other questions will you ask and why?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What are you going to tell the patient?

Case 4. Blackout/collapse

A 33 year old motor mechanic presents on a Monday morning with a history of having collapsed with loss of consciousness 24 hours previously. His brother told him that he had turned blue and had jerking movements.

What are the likeliest and the differential diagnoses based on this information?

What are his worries likely to be?

What other questions will you ask and why?

What features help differentiate seizure from syncope?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What are you going to tell the patient?

What are the regulations on driving following a seizure?

What else would you need to consider in women with probable epilepsy?

Resources.

NICE Clinical Guideline 20. The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care (October 2004).

SIGN Guideline 70. Diagnosis and management of epilepsy in adults (April 2003)

Case 5. Multiple sclerosis

A 40 year old office clerk was seen recently at a neurology clinic, where a presumptive diagnosis of MS was made. She was told she has "inflammation of the nerves" and that further tests were required. These have been carried out and the neurologist has forwarded the results to you. She wants to know what the results are and what they mean.

What ways can MS present?

How will you break the news to her that she has MS?

What are her concerns/worries likely to be?

What are the common management problems and how can you help?

What can you tell her about her prognosis?

Resource.

NICE Clinical Guideline 8. Multiple sclerosis: management of multiple sclerosis in primary and secondary care (November 2003).

Case 6. Parkinson's disease

A 65 year old man presents with a tremor, present for a few months but getting gradually worse. He has noticed some slowness in movement and unsteadiness but he attributed this to his arthritis affecting his hips and knees (OA).

What are the differential diagnoses of tremor in this age group?

What are his worries likely to be?

What other questions will you ask and why?

What features help differentiate Parkinson's from other causes of tremor?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What problems may arise in patients on Levodopa?

What other resources may be helpful in established Parkinson's disease?

Resource.
NICE Clinical Guideline 35. Parkinson's disease: diagnosis and management in primary and secondary care (June 2006).

Case 7. Paraesthesia

A 50 year old woman presents with a 2-3 month history of tingling and numbness affecting the right hand. This is getting gradually worse and causing her to drop things.

What are the differential diagnoses based on this information?

What are her worries likely to be?

What other questions will you ask and why?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What are you going to tell the patient?

Consider how your responses would change if she subsequently developed similar symptoms in the other hand and both feet.

Case 8. Transient ischaemic attack

A 55 year old widow, who lives alone, attends with a history of two episodes of tingling and numbness affecting her left arm and left leg in the past 2 days. Each episode lasted for 10-15 minutes and completely resolved. She takes Bendroflumethiazide 2.5mg daily for hypertension.

What are the differential diagnoses based on this information?

Following a TIA, what is the risk of stroke in the near future (one month)?

What are her worries likely to be?

What other questions will you ask and why?

What examination is appropriate?

What investigations are warranted?

What are the indications for referral?

What management would you propose?

What are you going to tell the patient?

Case 9. Dementia

A 75 year old man attends with his wife. She does most of the talking, describing progressive deterioration in his memory e.g. forgetting where he has put things. Recently on holiday at their caravan, he became disorientated for a short spell. He sleeps poorly, often getting up at night and wandering around the house. He also needs help with dressing at times as he puts clothes on wrongly causing some frustration.

What is the likely diagnosis based on this information?

What is the differential diagnosis?

What are the typical features of dementia?

What are her worries likely to be?

What other questions will you ask and why?

What examination is appropriate?

What investigations are warranted at this stage?

What management would you propose?

How do you respond when she asks about medication to slow his deterioration?

Resource
NICE clinical guideline 42. Dementia: supporting people with dementia and their carers in health and social care. (Nov 2006).

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Dermatology

TASK A

Choose a topic below and prepare a power point presentation of 10-15min, with pictures, to the rest of the group.
Include history, diagnosis, investigations, management, and where relevant referral.
In your presentation, also cover the specific learning outcomes specified in each section.

Eczema.
Discuss genetic component (LO)
Discuss principles of protective care (occ. Health and hands)
Demonstrate appropriate quantities in to be prescribed (LO)
Discuss specialised treatments (LO)

Psoriasis.
Discuss genetic component (LO)

Pruritis.

Urticaria and Vasculitis

Acne and Rosacea

Infections (bacterial, viral, fungal)
Demonstrate how to take specimens from skin, hair and nail (LO)

Infestations

Leg ulcers and Lymphoedema

Skin tumours - benign and malignant.
Discuss sun protection (LO)
Discuss skin biopsy methods (LO)
Interpretation of histology results (LO).
Make timely appropriate referrals on behalf of patients to specialist services, especially rapid access pigmented lesion clinics (mole / melanoma clinics) (LO)

Disorders of hair and nails

Drug eruptions,
Describe the s/e of common medicines used to prevent and treat other conditions that may cause skin problems (LO).

Bullous disorders, Lichen planus, Vitiligo, photosensitivity, discoid lupus, granuloma annulare, lichen sclerosis.

Learning Outcomes in Task A

Manage primary contact with patients who have a skin problem.

Co-ordinate care with other primary care health professionals, dermatologists and other appropriate specialists, leading to effective and appropriate acute and chronic disease management including prevention and rehabilitation.

Demonstrate a reasoned approach to the diagnosis of skin symptoms using history, examination, incremental investigations and referral.

TASK B.

Compile a list of skin presentations that require urgent treatment and admission
Outline your initial management.

Learning Outcomes in Task B

Acute treatment of people presenting with skin problems or symptoms thought to be due to skin problems and appropriate referral if necessary. Intervene urgently when patients present with an emergency skin problem.

TASK C. *(with trainer)*
a. Unprepared Role play scenarios e.g.

1. *Teenage girl with facial acne and low self esteem/ depression. Believes due to diet*
2. *Young girl with h/o eczema. Not compliant with treatment. Career choice is hairdressing.*
3. *35yr old man who is IT trainer presents with widespread psoriasis and flare up on face*.
4. *etc*

b. Reflection and discussion on real life examples.

Learning Outcomes in Task C

Appreciate the importance of the social and psychological impact of skin problems on the patient's quality of life, including for example, the effects of disfigurement. Identify the patients health beliefs regarding skin problems and either reinforce, modify or challenge these beliefs. Advise patients appropriately regarding lifestyle interventions inc. skin protection and occupational health advice. Recognise how disfigurement and cosmetic skin changes fundamentally affect patient's confidence, mood and interpersonal relationships. Recognise the impact that skin problems have fitness to work. Empower patients to self-manage their skin conditions as far as is practicable. Ensure that skin problems are not dismissed as trivial or unimportant by health care professionals.(LO)

TASK D
What proportion of GP consultations are related to skin problems?
What is an inappropriate GP referral?
Outline a shared care guideline for hospital/ GP shared care guideline for psoriasis.

Learning Outcomes in Task D

Describe how common skin problems are amongst the general population Recognise the risk of inappropriate and under referral Describe the need for close collaboration with primary care and specialist services in the management of many skin problems.

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Healthy Living T

A holistic approach

Define health using the WHO definition.
What is health promotion?
What models of health promotion do you know? And what health strategies are applied in primary care?

Please review the WHO definition at www.who.int.

Community orientation

What is the "inverse care law" (Tudor Hart 1971)?

What are the inequalities in health care? This refers to both an individual and local community's health.
Please examine the relationship between health and social care in your answer.
What are the specific issues in health and health care relating to the care of homeless, travelling people, asylum seekers and refugees?
How do you access your local translation services?

What were the main findings of the Acheson inquiry into health inequalities (1998)? This is available at www.archive-documents.co.uk.

What is the role of the public health specialist? How and when do you access the public health specialist where you work?
Review the standards set for specialists in public health by the faculty for Public health of the Royal College of Physicians: www.fphm.org.uk.
What are the roles of the other health professional involved in public health? e.g. school nurses and health visitors.

What is the GP's role and that of the primary health care team in health promotion activities in the community?
Review the guidelines on Public health Intervention on physical activity (www.nice.org.uk).
What are the effects of smoking, alcohol, poor work life balance, obesity, lack of exercise and drugs on the patient and their family and give an example who this can be tackled in primary care?

Scientific aspects

Define Prevention: Primary, secondary and tertiary prevention.

Visit the Bandolier website: http://www.jr2.ox.ac.uk/bandolier/
What role does a GP have in the following: Accident prevention, road safety, home safety, prevention of falls, falls in elderly, medicines and osteoporosis.

List 3 ways of reducing accidents/ adverse incidents and who is involved in delivering in your suggestions? – discuss with fellow trainees.

What is the UK life expectancy for male and females?
What percentage of GDP is spent on UK healthcare? (www.who.int.)
What are the concepts of incidence and prevalence of disease?
What are the principles of rehabilitation in the context of chronic disease management?
What is a National service Frameworks (NSF)? Name 4 NSFs that exist and what are the aims of a NSF, and who is responsible for monitoring them? (www.dh.gov.uk.).
Define the following terms in relation to screening test: sensitivity, specificity, positive predictive value, negative predictive value.

What is the UK's immunization programmes http://www.immunisation.nhs.uk/
The Green book is the UK immunization reference test. It is available at www.dh.gov.uk.
What are the benefits and risks of immunization? –what makes people worry?

Person-centred care

What do you know about the concept of the Expert patient? (www.dh.gov.uk.).

What is the concept of risk and communicating risk? (Please refer to BMJ theme topic BMJ Vol. 327, No. 7417 (www.bmj.com).

What is the Framingham risk score and how might it be used in primary care?

A comprehensive approach

Review and discuss Prochaska and DiClemente's cycle of change model. (Journal of consulting and clinical psychology 1191; 59:295-304) How should it be used and what is the relevance of behavioural change models to health promotion and self care?
What are the potential patient barriers to change? Can this lead to tensions in the doctor/patient relationship and if so how is this best addressed by the doctor. Can you apply any GP consultation model in answering this?

Specific problem-solving skills

What are the benefits and disadvantages of screening (for disease) programmes?
What are the Wilson Junger criteria?
What patients do the following UK screening programmes apply to and how does the recall system work? - Cervical cancer, breast cancer, (bowel cancer).
What particular issues apply to genetic and antenatal screening?
What is Child Health Promotion Programme (also called child health surveillance)–what does it involve? Current UK Child Health Surveillance policy can be found in Health for all Children (2003).

How common is 1) child abuse and 2) domestic violence in the UK?

Discuss possible screening in the future: Take an example from prostate cancer, ovarian cancer, aortic aneurysms, glaucoma and others. Which, if any do you think should be introduced as a nationwide UK screening programme? What tensions do you think exist between the science and politics of screening?

Community orientation

What data and sources of data are available to you as a GP to describe the health of your practice population and your locality and how do you compare it to other populations?
What is health care commissioning?
What is the commissioning cycle?

Attitudinal aspects

What resources of advice might you use as a GP and what might be the ethical tensions between the needs of the individual and the community in the following cases:
Time off work, certifying fitness to work, fitness to drive, fitness to make decisions, fitness for other activities, organ donation, coping with loss.

What factors can lead to stress/burnout in general practice and what measures can you take to prevent that happening to you as a future practicing GP?

Resources

The UK immunization schedules can be found in the Green Book: www.dh.gov.uk/en/poicyand guidance/healthandsocailcaretopics/Greenbook/DH_4097254.
Lots of information about screening on the UK National Screening Committee website: www.nsc.nhs.uk.
http://www.immunisation.nhs.uk/.

The King's Fund is a charitable foundation that publishes and reports on policy documents, many of which are relevant to issues around health in equalities: www.kingsfund.org.uk.
http://www.healthpromotionagency.org.uk.
http://www.cancerscreening.nhs.uk/
http://student.bmj.com/issues/05/12/education/446.php

www.archive.official-documents.co.uk/document/doh/ih/contents.htm
(Please refer to BMJ theme topic BMJ Vol. 327, No. 7417 (www.bmj.com)
http://www.jr2.ox.ac.uk/bandolier/
http://www.capt.org.uk/
http://www.rospa.com/
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/
http://www.centralservicesagency.ni.nhs.uk/display/compass_prescribing_report
http://www.nspcc.org.uk/WhatWeDo/AboutTheNSPCC/KeyFactsAndFigures/KeyFacts_wda33645.html
http://www.iow.nhs.uk/index.asp?record=968
www.fphm.org.uk.

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Rheumatology

Primary care management

• Manage primary contact with patients who have a musculoskeletal problem.

What type of m/s conditions are likely to present to the GP? List these in order of frequency of presentation.

The following are taken directly from the curriculum statement.

- *Generalised soft-tissue pain*
- *Back Pain*
- *OA*
- *RA*
- *PMR*
- *Osteoporosis*
- *Ank spond*

• Explain the aetiology and natural history of common and important musculoskeletal conditions.

Discuss the aetiology and natural history of the five most commonly occurring conditions listed above.

The following references lead directly into the areas on patient plus. One area could perhaps be taken and STs asked about aetiology and natural history. RA may be a good option.

- *Back pain: http://www.patient.co.uk/showdoc/40001073/*
- *OA: http://www.patient.co.uk/showdoc/40001173/*
- *RA: http://www.patient.co.uk/showdoc/40001157/*
- *PMR: http://www.patient.co.uk/showdoc/40001184/*
- *Osteoporosis: http://www.patient.co.uk/showdoc/40001187/*

• Describe the roles of the primary health care team, allied health professionals, complementary therapists and secondary care (e.g. in shared care protocols), and referring to them appropriately.

Using a case example e.g. patient discharged from hospital post THR, ask group to describe their care.

• Understand the indications for referral within a suitable timeframe to the most appropriate healthcare practitioner (e.g. GPwSI, physiotherapist, podiatrist, osteopath, chiropractor, orthopaedic surgeon, rheumatologist).

With reference to low back pain, consider how each of the professionals above can contribute most effectively. How do you involve these colleagues in care?

Lead discussion based on past experience of referral.

The knowledge base

Symptoms

• Inflammation - pain, swelling, redness, warmth

• Lack of function – weakness, restricted movement, deformity and disability

With reference to the joints listed below, complete the grid, indication likely causes in joint inflammation and typical examination findings

This is to be completed by group before the plenary session. A brief summary could be provided for each joint by group members.

Joint	Causes inflammation	Examination findings
Shoulder		
Intervertebral Cervical		
Intervertebral Lumbar		
Hip		
Knee		

• Injuries - cuts, bruises, wounds

What is the immediate management of a laceration in the community? What are the indications for suturing of a laceration?

For discussion based on local situation.

• Systemic manifestations - rashes, tiredness, nerve compression etc.

What are the most likely five systemic presentations of rheumatoid arthritis?

RA: Systemic involvement

Eyes: Secondary Sjogren's syndrome, scleritis and episcleritis

Skin: Leg ulcers especially in Felty's syndrome (association of Rheumatoid factor positive rheumatoid arthritis, neutropenia and splenomegaly). Rashes, nail fold infarcts

Rheumatoid nodules: Common; may occur in eyes, subcutaneous, lung, heart and occasionally vocal cords

Neurological: peripheral nerve entrapment, atlanto-axial subluxation, polyneuropathy, mononeuritis multiplex

Respiratory system: pleural involvement, pulmonary fibrosis, obliterative bronchiolitis, Caplan's syndrome

Cardiovascular system: pericardial involvement, valvulitis and myocardial fibrosis, immune complex vasculitis

Kidneys: rare including analgesic nephropathy. Amyloidosis

Liver: mild hepatomegaly and abnormal transaminases common

Other: thyroid disorders, osteoporosis, depression, splenomegaly.

Common and/or important conditions

• Acute back/neck pain
• Chronic back/neck pain
• Shoulder pain
• Knee pain
• Soft tissue disorders
• Osteoarthritis
• Osteoporosis
• Somatisation/fibromyalgia and allied syndromes
• Pain management
• Acute Arthropathies
• Chronic inflammatory arthropathies
• Polymyalgia rheumatica and allied conditions
• Awareness of rare diseases
• Chronic disability
• Common injuries

NB - these topics should be considered throughout the age range including children

Investigation

• Indications for plain radiography, ultrasound, CT and MR scan including the use of tools such as the "Ottawa Rules"1

When is it appropriate to refer a patient for radiological investigations from primary care?

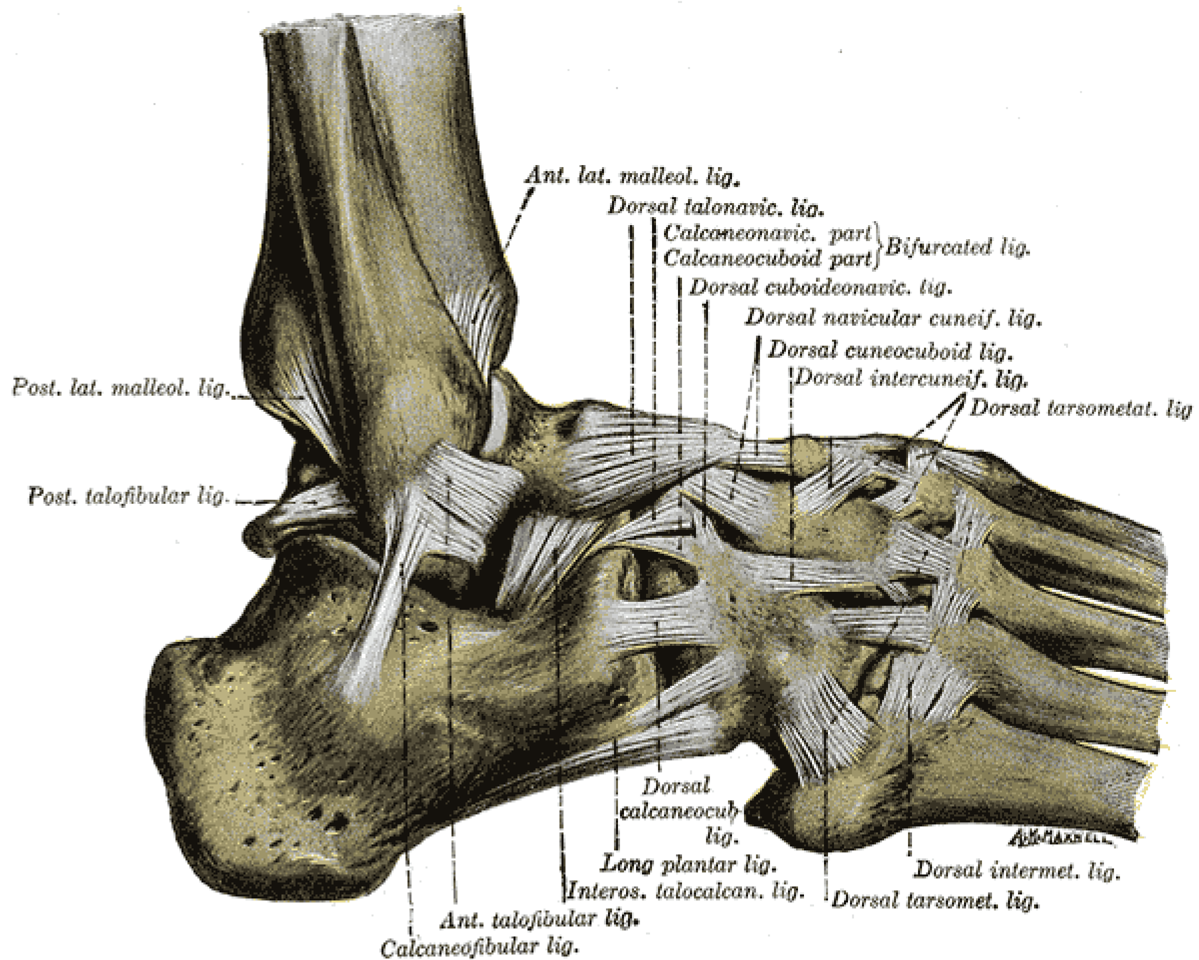
Consider protocols such as referral or XRay protocols in patient with presumed OA hip.

See: http://www.jr2.ox.ac.uk/bandolier/band12/b12-5.html

Describe the Ottawa rules within your group using a colleague's ankle.

Ottawa ankle rules

From Wikipedia, the free encyclopedia



In medicine, the **Ottawa ankle rules** are a set of guidelines for doctors to aid them in deciding if a patient with foot or ankle pain should be offered X-rays to diagnose a possible bone fracture. Before the introduction of the rules most patients with ankle injuries would have been X-rayed. However only about 15% of X-rays were positive for fracture, other patients had sprains or other injuries. As a result many unnecessary X-rays were taken, which was costly, time consuming and a possible health risk.

X-rays are only required if there is bony pain in the malleolar or midfoot area, and any one of the following:

Bone tenderness along the distal 6 cm of the posterior edge of the tibia or tip of the medial malleolus Bone tenderness along the distal 6 cm of the posterior edge of the fibula or tip of the lateral malleolus Bone tenderness at the base of the fifth metatarsal (for foot injuries).
Bone tenderness at the navicular bone (for foot injuries).
An inability to bear weight both immediately and in the emergency department for four steps.

Certain groups are excluded, in particular children (under the age of 18), pregnant women, and those with diminished ability to follow the test (for example due to head injury or intoxication).

Utility of the Ottawa rules

The rules have been found to have a very low rate of false negatives. In the original research reported that the test was 100% sensitive and reduced the number of ankle X-rays by about 35%.[1] A second trial with a larger number of patients confirmed these findings.[2] Subsequently, a multi-centre study was done that explored the feasibility of implementing the rules on a wider scale.[3]

• General rules of X-ray Interpretation

What are the key findings of osteoarthritis on X-ray?

- *subchondral sclerosis,*
- *subchondral cysts,*
- *narrowing of the joint space*
- *bone spur formation (osteophytes)*

When should patients with established osteoporosis be referred to radiology within primary care?

- *There is insufficient evidence to determine the value of routinely monitoring bone mineral density (BMD) in people taking treatment for osteoporosis.*
- *If repeat dual-energy X-ray absorptiometry (DXA) scanning is thought to be appropriate, in general this should not be carried out unless the person has been taking treatment for at least 2 years.*
    - *The beneficial effect on the BMD occurs over many months.*
    - *Women who lose BMD during the first year of treatment can gain BMD if the treatment is continued into a second year.*
- *Repeat DXA scanning should be considered if a woman has another fragility fracture despite adhering fully to treatment with a bisphosphonate for 1 year. If the BMD is found to be below the pretreatment level, then an alternative treatment should be considered.*

• Implications of "Misses" on X-rays, common errors.

Discuss what arrangements you would make for a patient whom you suspect has a missed fracture of wrist.

- *Lead discussion but concentrate on issues of communication between primary and secondary care.*

• Indications for additional investigations for example blood tests.

Which blood tests are appropriate for patients with the following complaints?

Condition	**Blood Tests**
Young lady with an effused painful knee joint	FBP, CRP, ESR, RHEUMATOID FACTOR, ?URATE
Child with painful hip	FBP, ESR, CRP
Elderly man with low back pain	FBP, CRP, UE, ESR, ?PSA, BONE PROFILE
Middle-aged alcoholic man with acutely inflamed ankle	FBP, ESR, CRP, LIVER FUNCTION, URATE, UE
General aches in an elderly lady	FBP, ESR, CRP, BONE PROFILE
Young man with rash and stiff back	FBP, ESR, CRP, VIRAL TITRES, HLA B27,

Treatment

• Understand principles of treatment for common conditions managed largely in primary care including the use of NSAIDs and disease modifying drugs

What is the WHO Analgesic Ladder? Create a mini-formulary for patients with joint pain, listing the most common side-effects of each drug chosen. What questions should you ask a patient before prescribing a NSAID?

The World Health Organization (WHO) has produced an analgesic ladder to be used as a guide for prescribing analgesics. If a patient does not experience pain relief on one step of the analgesic ladder, they should progress to the next step.

Oral analgesic drugs are usually the first line treatment for treating pain. The choice of analgesic should be based on the severity of the pain rather than the stage of the patient's disease. Analgesics should be taken regularly and the dose gradually increased, as necessary.

Step One
The first step of the analgesic ladder is to use a non-opioid analgesic, for example paracetamol. Adjuvant drugs to enhance analgesic efficacy, treat concurrent symptoms that exacerbate pain, and provide independent analgesic activity for specific types of pain may be used at any step (eg NSAIDS).

Step Two
If the pain is persisting or worsening despite step one then a mild opioid such as codeine should be added (not substituted). Examples are combination preparations including co-proxamol and co-codamol.

Step Three
When higher doses of opioid are necessary, the third step is used. At this step an opioid for moderate to severe pain is used, e.g. morphine. The dose of the stronger opioid can then be titrated upwards, according to the patient's pain as there is no ceiling dose for morphine.

Medications for persistent pain should be prescribed on a regular basis and patient should always

• Knowledge of when joint injections and aspirations are appropriate in general practice and the ability to perform when appropriate e.g. Shoulder and knee joints and injections for Tennis and Golfer's Elbow

Using each others joints, demonstrate how to inject a tennis elbow, knee joint, shoulder joint, subdeltoid bursa and gluteal bursitis. Discuss when it is appropriate to do such injections in practice.

Ask group members to describe a typical history, examination findings and injection technique on each joint.

• Understand the roles of allied health professionals (nursing, physiotherapy, chiropody, podiatry, occupational therapy, counselling and psychological services)

Arrange to meet with these allied health professionals in advance of your group session. Report back to each other on what you learned about how GPs both use and abuse these services. How can you best involve them in patient care.

Discuss a recent case that comes to mind when these professionals were involved.

• Chronic disease management including systems of care, multidisciplinary team work and shared care arrangements.

Discuss with your practice manager how the practice could improve the care of patients with osteoporosis in the practice. What audit could be done to measure current care? If improvements could be made, how would they be best implemented?

Facilitate discussion, using audit template and practicalities of performing audit in practice, based on own experience.

Emergency care

• The initial management of the patient who has been burnt
• To be aware of the safety of the patient, the scene of the incident and medical staff

• To be aware of how to summon help in an emergency
• Be competent in basic life support (adult and paediatric), the use of simple airway adjuncts (for example oropharyngeal airway and pocket mask) and the safe use of a defibrillator
• Be competent in stopping haemorrhage
• Be competent in reducing pain by the use of analgesia or other methods.
• Be aware of the principles of major incident management
• Referrals requiring emergency action to save life or prevent serious long term sequelae

Meet with the staff member responsible for updating of the emergency trolley within the practice. Discuss with this person how this is done and familiarize yourself with the contents of the trolley. Ask the practice manager if there is an emergency plan. What first aid equipment do you carry in your car? Is this sufficient? Ensure your CPR certificate is up to date. Run through the following situations within the group:

Immediate management of a family member burnt at home by scalding hot water
Immediate management of a motorcyclist who has fallen off his bike and is lying across the road

These scenarios should have been considered in advance of the group meeting. Ask what the group learnt through discussing these matters with the manager. Have they considered what equipment should be carried by a responsible GP?

Prevention
• Advise regarding appropriate levels of exercise
• Heath promotion regarding accident prevention

What is the current recommended weekly exercise level for all adults?

To gain health benefits you should do at least 30 minutes of moderate physical activity, on most days (at least five days per week).

- *30 minutes per day is probably the minimum to gain health benefits. However, you do not have to do this all at once. For example, cycling to work and back 15 minutes each way adds up to 30 minutes. Try to increase the amount to 40-60 minutes per day if you can.*
- *For people who need to manage their weight and are at risk of putting on weight and becoming obese, it should be for 45-60 minutes.*
- *For people who have been obese, or are still obese and have lost weight, it should be for 60-90 minutes.*
- *For older people, the above recommendations still apply, depending on ability.*
- *Children should get at least one hour a day of moderate physical activity.*

How would you deal with an elderly lady who lives on her own and has fallen twice in the last month but sustained no fracture as yet.
Discuss medical assessment (incl meds, co-morbidities etc), risk assessment of home, OT referral.

Person-centred care
• Communicate health information effectively to promote better outcomes e.g. use positive terms such as “wear and repair”.
• Communicate truthfully and sensitively to patients for whom therapeutic options have been exhausted, and share uncertainty when the patient wants this.

Role play the following scenario:

Patient Notes:
You are returning to see your GP after an X-ray of your hips two weeks earlier. You have been having pain in the hips and knees increasing far the past two years but especially over the last six months, now disturbing sleep and restricting activity.

Doctor Notes:
Your patient is returning following X-ray of hips. The report reads as follows ‘ There is moderate degenerative change within both hip joints but especially the right where the joint space is almost obliterated superiorly’

Specific problem-solving skills
• Intervene urgently when patients present with trauma in a primary care setting e.g. basic life support, control of haemorrhage, summoning help.

What should you do if called to the treatment room to deal with a patient who has been knocked down in the surgery car-park?

• Describe the epidemiology of musculoskeletal disorders at all ages, and apply this when developing a differential diagnosis.
• Assess the mechanism of injury when considering diagnosis.
• Distinguish inflammatory from non-inflammatory conditions.
• Assess the possibility that musculoskeletal symptoms can be due to psychological causes (somatisation).

What does the acronym MUPS represent? Discuss how you might deal with such a patient presenting repeatedly to you.

• Describe when blood tests and imaging methods are required for diagnosis, how to interpret them and how they influence management.

Covered above

A comprehensive approach

• Describe problems that can be caused by the treatment of musculoskeletal disorders (e.g. GI bleeds, osteoporosis, coronary heart disease, radiation damage) and explain primary and secondary prevention of these.

What questions should you ask a patient before recommending a NSAID?
Asthma?
GI problems?
Previous adverse reactions?
Renal problems?
Liver problems?

• Advise patients regarding what they are physically able to do, according to their level of disability.

Discuss with a physiotherapist how best to approach the rehabilitation of patients with mechanical low back pain, sprained ankle and capsulitis of the shoulder. Share your findings within the group.

Community orientation

• Explain how to access available resources e.g. educational material such as the ARC information leaflets, support groups.

If you were to create a 'favourites' list for your surgery PC in relation to musculoskeletal problems, which sites would you include?

Facilitate discussion

• Facilitate self-help strategies to empower the patient e.g. self-treatment measures, the expert patient programme (DH), Challenging Arthritis Programme (Arthritis Care) and local exercise programmes.

Explore the DoH website and learn about the 'expert patient programme'. What local referral schemes, if any, are available in your area?

• Avoid investigations or treatment that are unlikely to alter outcomes, so that availability of these resources is increased (e.g. imaging methods)
• Appreciate the resource implications of incapacity for work due to musculoskeletal conditions.
• Prioritise referrals accurately so people with minor conditions do not potentially compromise the care of those with more serious conditions (e.g. referrals for joint replacements, non-life threatening orthopaedic conditions).

When might you refer a patient with lo back pain to the orthopaedic service?
Discuss 'red flags' and how to balance patient request against clinical need.

• Identify when referral to complimentary medical services is justified, considering that many services have limited NHS availability or are only available privately.

Discuss with your trainer what complimentary services are available locally. Which services could be justified for inclusion under the NHS?

A holistic approach

• Recognise that psychosomatic symptoms are commonly described as musculoskeletal problems and that musculoskeletal problems often have an important psychological component.
• Consider the physical, psychological and social impact of musculoskeletal conditions on individuals and their carers (e.g. problems with fatigue, altered body image, work, impact on family relationships and sexual issues).

Review the case of a patient with chronic fatigue syndrome. Discuss the challenges posed in providing care and try to understand the patient perspective.

• Recognise the psychological effects of trauma (e.g. post-traumatic stress disorder).
• Assess the likelihood of occupational exposure as a cause of musculoskeletal disease (e.g. repetitive strain injury) and advise regarding the likely prognosis in relation to the occupation.

What are ergonomics? What relevance does ergonomics have in relation to occupational medicine?

Ergonomics is a science concerned with the 'fit' between people and their work. It puts people first, taking account of their capabilities and limitations. Ergonomics aims to make sure that tasks, equipment, information and the environment suit each worker.
Wikipedia

Contextual aspects
• Understand where services are deficient and have frequent long waiting times (e.g. imaging services, physiotherapy and allied professions, hospital based services including consultant opinion and interventions).
What is the ideal waiting time for a physiotherapy appointment?
Facilitate discussion, balancing need versus demand issues.
• Recognise how geographical distance influences the treatment of trauma in a primary care setting.
Should a patient be able to see any specialist regardless of specialty at his/her own local hospital? Discuss.
Facilitate discussion, balancing need versus demand issues.
• Understand the systems of care for rheumatological conditions, including the roles of primary and secondary care, shared care arrangements, multidisciplinary teams and patient involvement.
Review the case of a patient who is on methotrexate, are there any improvements which could be made to the sharing of their care? Discuss this in advance with your trainer.

Attitudinal aspects
• Demonstrate empathy and compassion towards patients with incurable, disabling or painful musculoskeletal conditions.
Role play a patient with fibromyalgia consulting with their GP. Patient notes: You have had fibro for three years now and are involved in the local support group. Over the past three years you have tried numerous medications without ever having complete relief of pain. Your friend has recently been helped by pregabalin (Lyrica) and you are now keen to try this new medication.

Those who are observing should take notes during role-play, record what was done well and what might have been done differently. Consider the communication strategies used by the doctor and how successful they have been. How do they fit within the RCGP COT assessment tool?

• Provide adequate information for informed consent before any procedure is undertaken.
Discuss whether written or verbal consent is required for joint injection. Where do you find guidance on such matters?
GMC: Confidentiality and Consent see:
http://www.gmc-uk.org/guidance/current/library/consent.asp#forms

Reviewing consent
32. A signed consent form is not sufficient evidence that a patient has given, or still gives, informed consent to the proposed treatment in all its aspects. You, or a member of the team, must review the patient's decision close to the time of treatment, and especially where:

- *significant time has elapsed between obtaining consent and the start of treatment;*
- *there have been material changes in the patient's condition, or in any aspects of the proposed treatment plan, which might invalidate the patient's existing consent;*
- *new, potentially relevant information has become available, for example about the risks of the treatment, or about other treatment options.*

• Recognise the emotional impact dealing with trauma and disability can have on the general practitioner.
Discuss how you have coped with stressful or difficult patients in the past.

Scientific aspects
• Understand and implement the key national guidelines that influence healthcare provision for musculoskeletal problems (e.g. the NICE guidelines, RCGP low back pain guidelines, SIGN guidelines etc.)
What evidence is there in relation to treatment of Tennis elbow?

- *NSAIDs: have a proven role for short term pain relief but no established benefit for longer term therapy. There is some evidence for the use of topical NSAIDs to relieve lateral elbow pain at least in the short term.*
- *Acupuncture: acupuncture may be effective in the reduction of pain and improvement in the functioning of the arm.*
- *Local steroid injection:*
    - *The benefits of injections are not established. In one study, short term success rates were greater than for physiotherapy or a wait-and-see policy. However, in the long term (one year), success rates were greater for both physiotherapy and a wait-and-see policy than for injections.*
    - *Physiotherapy combining elbow manipulation and exercise has a superior benefit to wait and see in the first six weeks and to corticosteroid injections after six weeks.*
    - *The significant short term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates.*
    - *Extra care is required with injecting golfers elbow to ensure avoiding the ulna nerve. Steroid injections can be repeated after 6 weeks to 2 months.*
    - *Superficial injections should be avoided as they are ineffective and may cause skin atrophy.*

Discuss how you would manage someone presenting with typical symptoms for two months of duration
Discuss using above

Psychomotor skills

• Demonstrate complete examination of the following areas:

- The neck and back
- The shoulder, elbow, wrist and hand
- The hip, knee and ankle

Using each other as subjects, be prepared to demonstrate a competent examination of the joints above. Observe examination of joints

• Demonstrate competence in suturing techniques and applying simple dressings.

Watch the minor surgery CD-rom section on suturing. Working in pairs and using the materials provided, demonstrate simple suturing, blanket stitches and the removal of sutures. Discuss which suture material and type of needle to use where. How will you anaesthetize the area? When is it inappropriate to use lidocaine and adrenaline together?

References

http://www.arthritiscare.org.uk/Home
http://www.gp-training.net/rheum/ottawa.htm
http://www.rheumatology.org.uk/
http://%20www.doasra.pwp.blueyonder.co.uk/
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