



# Primary Care Clinical Unit

GP Newsletter  
May 2020

## Welcoming students back into GP

This semester has taken an unexpected turn with the COVID-19 pandemic changing practice as we know it as well as the delivery of our medical program. We know that for many of you this has been a stressful period and we are very grateful for the teaching that you have ensured. As you have been aware, unfortunately clinical placements were suspended last month for all our year 3 students. Fourth years continued placements as it is critical for them to join the workforce in January 2021. This meant that we have had to move the current block 3 to an online 'virtual GP clinic'. A big thank you to those colleagues who have volunteered to make regular phone contact with some of our students and give them a taste of what is happening at the coalface. But there is light at the end of the virtual tunnel; all going well, we are planning for a 4-week 'catch up block' at the end of semester 2 for those who have missed out. In order to accommodate this, the usual blocks have been reduced to 5 weeks. A letter is underway to assess your availability. Good news is certainly the change to the *Medicare PIP teaching payment* requirements (see below in this newsletter), making teaching sessions more flexible.

Mindful of the challenges of teaching in an environment without direct patient contact, this newsletter offers some tips on teaching in the context of telehealth. We are also planning a webinar in June, focused on tele-teaching to support you and will advise as soon as we have confirmed a date.

We bring you some PCCU research; evidence supporting the use of PPE, ongoing work on 'whole patient care' and caring for vulnerable populations. We look forward to working with you as part of our newly established Practice-Based Research Network, *UQGP Research*.

I would like to flag with you the upcoming *Herston Precinct Symposium* with a GP Forum on Wednesday 9th Dec, 6.30 to 9.00pm. It will feature Prof Claire Jackson and colleagues presenting their work on integrating primary and secondary care.

Finally, congratulations to Dr Jo O'Reilly, GP liaison academic, and her husband Chris, who welcomed little Audrey to the family this month. Thank you all for your ongoing involvement and care. Stay safe.

Professor Mieke van Driel, Mayne Professor of General Practice Head, Mayne Academy of General Practice & Head, Primary Care Clinical Unit

### 2020 events:

**GP Teacher Webinar: Teaching in times of telehealth** TBC

*“This was one of the best teaching experiences I’ve had during medical school. Even during the COVID-19 pandemic, they made me feel like part of the team. I am disappointed I wasn’t able to finish my remaining two weeks in the practice.”* Year 3 MD student 2020

## Top tips for teaching and learning

We welcome any tips from our GPs, Practice Managers and Nurses, so please feel free to send them to Rory Melville at [rory.melville@uq.edu.au](mailto:rory.melville@uq.edu.au)

The change to telehealth has brought benefits and some challenges for GPs and patients. Here are our **teaching tips for the telehealth environment** – these are simply suggestions you might like to try incorporating into your practice with the assistance of your practice colleagues:

1. Patient consent to the student being present is still paramount – ensure you or your practice has some way of asking for and recording patient consent before the consultation commences.
2. For telephone consultations, put the phone on speaker and introduce the student.
3. For video consultations, introduce the student and include them in the screen where possible.
4. Ask the student to take the clinical notes or find the relevant information in the patient records while you consult.
5. If using video, ask the student to describe any observable features which might contribute to the diagnosis, eg skin lesions, observable signs such as breathlessness.
6. After you have taken the history, ask the student to give you a differential diagnosis and what they suggest to do.
7. Allow the student to ask the patient questions.
8. With the patient’s permission, let the student take the history.
9. Ask the student to summarise the information gleaned
10. Ask the student to find resources to be sent to the patient, eg online patient information.

## Tips for telephone consulting

Here are some tips for consulting via the telephone:

- Identify with whom you are talking.
- Ensure they can hear you clearly; allow time for adjustment of hearing aid if needed.

- Be aware of implications of third party consultations.
- Initially use open questions, a cue led approach (tone, content, emotive language etc).
- Empathy and support are important.
- Social impact and social support may also be very important, especially in the infirm and those living alone; who shops and cooks for them, and are they able to dress, wash and toilet etc.
- Explore ICE. Focussed questions and red flags.
- Don’t forget indirect physical examination – capillary return, pulse rate, parent may have a thermometer, breathing rate, range of movement, nature of a rash, neck stiffness, glass test, wet mouth, consider use of phone torch for parent to look in the back of their throat.
- Explanation of what you think is going on which makes sense of the symptoms and management options.
- Shared decision making.
- Make sure they have understood the plan.
- Robust safety netting and documentation.
- Remember to clearly document all your telephone consultations.

## Changes to teaching PIP payments

Please note the following welcome changes to PIP teaching payments from Medicare.

*The PIP Teaching Payment has been temporarily amended for the duration of the COVID-19 response period to assist practices to continue to perform the valuable work of training Australia’s future health workforce, while also ensuring the safety of patients, the practice and students. The amendments include:*

- a temporary removal of the requirement for practices to obtain a student signature before lodging a PIP Teaching Payment claim (practices must instead maintain records of);
- practices may use remote arrangements (such as telephone and video-conferencing) to continue to provide training that involves medical students in patient care; and
- practices may opt to perform 3 x 1 hour sessions across different days to qualify for the 3 hour session time requirement (however, practices must not make a claim until the full 3 hour session is completed, and the claim can be made by using the last date training took place). To avoid overpayment, practices must not record the individual dates that the training took place on the claim form. Practices must maintain records of each training session for audit purposes.

For any queries, please contact [practicesupport@health.gov.au](mailto:practicesupport@health.gov.au)

2020 general practice placement dates – please note the changed dates

3rd year GP Placement Block

2nd year Urban LInCC

Block 4: 22 June – 24 July

Block 5: 27 July – 28 August

Block 6: 7 September – 9 October

Block 7: 12 October – 6 November

Semester 2: 13<sup>th</sup> July – 23<sup>rd</sup> October



## Featured profile

**Dr Kim Jackson** has recently joined PCCU as the Coordinator of our new Practice-Based Research Network, **UQGP Research** and will be working with Associate Professor

Katharine Wallis and Dr Rory Melville to develop this partnership with our practices. Kim is also providing research support for our Multimorbidity Toolkit Project.

Kim has prior clinical experience as a nurse in community and primary care settings and is an experienced health services manager. Her work has involved public health and health services planning within Queensland and NSW Health Departments, as well as in the UK. She has always taken a great interest in primary and community-based health care and the development of opportunities to enhance the provision of care in these settings. More recently, Kim completed a PhD in a project related to childhood obesity and is keen to combine her interest in research with practical support to help develop the practice-based research network.

## Practice Based Research Network

**UQGP Research** is a practice-based research network supporting collaboration between general practices and university researchers. Researchers in the Primary Care Clinical Unit will work together with general practice staff to identify important questions in general practice and develop research projects to answer these questions, thereby building the evidence-base for primary health care and ultimately improving outcomes for patients.

The UQGP Research team includes A/Prof Katharine Wallis, Director; Dr Rory Melville, GP liaison; Dr Kim Jackson, coordinator; and Prof Mieke van Driel, Head UQ Primary Care Clinical Unit.

Topics for research that are currently being explored include (i) **Teaching in the time of Covid**: opportunities, threats and concerns about medical student clinical placements during a pandemic; (ii) **Assessing fitness to drive in older people**: feasibility of the '3-Domains' toolkit in general practice; and (iii) **REdressing Long-tErm AntidepreSSant use in general practice (RELEASE)**: developing an intervention to support discontinuation of long-term antidepressants in general practice.

If anyone would like to know more, participate in any of these projects, suggest ideas for research, or join the *UQGP Research* steering committee then please contact us:

[uqgpresearch@uq.edu.au](mailto:uqgpresearch@uq.edu.au)

## Research focus

Prof Mieke van Driel has recently collaborated with a team of experts worldwide to provide guidance for WHO and clinicians. The following 2 articles are part of an update of a 2011 Cochrane systematic review and meta-analysis, and focus on evidence from randomised controlled trials (RCTs). They are available in preprint version.

## Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis.

This review examined the effectiveness of eye protection, face masks, or person distancing on interrupting or reducing the spread of respiratory viruses using randomised and cluster randomised trials. The outcomes included any respiratory illness and its related consequences.

The 15 included trials had poor design and reporting, and reported sparse events. They found no evidence for effectiveness of face masks in either healthcare workers or people in households. There was no evidence for a difference between surgical masks and N95 respirators. Only one study found evidence to support quarantine and no studies looked at eye protection. Based on the observational studies from the previous SARS epidemic that were included in the previous version of the Cochrane review, use of masks may need to be combined with other measures to be effective.

Jefferson T, Jones M, Al-Ansari L, Bawazeer G, Beller E, Clark J, Conly J, Del Mar C, Dooley E, Ferroni E, Glasziou P, Hoffmann T, Thorning S, van Driel M. *medRxiv* 2020.03.30.20047217; doi: <https://doi.org/10.1101/2020.03.30.20047217>

## Part 2 - Hand hygiene and other hygiene measures: systematic review and meta-analysis.

This review examined the use of hand hygiene methods, surface disinfection or cleaning, and other miscellaneous barrier interventions using randomised and cluster randomised trials. Outcomes included acute respiratory illness (ARI), influenza-like illness (ILI) or laboratory-confirmed influenza (influenza) and/or related consequences (e.g. death, absenteeism from school or work). A total of 51 trials were included in the review in a wide range of settings (hospital/community), age groups (children in daycare and schools, households, universities etc), and countries. Comparison of different hand hygiene interventions (soap vs sanitiser) did not favour one over another. There was no evidence for incremental effects of combining hand hygiene with using face masks or disinfecting surfaces or objects. The limited evidence available underpins a need to fund relevant trials with an emphasis on compliance with such measures. This will be crucial to inform policy and global pandemic preparedness with confidence and precision.

Al-Ansary L, Bawazeer GA, Beller, EM, Clark J, Conly JM, Del Mar C, Dooley E, Ferroni E, Glasziou P, Hoffmann T, Jefferson T, Thorning S, van Driel ML, Jones MA. *medRxiv* 2020.04.14.20065250; doi: <https://doi.org/10.1101/2020.04.14.20065250>

## Recent PCCU articles

**Identifying inequities in an urban Latin American population: a cross-sectional study in Australian primary health care.** Sanchez L, Johnson T, Williams S, Spurling G, Durham J. *Australian Journal of Primary Health* 26(2) 140-146. <https://doi.org/10.1071/PY19049>

**Whole-person care in general practice. The doctor-patient relationship.** Thomas H, Best M, Mitchell G. *AJGP* Vol. 49, No. 3, March 2020 doi: 10.31128/AJGP-05-19-49502

**Whole-person care in general practice. Factors affecting the provision of whole-person care.** Thomas H, Best M, Mitchell G. *AJGP* Vol. 49, No. 4, April 2020 doi: 10.31128/AJGP-05-19-49503

If you would like to receive a copy of any of these articles, please contact us at [med.gp@uq.edu.au](mailto:med.gp@uq.edu.au)

**For further details, please contact:** Primary Care Clinical Unit:  
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<https://medicine-program.uq.edu.au/academic-disciplines/general-practice>



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