



Primary Care Clinical Unit

GP Newsletter August 2020

Well into Semester 2 our students are really enjoying being back in the clinic. Two months ago we were unsure if there would be a GP experience for them at all. We are grateful that COVID-19 has been kind to Queensland, the combined efforts of all have kept us safe. But if there is one thing we have learnt from the past 6 months, it is that we can never be sure about what lies ahead. Therefore, the PCCU team has been developing new learning resources, contingency plans and innovations to help smoothen the teaching path ahead.

In Semester 1 we have seen that online tutorials worked really well, saving travel time and enabling more precious time in clinic. Also, in the online environment quiet students sometimes feel more confident to contribute, enhancing everybody's learning. The virtual clinics and the GP coaching sessions that were introduced for a small number of students in the 'online placement block' were a success and may be an additional feature of our program into the future. Lots of inspiration for curriculum innovation.

After a few months on hold, the MD Curriculum Review is back on track, with the full support of our Executive and Medical Deans and the Deputy Vice Chancellor-Academic of the university. We are excited about the plans to introduce clinical exposure much earlier in the program, and especially about the strong general practice

component. This is a great opportunity to share our wonderful specialty with students. But with opportunities come challenges. We will be looking to increase the number of affiliated practices who can host our students, so please encourage your colleagues to become part of our vibrant GP teaching and research network. Our GP liaisons, Dr Rory Melville and Dr Alison Green are keen to visit and support anyone interested in teaching.

This semester we plan to offer you 2 interesting Webinars. For those of you who have missed the first one, the recording is available on our website. We hope you can join us and look forward to continuing to learn together.

Thank you for your teaching and stay safe.

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

2020 dates:

Wed 9th September 6-7pm: PCCU Webinar: What you do matters: developing the evidence base for general practice.

Wed 11th November: PCCU Webinar: To be confirmed

Wed 9th December 6.30-9.00pm: Herston Precinct Symposium

“Overall I had a wonderful experience with this clinic as I was challenged in my learning without being judged and the other people were actively trying to help me with my learning, which was really appreciated.”

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

Telehealth teaching – concerns and solutions by Rory Melville

With the current use of telephone consultations (and video to some degree), students perceive that they are getting less involvement in patient interaction. This is understandable as the students may get less opportunity to take histories. I would encourage all of our GP teachers to allow their students to conduct supervised telephone consultations.

In my practice we only do telephone consultations and not video. Before I even get the student carrying out a telephone consultation, I will discuss with them both the similarities and differences between telephone and face to face consultations. (RACGP guide). The most important thing to remember is the lack of non-verbal communication. I will then, with patient consent, carry out some telephone consultations for the student to observe. We will then discuss what went well and what I could have done differently. Getting the student's feedback on this I believe is quite important, as it helps them focus their own thoughts about the process.

Once we both agree that the student is ready, I will make the call. Identify the patient is the person you are looking for, and if so, identify yourself (they should be expecting you, be wary of third-party involvement). Before going any further, I will explain to the patient about having a student with me and clarify they are happy for the student to join in. Once they agree (if not student will leave the room) I will then ask the patient if they are also happy with the student conducting the consultation, with me remaining present. If they remain happy with this, I will put the phone onto speaker and introduce the student by name.

Hopefully, based on earlier discussions and witnessing your own consultation, the student will go through the consultation in a logical fashion. Make sure, at all stages, that the student both listens to and reflects back on the patient conversation. At this point I will re-join the conversation and summarise my conclusions, check the patient's acceptance of this and then complete the consultation.

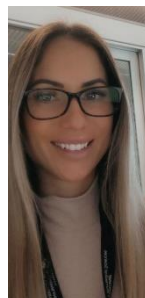
As can be seen from the above, a lot of listening is involved in these consultations and it certainly is not necessarily the quick

consultation that many people think it might be. If anything, it may take more time than face to face.

So, I am sure you will agree that the perception of lack of involvement with patients during telephone consultations can be resolved. If this issue is identified and addressed, then the students will gain more knowledge and be more satisfied with their learning.

RACGP Guide to providing telephone and video consultations in general practice <https://www.racgp.org.au/getmedia/53011161-bcf0-4174-b49e-ff3a7154f691/Guide-to-providing-telephone-and-video-consultations-in-general-practice.pdf.aspx>

Featured profiles



Natalie Best is Student Coordinator for the Year 3 GP course. Natalie brings a wealth of university experience having been employed with UQ since 2012 in challenging administrative and finance roles.

She enjoys providing efficient, accurate and friendly support to students, staff and the general public. In particular, Natalie thrives on supporting students apply their learning experience and excel in their placements.

In her free time, Natalie loves to exercise, enjoy amazing food and spend time with her family.



Kim Wicks is a Course Administrator with the Primary Care Clinical Unit. She has been working at the University of Queensland in various roles in the Faculty of Medicine on and off since 1994.

Kim enjoys working in a team of professional and academic staff to assist with the smooth running of both the General Practice course and the Medicine in Society course. In the General Practice course Kim's main focus is on managing the allocation of Year 3 students to general practice placements. Outside of her work at UQ, Kim holds a commercial pilot licence and enjoys flying whenever she can. Kim's other passion is playing guitar.

GP teaching webinar report

The **Teaching in Times of Telehealth Webinar** was held in June 2020. The panel shared a wealth of experience about changing to telehealth and teaching during these times. Tips for registrar and medical student teaching were covered by Dr Danielle James (GPTQ), Dr Aaron Chambers and Dr Rory Melville while Tim Davis (UQ Year 4) provided a very valuable medical student perspective.

The webinar recording can be viewed under Teaching Resources at <https://medicine-program.uq.edu.au/overview/mayne-academies/mayne-academy-general-practice/gp-teachers>

2020 revised general practice placement dates

3rd year GP Placement Block

Block 4: 22 June – 24 July
Block 5: 27 July – 28 August
Block 6: 7 September – 9 October
Block 7: 12 October – 6 November

2nd year Urban LInCC

Semester 2: 13th July – 23rd October

Research focus

Diagnosing and providing initial management for patients with Gestational Diabetes: What is the General Practitioner's experience?

This study explores the GP experience of Gestational Diabetes Mellitus (GDM). Much has previously been written about patient perspectives. GDM is increasingly managed in tertiary hospitals, and the confidence of GPs and their role in ongoing care has not been examined. Given GDM's poor follow up rates, all aspects of the patient journey warrant close examination.

Semi-structured interviews were conducted with a broad cross-section of GPs in Brisbane. Following established rigorous qualitative research methodology, interview data was analysed and found:

- Many GPs feel uncertain and have a sense of urgency about initial GDM management.
- GPs can't find a point of care protocol, and report their patients being 'whisked away'
- Many GPs feel underutilised

GPs are likely an untapped resource in the management pathways of GDM. Uncertainty could be reduced with clear supported management protocols and patient resources. GPs are open to doing more if supported and sustainably resourced.

Green A, Callaway L, McIntyre HD, Mitchell B. Diagnosing and providing initial management for patients with Gestational Diabetes: What is the General Practitioner's experience? *Diabetes Research and Clinical Practice*, Volume 166, 2020, doi:<https://doi.org/10.1016/j.diabres.2020.108290>

This research was supported by the RACGP with funding from the Australian Government under the Australian General Practice Training Program.

UQGP Research PBRN news

UQGP Research is a practice-based research network linking GP practices with researchers in the Primary Care Clinical Unit to enable and support research in general practice. Together we can identify important problems or research questions in general practice and develop research projects to find and test solutions for these problems to improve the quality of care and outcomes for patients.

Update on projects:

- We are currently recruiting practices to take part in the RACGP / MAIC funded project testing the acceptability and utility in general practice of the 3-Domains toolkit for assessing fitness to drive in older drivers. Please contact us if you would like to know more or participate.
- We have completed interviews for the 'Teaching in the time of COVID' project and begun analysis. Preliminary results will be presented at the upcoming webinar.
- We are seeking funding for the RELEASE project: REdressing Long-term Antidepressant use in general practice. We would be interested to hear from anyone who has ideas about how best to support safe and effective discontinuation of long-term antidepressants in general practice.

Get in touch with us at: uqgpresearch@uq.edu.au or via one of the GP liaison: Dr Rory Melville and Dr Alison Green.

Upcoming PCCU Projects

The 3-Domains toolkit for assessing older drivers: pilot study in general practices and validation study in driving assessment clinic.

Assessing fitness to drive in older drivers is an increasingly important but challenging role for general practice.

The 3-Domains toolkit is a screening toolkit for use in general practice to inform clinical judgement when assessing fitness to drive in older drivers (≥ 75 years). The toolkit comprises visual acuity using a Snellen chart; the functional reach test; and the road signs recognition test. The toolkit generates a score predicting the likelihood an older driver would pass an on-road driving test.

This project is to determine whether the 3-Domains toolkit is acceptable and useful to GPs and older drivers in Australia; and to evaluate the effectiveness of the toolkit in predicting on-road driving test outcome in older drivers in Australia.

If you would like to be involved in this project, please contact A/Professor Katharine Wallis - uqgpresearch@uq.edu.au

Wallis, K.A., Matthews, J. and Spurling, G.K. (2020), Assessing fitness to drive in older people: the need for an evidence-based toolkit in general practice. *Med. J. Aust.*, 212: 396-398.e1. doi:[10.5694/mja2.50588](https://doi.org/10.5694/mja2.50588)

COVID-19 Articles - AJGP

The AJGP is running a series of articles about experiences during this time of the pandemic. These cover clinical, teaching, administrative and global perspectives.

<https://www1.racgp.org.au/ajgp/search?articleType=coronavirus>

Recent PCCU articles

Antimicrobial stewardship in the primary care setting: from dream to reality? Avent, M.L., Cosgrove, S.E., Price-Haywood, E.G. et al. *BMC Fam Pract* **21**, 134 (2020). <https://doi.org/10.1186/s12875-020-01191-0>

Real-world questions and concerns about disease-modifying antirheumatic drugs (DMARDs): a retrospective analysis of questions to a medicine call center. EL Masri, H., Hollingworth, S.A., van Driel, M. *BMC Rheumatol* **4**, 27 (2020). <https://doi.org/10.1186/s41927-020-00126-7>

Long-term follow up of older people on diabetes medications: observational study using linked health databases. Wallis K, Wells S, Selak V, Poppe, K. 2020 *Australian Journal of Primary Health* **26**, 306-312. <https://doi.org/10.1071/PY19246>

Homeopathic preparations for preventing and treating childhood respiratory infections: A systematic review and meta-analysis (Summary of a Cochrane review). King D, Hawke K, McGuire T, van Driel M. *Academic Paediatrics* 2020. DOI [10.1016/j.acap.2020.07.016](https://doi.org/10.1016/j.acap.2020.07.016)

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

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



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