

THE GENERAL PRACTICE
LEARNING ENVIRONMENT

Call for help list

Australian general practice registrars are expected to only manage patients they are competent to manage. This list sets out situations where a registrar should call their supervisor for help. These include clinical situations, new or challenging consultations, professional and legal consultations, and situations that indicate registrar uncertainty.

This list should be reviewed early in each training term, potentially allowing removal of items from the list. This should be done cautiously, as hospital or prior clinical experience in a specific area may not translate to competence in a general practice environment. Where a practice has a special interest or serves a particular patient demographic, items may need to be added to the list.

The registrar should call their supervisor for items on the list until the supervisor determines that this is no longer necessary. This will be either through supervision of registrar clinical work, or by the issue being satisfactorily covered during an in-practice teaching session. It is likely that many items will remain on the list throughout the term, particularly the uncertainty flags and those that relate to situations that are high risk for all doctors.

Uncertainty flags

Considering sending patient to ED
A patient you are unsure about sending home
Third presentation for the same issue without a clear diagnosis or plan
If you think you have made an error
If you think there is going to be a complaint (disgruntled or dissatisfied patient or relative)
When you are unsure who to refer to
Pathology or imaging results abnormal beyond your knowledge
Prescribing medications you are unfamiliar with
'Heartsink' patients (those you find overwhelming)
When a patient asks you for a 'second opinion'

Other (please fill in your own items if required)

New or challenging consultations

Nursing home visits
Home visits
Aboriginal and/or Torres Strait Islander patient
Procedures being done for the first time in the clinic (excisions, implants, joint injections)
Making a new major diagnosis (cancer, diabetes, IHD) and starting management
Breaking bad news to patient (cancer, HIV, adverse pregnancy outcome)
Pre-operative assessment of fitness for anaesthetic

Professional or legal

Certifying competency to sign a will or other legal documents
Workers' compensation consultations
Driving assessment
Consultations involving determining whether someone is a 'mature minor'
Commencing a drug of dependence (S8) other than for palliative care
Repeat drug of dependence (S8) prescriptions



CLINICAL PROBLEMS

General Medicine

Poorly controlled diabetes

Pyrexia of unknown origin

New neurological symptoms or signs

Severe exacerbation of asthma or COPD

Rash you are unfamiliar with

Domestic (intimate partner) violence

Dependence/Addiction/Pain Management

Chronic pain management

Managing alcohol/drug dependence

Sexual health

Patient requesting STI screen

Travel Medicine

Pre-travel consultations

Unwell returned travellers or international visitors

Paediatrics

All neonates

6-week baby check

Australian immunisations (including catch ups)

Unwell child under 2 years of age

Failure to thrive under 12 months of age

Developmental delay

Child and adolescent mental health consultations

Child abuse or unexplained injury

Eating disorder

Mental health

Acutely suicidal patient

Acute psychosis

Possible Malignancy

New bowel symptoms, patient over 50 years of age

Painless haematuria

Breast lump

Persistent cough

Testicular lump

A new or enlarging lump

Iron deficiency

Unexplained weight loss

Lymph node enlargement without simple explanation

Skin lesions you are unsure of diagnosis and whether to excise

PR bleeding

Emergency Medicine/Acute Presentations

Acute significant systemic symptoms: collapse, rigors.

Extreme abnormalities of vital signs

Acute onset of shortness of breath

Severe abdominal pain

Chest pain

Acute red swollen joint

Concussion/post head trauma

Post collapse, possible seizure

Nerve, tendon, or serious muscular injury

Fracture

Acute eye - unilateral red, painful, vision loss, or periorbital swelling

Severe headache that is new or sudden onset or associated with vision change or meningism

Trauma with high risk of injury e.g. high speed or rollover MVA

Sudden loss of hearing not due to wax

Source: G Ingham, K Plastow, R Kippen, N White 2020. 'A "call for help" list for Australian general practice registrars', *Australian Journal of General Practice*, 49: 280-7.

This work was supported by The Royal Australian College of General Practitioners with funding from the Australian Government.

