Curtin University

CURTIN MEDICAL SCHOOL

GENERAL PRACTICE

SPECIFIC LEARNING OBJECTIVES

Curtin Medical School acknowledges that this document has been adapted from:

Society of Teachers of Family Medicine (STFM) task force, The Family Medicine Clerkship Curriculum. 2009.

with substantive revisions and input from the academic staff and adjunct staff of Curtin Medical School

Version 1.0 2023

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PATIENT–CENTRED MODEL

A. KNOWLEDGE: Students should be able to:

	Psychosocial awareness		
1	Discuss why physicians have difficulty in situations such as patients' requests for disability documentation, non-adherence, and chronic narcotic use.	Theme 1: Scientific Foundations of Medicine	1.2
2	Discuss the influence of psychosocial factors on a patient's ability to provide a history and carry out a treatment plan.	Theme 1: Scientific Foundations of Medicine	1.2
	Patient education		
1	Discuss mechanisms to improve adherence to and understanding of screening recommendations.	Theme 1: Scientific Foundations of Medicine	1.2
2	Provide patient education tools, taking into account literacy and cultural factors (e.g. a handout on how to read nutrition labels).	Theme 3: Health and Illness in Society	3.3
3	Describe the patient education protocols and programs for core chronic illnesses.	Theme 1: Scientific Foundations of Medicine	1.3
4	Identify resources in a local practice community that support positive health outcomes for diverse patients and families.	Theme 3: Health and Illness in Society	3.3
5	Promote the use of support groups and other community resources in the area of mental health.	Theme 3: Health and Illness in Society	3.3
6	Identify resources for patients with substance abuse problems at their clinic sites (e.g. lists of treatment referral centres, self-help groups, substance abuse counselors, etc.).	Theme 3: Health and Illness in Society	3.3

B. SKILLS: Students should be able to:

	Patient-centred communication		
1	Demonstrate active listening skills and empathy for patients.	Theme 2: Patient & Doctor: Clinical Practice	2.1
2	Demonstrate setting a collaborative agenda with the patient for an office visit.	Theme 2: Patient & Doctor: Clinical Practice	2.1
3	Demonstrate the ability to elicit and attend to the patient's specific concerns.	Theme 2: Patient & Doctor: Clinical Practice	2.8
4	Explain history, physical examination, and test results in a manner that the patient can understand.	Theme 2: Patient & Doctor: Clinical Practice	2.9
5	Clarify information obtained by a patient from such sources as popular media, friends and family, or the Internet.	Theme 2: Patient & Doctor: Clinical Practice	2.1
6	Demonstrate the validation of the patient's feelings by naming emotions and expressing empathy.	Theme 2: Patient & Doctor: Clinical Practice	2.1
7	Effectively incorporate psychological issues into patient discussions and care planning.	Theme 2: Patient & Doctor: Clinical Practice	2.1
8	Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes.	Theme 2: Patient & Doctor: Clinical Practice	2.1
9	Describe the treatment plans for prevention and management of acute and chronic conditions to the patient.	Theme 2: Patient & Doctor: Clinical Practice	2.7
10	Reflect on the personal frustrations, and transform this response into a deeper understanding of the patient's and	Theme 2: Patient & Doctor: Clinical Practice	2.8

	one's own situation, when patients do not adhere to offered recommendations or plans.		

C. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Act appropriately in all patient interactions.	Theme 4: Professional & Personal Development	4.1
2	Consult with patients only in appropriate settings.	Theme 4: Professional & Personal Development	4.1
3	Remain within confidentiality boundaries with family members and other third parties.	Theme 4: Professional & Personal Development	4.6

USING THE EVIDENCE BASE

A. KNOWLEDGE: Students should be able to:

Information gathering and assessment

1	Use critical appraisal skills to assess the validity of resources for general practice.	Theme 1: Scientific Foundations of Medicine	1.4
2	Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions.	Theme 1: Scientific Foundations of Medicine	1.4
3	Use evidence-based medicine (EBM) to determine a cost-effective use of diagnostic imaging in the evaluation of core, acute presentations.	Theme 1: Scientific Foundations of Medicine	1.6

SKILLS: Students should be able to:

1	Find and use high-quality web-based and other resources for use in caring for patients with core conditions.	Theme 1: Scientific Foundations of Medicine	1.4

B. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Assess and remediate one's own learning needs.	Theme 4: Professional & Personal Development	4.9
2	Describe how to keep current with preventive services recommendations.	Theme 4: Professional & Personal Development	4.9

CONTEXTUAL CARE - COMMUNITY

A. KNOWLEDGE: Students should be able to:

1	Discuss local community factors that affect the health of patients.	Theme 3: Health and Illness in Society	3.2
2	Identify referral networks and resources within the community.	Theme 3: Health and Illness in Society	3.2
3	Discuss health disparities and their potential causes and influences.	Theme 3: Health and Illness in Society	3.2
4	Describe the barriers that patients encounter to accessing and utilising health care that stem from their particular community. Examples include:	Theme 3: Health and Illness in Society	3.2

	i. Low socioeconomic status of communities; ii. Geographic barriers in rural and remote communities as well as urban intercity; iii. Inadequate number and quality of healthcare providers; iv. Low educational status of communities; v. Inadequate availability of social services; vi. Inadequate access to referral-based health care services, outside of the community; and vii. Increasing ethnic diversity of the population, not matched by the health care workforce.		

B. SKILLS: Students should be able to:

Person in context of community

1	Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.	Theme 2: Patient & Doctor: Clinical Practice	2.1

C. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Act appropriately in all patient interactions.	Theme 4: Professional & Personal Development	4.1

CONTEXTUAL CARE – POPULATIONS

A. KNOWLEDGE: Students should be able to:

1	Discuss the differing profile of disease and health risks across the lifespan and among culturally diverse and disadvantaged/vulnerable populations.	Theme 1: Scientific Foundations of Medicine	1.3
2	Discuss the presence of diversity within diverse populations.	Theme 1: Scientific Foundations of Medicine	1.1
3	Discuss the principles of partnership, community ownership, consultation, and capacity building.	Theme 1: Scientific Foundations of Medicine	1.1
4	Describe when an interpreter should be used and the strategies for effective communication when using an interpreter.	Theme 1: Scientific Foundations of Medicine	1.1
5	Discuss health disparities and their potential causes and influences.	Theme 3: Health and Illness in Society	3.2
6	Describe the barriers to access and utilisation of health care for culturally diverse and disadvantaged/vulnerable populations.	Theme 3: Health and Illness in Society	3.2
7	Identify referral networks and resources available for culturally diverse and disadvantaged/vulnerable populations.	Theme 3: Health and Illness in Society	3.3

B. SKILLS: Students should be able to:

1	Reflect on their own assumptions, cultural beliefs, biases and emotional reactions.	Theme 4: Professional & Personal Development	4.9
2	Conduct an encounter that includes patients and families in the development of screening and treatment plans.	Theme 2: Patient & Doctor: Clinical Practice	2.8
3	Demonstrate non-judgmental, holistic, interpersonal, and communication skills that result in effective information exchange between patients and their families.	Theme 2: Patient & Doctor: Clinical Practice	2.9
4	Communicate effectively using an interpreter.	Theme 2: Patient & Doctor: Clinical Practice	2.1

C. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviours.	Theme 4: Professional & Personal Development	4.1

CONTINUITY OF CARE

A. KNOWLEDGE: Students should be able to:

1	Describe the different types of continuity, their integration in general practice and their impact on patient outcomes: i. Relational or interpersonal continuity (the development of a therapeutic and interpersonal relationship); ii. Longitudinal continuity (Consistency of care over time by as few professionals as possible, consistent with the patients' needs); iii. Informational continuity (continuity of information across healthcare events); and iv. Team continuity (Effective communication between professionals and services).	Theme 1: Scientific Foundations of Medicine	1.1

B. SKILLS: Students should be able to:

None (as per student's own interest)

C. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Act appropriately in all patient interactions.	Theme 4: Professional & Personal Development	4.1

COORDINATION/COMPLEXITY OF CARE

A. KNOWLEDGE: Students should be able to:

1	Describe the value of teamwork in the care of primary care patients.	Theme 4: Professional & Personal Development	4.8
2	Discuss the roles of multiple members of a health care team (e.g. pharmacy, nursing, social work, and allied health).	Theme 4: Professional & Personal Development	4.8
	Quality and safety		
3	Recognise clinical processes established to improve performance of a clinical site: i. Describe the use of a quality improvement protocol within a practice and how the protocol might improve health care; ii. Describe methods of monitoring compliance with preventive services guidelines; iii. Describe how one of the core chronic diseases is monitored in the clinical site; and iv. Describe how narcotic use is managed and monitored in the clinical site.	Theme 3: Health and Illness in Society	3.6
4	Describe the benefits, goals and outcomes of general practice care plans and team care arrangements.	Theme 4: Professional & Personal Development	4.8

B. SKILLS: Students should be able to:

None (as per student's own interest)

C. PROFESSIONAL BEHAVIOURS: Students should be able to:

1	Participate as an effective member of a clinical care team.	Theme 4: Professional & Personal Development	4.8

ACUTE PRESENTATIONS

The Bettering the Evaluation and Care of Health (BEACH) program data collected from primary care and general practices in Australia for over 18 years has been used to identify the common general practice presentations.

The diagnostic approach is based on Dr John Murtagh's well known text 'General Practice' (Edition 6) and includes a combination of 'serious disorders not to be missed' and 'pitfalls' (i.e. conditions often missed).

For each acute presentation, the student should be able to:

1	Differentiate among common aetiologies based on the presenting symptom.	Theme 1: Scientific Foundations of Medicine	1.3
2	Recognise 'not to be missed' conditions that may present with a particular symptom.	Theme 1: Scientific Foundations of Medicine	1.3
3	Elicit a focused history and perform a focused physical examination.	Theme 2: Patient & Doctor: Clinical Practice	2.2/ 2.3
4	Discuss the importance of an evidence based, cost-effective approach to the diagnostic work-up.	Theme 1: Scientific Foundations of Medicine	1.1
5	Describe the initial management of common and 'not to be missed' diagnoses.	Theme 1: Scientific Foundations of Medicine	1.2

COMMON DIAGNOSES, DIAGNOSES NOT TO BE MISSED, AND PRESENTATION-SPECIFIC LEARNING OBJECTIVES

(See **Appendix A** for full table of all acute presentations)

UPPER RESPIRATORY SYMPTOMS

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Upper respiratory tract infections (viral upper respiratory infection, acute and chronic sinusitis, pharyngitis/tonsillitis) and non-infectious causes (allergic rhinitis); and
2. Ear infections (acute otitis media, otitis externa).

Year 5 (in addition to Year 4)

3. Mononucleosis; and
4. Chronic otitis media, perforations.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Tonsillar abscess potentially compromising airway leading to fatal stridor; and
2. Meningitis flu-like symptoms of muscle pain.

Year 5 (in addition to Year 4)

3. Cholesteotoma, mastoiditis, barotrauma.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and Management)

Year 4

1	Recognise that most acute upper respiratory symptoms are caused by viruses and are not treated with antibiotic.	Theme 1: Scientific Foundations of Medicine	1.1
2	Determine a patient's pre-test probability for streptococcal pharyngitis and make appropriate management decision (e.g. empiric treatment, investigate, or neither treat nor investigate).	Theme 1: Scientific Foundations of Medicine	1.2

Year 5 (in addition to Year 4)

1	Determine situations where antibiotics are required e.g. Aboriginal and Torres Strait Islander community.	Theme 2: Patient & Doctor: Clinical Practice	2.1
2	Determine appropriate investigations for sinusitis according to evidence based guidelines (e.g. diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform upper respiratory examination on child and adult.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform appropriate ear examination on child and adult.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform Ear toilet techniques (e.g. tissue spears, syringing, insertion ear wick).	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Hearing screening assessment on child and adult.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Use of pneumatic otoscopy/tympanogram.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Blood dyscrasias (e.g. agranulocytosis and acute leukaemia presenting as upper respiratory problem); and
2. Acute epiglottitis.

JOINT PAIN AND INJURY

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Viral arthralgias;
2. Osteoarthritis;
3. Ankle sprains and fractures;
4. Knee ligament and meniscal injuries;
5. Shoulder dislocations and rotator cuff injuries;
6. Hip pain;
7. Overuse syndromes (e.g. Achilles' tendinitis, patella-femoral pain syndrome, sub acromial bursitis/rotator cuff tendinosis); and
8. Nerve entrapment syndromes (e.g. Carpal or tarsal tunnel syndromes).

Year 5 (in addition to Year 4)

9. Gout;
10. Conditions causing limp in children;
11. Fractures and other joint problems common in children (e.g. Osgood Schlatter's disease); and
12. Temporomandibular joint dysfunction.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Acute compartment syndrome;
2. Acute vascular compromise associated with a fracture or a dislocation like avascular necrosis; and
3. Benign and malignant tumours (e.g. osteosarcoma, osteoid osteoma).

Year 5 (in addition to Year 4)

4. Presentation of Rheumatoid arthritis and other autoimmune arthritis;
5. Septic arthritis;
6. Osteomyelitis;
7. Acute rheumatic fever (see also fever);
8. Referred pain; and
9. Ruptured Baker's cyst.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management)

Year 4

1	Describe the difference between acute and overuse injuries.	Theme 1: Scientific Foundations of Medicine	1.1
2	Elicit an accurate mechanism of injury.	Theme 2: Patient & Doctor: Clinical Practice	2.2
3	Perform an appropriate musculoskeletal examination.	Theme 2: Patient & Doctor: Clinical Practice	2.3
4	Apply the Ottawa decision rules to determine when it is appropriate to order ankle radiographs.	Theme 2: Patient & Doctor: Clinical Practice	2.4
5	Detect a fracture on standard radiographs and accurately describe displacement, orientation, and location (e.g. nondisplaced spiral fracture of the distal fibula).	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Determine appropriate investigations for injuries (especially Ottawa decision rules for the knee and Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.4
2	Differentiate between normal radiographic appearance and fractures in children and adolescents.	Theme 2: Patient & Doctor: Clinical Practice	2.4

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform initial immobilisation of suspicious or confirmed fracture by applying sandbags, plaster or fiberglass back slabs/cast.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Appropriately apply slings for injuries.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Appropriately apply ankle strapping.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Perform immobilisation/casting for common arm fractures e.g. scaphoid, wrist fracture.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Spinal dysfunction giving referred pain; and
2. Complex regional pain syndrome (e.g. Reflex sympathetic dystrophy).

PREGNANCY (INITIAL PRESENTATION)

A. COMMON DIAGNOSES (in the order trimester 1, 2 and 3): Students should be able to diagnose:

Year 4

1. Routine prenatal/preconception care;
2. Routine antenatal care;
3. Routine postnatal care; and
4. Normal breastfeeding.

Year 5 (in addition to Year 4)

5. Postural hypotension;
6. Gastroesophageal reflux diseases;
7. Constipation;
8. Lower back pain;
9. Infection (e.g. urinary tract infection);
10. Hyperemesis Gravidarum;
11. Iron deficiency anaemia;
12. Vitamin D deficiency;
13. Gestational diabetes; and
14. Common breastfeeding problems (e.g. mastitis, candida).

B. **DIAGNOSES NOT TO BE MISSED**: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Ectopic pregnancy;
2. Miscarriage; and
3. Depression & Anxiety.

Year 5 (in addition to Year 4)

4. Domestic violence;
5. Preeclampsia;
6. Preterm labour;
7. High blood pressure related to pregnancy; and
8. Foetal problems like intrauterine growth retardation.

C. **PRESENTATION-SPECIFIC LEARNING OBJECTIVES**: Students should be able to:

KNOWLEDGE (Treatment and management)

Year 4

1	Recognise that many GPs incorporate prenatal, perinatal care and deliveries into their practices and studies support this practice.	Theme 1: Scientific Foundations of Medicine	1.1
2	Identify standard prenatal/preconceptual advice.	Theme 1: Scientific Foundations of Medicine	1.3
3	Identify/recognise standard antenatal care.	Theme 1: Scientific Foundations of Medicine	1.3
4	Recognise common presentations of pregnancy, including positive home pregnancy test, missed/late period, and abnormal vaginal bleeding.	Theme 1: Scientific Foundations of Medicine	1.3
5	Appreciate the wide range of responses that women and their families exhibit upon discovering a pregnancy.	Theme 1: Scientific Foundations of Medicine	1.3
6	Identify appropriate post-natal care, especially 6-week check.	Theme 1: Scientific Foundations of Medicine	1.3

Year 5 (in addition to Year 4)

1	Interpret the Australian categories of drug risk in pregnancy.	Theme 1: Scientific Foundations of Medicine	1.3
2	Determine appropriate investigations according to evidence based guidelines for ectopic pregnancy, first trimester bleeding, first trimester screening and foetal wellbeing (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
3	Recognise psycho-social and cultural dimensions of pregnancy, birth and postnatal care esp. Aboriginal and Torres Strait Islander people and CALD.	Theme 1: Scientific Foundations of Medicine	1.3

SKILLS (May be encountered in another clinical placement):

Year 4 (See also O&G Placement)

1	Use depression screening tools and interpret their results especially EPNDS, KMMS.	Theme 2: Patient & Doctor: Clinical Practice	2.5

Year 5 (in addition to Year 4)

1	Perform an appropriate and accurate antenatal examination, including correct measurement of fundal height and clinically determine gestational age to monitor intrauterine growth.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform a pregnancy test.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Detect foetal heart rate with portable Doppler ultrasound to monitor foetal wellbeing.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Foetal death in utero; and
2. Pulmonary embolism.

WOMEN'S REPRODUCTIVE LIFE STAGES

A. COMMON DIAGNOSES (in the order trimester 1, 2 and 3): Students should be able to diagnose:

Year 4
1. Barrier contraception;
2. Oral Contraception methods;
3. Injectable contraception; and
4. Post coital contraception.

Year 5 (in addition to Year 4)
5. Menopause;
6. Endometriosis; and
7. Breast cancer.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. None (as per student's own interest).

Year 5 (in addition to Year 4)
2. Ovarian cancer.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Identify available contraceptive methods, their effectiveness and major contraindications to use.	Theme 1: Scientific Foundations of Medicine	1.1
2	Recognise the efficacy of different contraceptive methods.	Theme 1: Scientific Foundations of Medicine	1.1

Year 5 (in addition to Year 4)

1	Describe the use and analyse the evidence for lifestyle modification including exercise, non-pharmacological measures (e.g. yoga, meditation, acupuncture, complementary etc.) and pharmacological treatments for menopause symptoms.	Theme 1: Scientific Foundations of Medicine	1.2
2	Describe the symptoms and signs of endometriosis.	Theme 1: Scientific Foundations of Medicine	1.2
3	Describe the risk factors and protective factors for breast cancer and current screening guidelines (e.g. BreastScreen).	Theme 1: Scientific Foundations of Medicine	1.2
4	Describe the recommended approach to investigating a breast lump.	Theme 1: Scientific Foundations of Medicine	1.2

SKILLS (May be encountered in another clinical placement):

Year 4 (See also O&G Placement)

1	Perform a breast examination.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Discuss general contraceptive options with a patient, recognising their preferences and stage of life.	Theme 2: Patient & Doctor: Clinical Practice	2.9
2	Perform a full assessment of a woman in the menopausal transition, including acute symptoms, identification of risk factors for complications and presence of complications, and need for preventive healthcare plan.	Theme 2: Patient & Doctor: Clinical Practice	2.3

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

ABDOMINAL PAIN

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Gastroenteritis;
2. Appendicitis;
3. Diverticulitis;
4. Cholecystitis;
5. Gastro-oesophageal reflux disease (GORD);
6. H Pylori and peptic ulcer disease; and
7. Irritable bowel syndrome.

Year 5 (in addition to Year 4)

8. Coeliac disease;
9. Inflammatory bowel disease; and
10. Constipation.

B. **DIAGNOSES NOT TO BE MISSED**: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Ectopic pregnancy;
2. Abdominal aortic aneurysm;
3. Peritonitis; and
4. Specific childhood conditions (e.g. intussusception, volvulus, Henoch Schonlein purpura).

Year 5 (in addition to Year 4)

5. Endometriosis;
6. Pancreatitis;
7. Malignancy (e.g. Bowel and stomach cancer, pancreatic cancer, ovarian tumours);
8. Abdominal pain masquerades, especially diabetes, depression, hypercalcaemia, hyperparathyroidism); and
9. Medication induced abdominal pain.

C. **PRESENTATION-SPECIFIC LEARNING OBJECTIVES:** Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Recognise the need for emergent versus urgent versus non-urgent management for varying aetiologies of abdominal pain.	Theme 2: Patient & Doctor: Clinical Practice	2.7
2	Recognise atypical presentations of common acute abdominal pain in the elderly, children, during pregnancy and in those on steroids.	Theme 2: Patient & Doctor: Clinical Practice	2.7

Year 5 (in addition to Year 4)

1	Determine appropriate investigations according to evidence based guidelines for abdominal pain (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Identify screening guidelines for common conditions (e.g. bowel cancer).	Theme 3: Health and Illness in Society	3.5

SKILLS (May be encountered in another clinical placement):

Year 4

1	Appropriately assess dehydration in all age groups.	Theme 2: Patient & Doctor: Clinical Practice	2.3
2	Perform abdominal examination.	Theme 2: Patient & Doctor: Clinical Practice	2.3

Year 5 (in addition to Year 4)

None (as per student's own interest)

D. RARE DIAGNOSES (For awareness only):

1. Mesenteric artery ischaemia;
2. Lead poisoning;
3. Sickle cell disease; and
4. Porphyria.

BOWEL SYMPTOMS – DIARRHOEA, CONSTIPATION

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Common causes of acute diarrhoea (e.g. gastroenteritis (bacterial and viral), overseas travel, diet, antibiotic reactions, lactase deficiency).
2. Irritable bowel syndrome (e.g. diarrhoea, constipation, mixed).

Year 5 (in addition to Year 4)

3. Persistent diarrhoea (e.g. giardia, Coeliac disease, Inflammatory bowel disease); and
4. Constipation (e.g. simple dietary, impacted faeces, medication induced, overflow diarrhoea, encopresis (children)).

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Drug/purgative abuse; and
2. Ischaemic colitis (elderly).

Year 5 (in addition to Year 4)

3. Bowel cancer; and
4. Masquerades (e.g. Hypothyroidism, diabetes).

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Recognise the need for emergent versus urgent versus non-urgent management for varying aetiologies of diarrhoea.	Theme 2: Patient & Doctor: Clinical Practice	2.7
2	Recognise when diarrhoea presents a public health risk and describe the processes of infectious disease notification needs and contact tracing.	Theme 3: Health and Illness in Society	3.5

Year 5 (in addition to Year 4)

1	Differentiate between steatorrhoea and diarrhoea/constipation.	Theme 1: Scientific Foundations of Medicine	1.1

SKILLS (May be encountered in another clinical placement):

Year 4

1	Appropriately assess dehydration in all age groups.	Theme 2: Patient & Doctor: Clinical Practice	2.3
2	Perform abdominal examination.	Theme 2: Patient & Doctor: Clinical Practice	2.3

Year 5 (in addition to Year 4)

None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

1. Diarrhoea (e.g. intussusception (children)); and
2. Constipation (e.g. lead poisoning, Hirschsprung's disease (children)).

COMMON SKIN LESIONS

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Non-malignant skin conditions:
    i. Actinic keratosis;
    ii. Seborrheic keratosis;
    iii. Warts;
    iv. Common naevi and lentigine; and
    v. Inclusion/sebaceous cysts.

Year 5 (in addition to Year 4)

1. Malignant skin conditions:
    i. Melanoma;
    ii. Bowen's disease;
    iii. Keratocanthoma;
    iv. Squamous cell carcinoma; and
    v. Basal cell carcinoma.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Skin cancer including melanoma.

Year 5 (in addition to Year 4)

1. Lentigo maligna; and
2. Lymphoma.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Describe a skin lesion using appropriate medical terminology.	Theme 1: Scientific Foundations of Medicine	1.1
2	Describe appropriate suture materials to be used.	Theme 1: Scientific Foundations of Medicine	1.1
3	Explain to patients about basic wound care (including suture removal) and post-operative complications.	Theme 2: Patient & Doctor: Clinical Practice	2.9

Year 5 (in addition to Year 4)

1	Describe the classification of different types of melanoma (e.g. Clark's classification & Breslow thickness).	Theme 1: Scientific Foundations of Medicine	1.3
2	Identify orientation of skin excisions along skin tension/Langer's lines.	Theme 1: Scientific Foundations of Medicine	1.3
3	Describe the appropriate excision biopsy approaches for skin lesions especially skin cancers.	Theme 1: Scientific Foundations of Medicine	1.3
4	Describe the different modes of local anaesthesias (e.g. regional block, their contraindications and complications).	Theme 1: Scientific Foundations of Medicine	1.3

SKILLS (May be encountered in another clinical placement):

Year 4

1	Demonstrate an appropriate assessment of a wound laceration.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Apply appropriate wound dressings.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Apply wound closure strips and skin adhesives.	Theme 2: Patient & Doctor: Clinical Practice	2.6
4	Perform cryotherapy, curettage and removal of sutures.	Theme 2: Patient & Doctor: Clinical Practice	2.6
5	Perform basic subcutaneous local anaesthesia and suture of simple lacerations.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform a punch or incisional biopsy.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform a simple excision.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Incision and drainage of abscess.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Secondary tumours presenting as skin lesions; and
2. Merkel's tumour.

COMMON SKIN RASHES

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Atopic dermatitis;
2. Contact dermatitis (e.g. allergic and irritant);
3. Seborrheic dermatitis;
4. Urticaria; and
5. Common childhood viral rashes (e.g. fourth disease, erythema infectiosum, roseola infantum, rubella).

Year 5 (in addition to Year 4)

6. Acne;
7. Impetigo;
8. Tinea;
9. Scabies;
10. Herpes simplex;
11. Varicella and Herpes zoster; and
12. Psoriasis.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Drug eruptions; and
2. Systemic Lupus Erythematosus.

Year 5 (in addition to Year 4)

3. Vasculitis; and
4. Angioedema.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Describe the characteristics of a rash.	Theme 1: Scientific Foundations of Medicine	1.3
2	Explain the concept of therapeutic diagnosis for any skin rash posing a diagnostic challenge.	Theme 1: Scientific Foundations of Medicine	1.3

Year 5 (in addition to Year 4)

1	Identify rash-specific associated systemic illness (e.g. psoriatic arthritis).	Theme 1: Scientific Foundations of Medicine	1.3
2	Determine situations where different management protocols are required (e.g. Aboriginal and Torres Strait Islander community, especially impetigo, tinea, scabies).	Theme 3: Health and Illness in Society	3.5
3	Recognise the need for notification and/or school exclusion for communicable skin diseases.	Theme 3: Health and Illness in Society	3.5

SKILLS (May be encountered in another clinical placement):
Year 4

1	Prepare a skin scraping and identify fungal elements.	Theme 2: Patient & Doctor: Clinical Practice	2.5

Year 5 (in addition to Year 4)

None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

1. Primary HIV infection.

ABNORMAL UTERINE BLEEDING

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Dysfunctional uterine bleeding;
2. Fibroids;
3. Complications of hormonal therapy including intra-uterine device (IUD);
4. Post-coital bleeding related to vaginal trauma; and
5. Cervical erosion and benign polyps.

Year 5 (in addition to Year 4)
6. Endometriosis;
7. Sexually transmitted infection (e.g. chlamydia, gonococcus); and
8. Cervical carcinoma.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Ectopic pregnancy; and
2. Miscarriage.

Year 5 (in addition to Year 4)
3. Eating disorders;
4. Hyperprolactinaemia; and
5. Uterine cancer.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Elicit an accurate menstrual history.	Theme 2: Patient & Doctor: Clinical Practice	2.2
2	Recognise when uterine bleeding is abnormal.	Theme 1: Scientific Foundations of Medicine	1.1

Year 5 (in addition to Year 4)

1	Outline the treatment options for control of menorrhagia.	Theme 2: Patient & Doctor: Clinical Practice	2.7
2	Describe cervical cancer prevention strategies (e.g. HPV immunisation and the Australian Cervical Screening Program).	Theme 3: Health and Illness in Society	3.5
3	Determine appropriate investigations according to evidence based guidelines for abnormal uterine bleeding (e.g. diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform a speculum and pelvic examination.	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Detect foreign body with removal by using speculum.	Theme 2: Patient & Doctor: Clinical Practice	2.5

Year 5 (in addition to Year 4)

1	Perform cervical cancer screening test.	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Explain cervical screening results to a patient.	Theme 2: Patient & Doctor: Clinical Practice	2.9

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest)

ACUTE BACK PAIN - THORACIC AND LUMBAR

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Muscle strain;
2. Scoliosis;
3. Vertebral dysfunction; and
4. Osteoarthritis.

Year 5 (in addition to Year 4)

5. Nerve root compression; and
6. Spondyloarthropathies (e.g. ankylosing spondylitis).

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Aneurysm rupture; and
2. Acute fracture.

Year 5 (in addition to Year 4)

3. Metastatic disease;
4. Multiple myeloma;
5. Infection (e.g. osteomyelitis); and
6. Cauda equina compression.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Identify referral pain patterns for thoracic spine disorder.	Theme 1: Scientific Foundations of Medicine	1.3
2	Recognise 'red flag' pointers for serious disease in low back pain.	Theme 1: Scientific Foundations of Medicine	1.3
3	Determine appropriate investigations according to evidence-based guidelines for low back pain (e.g. Diagnostic imaging pathways).	Theme 1: Scientific Foundations of Medicine	1.3

Year 5 (in addition to Year 4)

1	Determine appropriate management plan for back pain based on investigation findings.	Theme 2: Patient & Doctor: Clinical Practice	2.7

SKILLS (May be encountered in another clinical placement):

Year 4

1	Conduct an appropriate musculoskeletal examination that includes inspection, palpation, range of motion, and focused neurologic assessment.	Theme 2: Patient & Doctor: Clinical Practice	2.3

Year 5 (in addition to Year 4)

1	Explain to patients the best evidence approach to management of acute non-specific lower back pain.	Theme 2: Patient & Doctor: Clinical Practice	2.9

D. RARE DIAGNOSES (For awareness only):

1. Spondylolisthesis; and
2. Tuberculosis.

COUGH

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Lower respiratory tract infections (e.g. influenza, bronchitis, pneumonia - community acquired and atypical);
2. Non-infectious causes (e.g. asthma, GORD, post nasal drip, allergic rhinitis); and
3. Medication-induced cough (e.g. Angiotensin Coverting Enzyme inhibitors).

Year 5 (in addition to Year 4)

4. Childhood conditions respiratory infections (e.g. bronchiolitis, croup);
5. Obstructive sleep apnoea in children;
6. Chronic suppurative lung disease (e.g. bronchiectasis); and
7. Pertussis.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Lung cancer; and
2. Sarcoidosis.

Year 5 (in addition to Year 4)

3. Interstitial lung diseases (e.g. asbestosis-related disease);
4. Tuberculosis; and
5. Foreign body in children.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Explain how pretest probability and the likelihood of test results altering treatment can be used to guide diagnostic testing (e.g. PBLI).	Theme 1: Scientific Foundations of Medicine	1.1
2	Use a pneumonia risk stratification process and identify 'red flags' for severe pneumonia requiring hospital admission.	Theme 2: Patient & Doctor: Clinical Practice	2.7
3	Recognise pneumonia on a chest X-ray.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Year 5 (in addition to Year 4)

1	Determine appropriate investigations according to evidence based guidelines for acute and chronic cough (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Interpret spirometry results.	Theme 2: Patient & Doctor: Clinical Practice	2.4
3	Identify lung abscess, tuberculosis, interstitial lung diseases and lung cancer on chest X-ray.	Theme 2: Patient & Doctor: Clinical Practice	2.4
4	Recognise situations where a heightened awareness for specific conditions is required (e.g. bronchiectasis, TB, melioidosis in Aboriginal and Torres Strait Islander communities and TB in overseas born people).	Theme 2: Patient & Doctor: Clinical Practice	2.4

SKILLS (May be encountered in another clinical placement):

Year 4

None (as per student's own interest).

Year 5 (in addition to Year 4)

None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

1. Cystic fibrosis; and
2. HIV infection.

CHEST PAIN/DISCOMFORT

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Gastrointestinal (e.g. GORD);
2. Musculoskeletal (e.g. costochrondritis, spinal dysfunction);
3. Cardiac (e.g. angina and myocardial infarction).

Year 5 (in addition to Year 4)
4. Pulmonary (e.g. pulmonary embolism, pneumothorax, pleurisy); and
5. Palpitations.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Aortic dissection;
2. Ventricular aneurysm; and
3. Pericarditis & Pericardial effusion.

Year 5 (in addition to Year 4)
4. Mallory Weiss tear of the oesophagus;
5. Interstitial lung diseases; and
6. Lung cancer.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Describe how age and comorbidities affect the relative frequency of common aetiologies.	Theme 1: Scientific Foundations of Medicine	1.2
2	Apply clinical decision rules that use pretest probability to guide evaluation.	Theme 1: Scientific Foundations of Medicine	1.6
3	Recognise the indications for emergent versus urgent versus non-urgent management for varying aetiologies of chest pain.	Theme 2: Patient & Doctor: Clinical Practice	2.7
4	Recognise/identify cardiac ischemia and injury on an electrocardiogram.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Year 5 (in addition to Year 4)

1	Determine appropriate investigations according to evidence based guidelines for chest pain (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Recognise common arrythmias.	Theme 2: Patient & Doctor: Clinical Practice	2.4
3	Describe protocol for thrombolysis.	Theme 1: Scientific Foundations of Medicine	1.2
4	Outline process for arranging for emergency transport of (rural) patients.	Theme 2: Patient & Doctor: Clinical Practice	2.12

SKILLS (May be encountered in another clinical placement):

Year 4

1	Conduct an electrocardiogram (ECG).	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform ALS (especially if rural).	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

HEADACHE

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Tension;
2. Migraine;
3. Sinus pressure headaches;
4. Musculoskeletal (cervical spine);
5. Non-specific headache from medication side effects; and
6. Face pain especially trigeminal neuralgia.

Year 5 (in addition to Year 4)
7. Post concussion/Trauma (head injury); and
8. Cluster headache.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Meningitis; and
2. Subarachnoid haemorrhage.

Year 5 (in addition to Year 4)
3. Temporal arteritis;
4. Sinus venous thrombosis;
5. Glaucoma;
6. Intra-cranial (e.g. tumour, Stroke, Cerebral Vascular Accidents); and
7. Benign intracranial hypertension.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Determine appropriate investigations according to evidence based guidelines for headache (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Determine the urgency for immediate referral to other specialists.	Theme 2: Patient & Doctor: Clinical Practice	2.12

Year 5 (in addition to Year 4)

None (as per student's own interest).

SKILLS (May be encountered in another clinical placement):

Year 4

1	Engage in emergency management of headache from trauma.	Theme 2: Patient & Doctor: Clinical Practice	2.12

Year 5 (in addition to Year 4)

None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

VAGINAL DISCHARGE

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Mid cycle ovulational mucus discharge (normal for indication of ovulation);
2. Vaginal candidiasis (vaginal thrush);
3. Bacterial vaginosis; and
4. Trichomoniasis.

Year 5 (in addition to Year 4)
5. Atrophic vaginitis;
6. Vulvovaginitis in children;
7. Retained foreign body; and
8. Bartholin's gland infection.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Sexually transmitted infection (e.g. chlamydia, gonococcus).

Year 5 (in addition to Year 4)

2. Toxic shock syndrome from tampon use; and
3. Cervical erosion and cancer.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Discuss the interpretation of vaginal pH, wet prep and potassium hydroxide (KOH) specimens.	Theme 1: Scientific Foundations of Medicine	1.2
2	Determine appropriate STI investigations to be performed.	Theme 2: Patient & Doctor: Clinical Practice	2.5
3	Discuss factors determining need for STI screening especially chlamydia.	Theme 1: Scientific Foundations of Medicine	1.2
4	Recognise treatment differences for STIs between endemic and non-endemic areas.	Theme 1: Scientific Foundations of Medicine	1.2

Year 5 (in addition to Year 4)

1	Discuss the importance of STI management including confidentiality, window period for investigation, mandatory reporting and contact tracing.	Theme 2: Patient & Doctor: Clinical Practice	2.10

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform Low vaginal swab (LVS), High vaginal swab (HVS), Endocervical swab (ECS) and cervical screening.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform bimanual palpation to identify ovaries, uterus (including cervical excitation) and the posterior fornix.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Explain cervical screening results to a patient.	Theme 2: Patient & Doctor: Clinical Practice	2.9

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

DYSURIA

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Urinary tract infection (UTI);
2. Urethritis;
3. Pyelonephritis;
4. Prostatitis; and
5. Vulvovaginitis.

Year 5 (in addition to Year 4)

6. UTI and pyelonephritis in children; and
7. Urinary calculi.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Sexually transmitted infection with chlamydia and gonococcus including resistant strains;
2. Herpes Simplex infection; and
3. Urinary retention.

Year 5 (in addition to Year *4)*

4. Urinary tract malignancy; and
5. Prostate cancer.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Determine/select appropriate STI investigations to be performed.	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Discuss factors determining need for STI screening.	Theme 1: Scientific Foundations of Medicine	1.2
3	Recognise treatment differences for STIs between endemic and non-endemic areas.	Theme 1: Scientific Foundations of Medicine	1.2

Year 5

1	Discuss the importance of STI management including confidentiality, window period for investigation, mandatory reporting and contact tracing.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Determine appropriate investigations according to evidence based guidelines for urinary tract infections (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
3	Determine the need for urgent intervention of urinary tract obstruction (e.g. hydronephrosis).	Theme 2: Patient & Doctor: Clinical Practice	2.12
4	Describe the retrieval of urinary tract calculus for analysis to determine the nature of the stone.	Theme 2: Patient & Doctor: Clinical Practice	2.5

SKILLS (May be encountered in another clinical placement):

Year 4

None (as per student's own interest)

Year 5 (in addition to Year 4)

1	Urinary tract catheterization for both male and female.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Demonstrate super-pubic catheterization of the urinary tract.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Management of long-term catheterization bag (leg bag).	Theme 2: Patient & Doctor: Clinical Practice	2.10

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest)

DIZZINESS

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Benign positional vertigo (BPV);
2. Labyrinthitis and vestibular neuronitis;
3. Migraine;
4. Orthostatic dizziness (e.g. in the elderly, due to medications); and
5. Hypoglycemia.

Year 5 (in addition to Year 4)

6. Hypocalcemia.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Cerebral vascular disease (CVA);
2. Ménière's Disease; and
3. Alcohol and other drugs.

Year 5 (in addition to Year 4)

4. Cardiac arrhythmias;
5. Multiple sclerosis; and
6. Brain tumour.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Distinguish between true vertigo and other disorders of dizziness.	Theme 1: Scientific Foundations of Medicine	1.3
2	Establish various aetiologies of dizziness including physiological, pathological, environmental and medication-induced.	Theme 1: Scientific Foundations of Medicine	1.3

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform Dix-Hallpike manoeuver and learn to interpret the finding.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform focussed neurological examination.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform Epley's manoeuvre exercise for Benign positional vertigo.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

SHORTNESS OF BREATH AND WHEEZING

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Asthma;
2. Chronic obstructive pulmonary disease (COPD);
3. Obesity;
4. Obstructive sleep apnoea
5. Angina; and
6. Congestive heart failure (CHF).

Year 5 (in addition to Year 4)

7. Childhood conditions (e.g. bronchiolitis, asthma, inhaled foreign body, GORD, obstructive sleep apnoea),

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Pulmonary oedema; and
2. Acute coronary syndrome.

Year 5 (in addition to Year 4)

3. Pulmonary embolus;
4. Pneumothorax;
5. Interstitial lung disorders including asbestosis; and
6. Metabolic acidosis.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Differentiate between cardiac and respiratory causes of dyspnoea.	Theme 1: Scientific Foundations of Medicine	1.3
2	Recognise typical radiographic findings of COPD and CHF.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Year 5 (in addition to Year 4)

1	Determine appropriate investigations according to evidence based guidelines for dyspnoea (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Recognise typical radiographic findings of pneumothorax, interstitial lung disease.	Theme 2: Patient & Doctor: Clinical Practice	2.4
3	Interpret spirometry results.	Theme 2: Patient & Doctor: Clinical Practice	2.4
4	Determine pre-test probabilities for conditions (e.g. Well's criteria, PERC rule).	Theme 2: Patient & Doctor: Clinical Practice	2.4
5	Explain use of CPAP.	Theme 1: Scientific Foundations of Medicine	1.2

SKILLS (May be encountered in another clinical placement):

Year 4

1	Develop an asthma action plan in conjunction with a patient.	Theme 2: Patient & Doctor: Clinical Practice	2.7
2	Perform oxygen saturation measurements.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Demonstrate and educate patients on the correct technique for use of a spacer and metered dose inhaler.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform office spirometry testing.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Demonstrate and educate patients on the correct technique for use of other common asthma devices.	Theme 2: Patient & Doctor: Clinical Practice	2.9

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

FEVER

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Viral upper respiratory syndromes;
2. Streptococcal pharyngitis;
3. Influenza; and
4. Otitis media.

Year 5 (in addition to Year 4)
5. Fever at the extremes of age, namely infants, the elderly; and
6. Infections acquired through overseas travel (e.g. malaria, dengue or occupational acquisition (e.g. Q fever)).

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Meningitis;
2. Sepsis; and
3. Febrile convulsion.

Year 5 (in addition to Year 4)

4. Acute rheumatic fever;
5. Fever in the immunosuppressed patient;
6. Fever with certain medications including neuroleptic malignant fever;
7. Connective tissue diseases; and
8. Malignancy.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Recognise the seriously ill child.	Theme 1: Scientific Foundations of Medicine	1.2
2	Describe a focused, cost-effective approach to diagnostic testing.	Theme 1: Scientific Foundations of Medicine	1.2
3	Propose prompt follow-up to detect treatable causes of infection that appear after the initial visit.	Theme 1: Scientific Foundations of Medicine	1.2

Year 5 (in addition to Year 4)

1	Describe the diagnostic reasoning for fever of unknown origin to ensure serious underlying diagnosis inclusion in the management plan.	Theme 1: Scientific Foundations of Medicine	1.2

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform accurate temperature measurement using different methods.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

DEPRESSION (INITIAL PRESENTATION)

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Major Depression;
2. 'Other specified depressive disorder, depressive issue with insufficient symptoms' DSM V criteria;
3. Responses to significant loss (e.g. bereavement, natural disasters, serious medical illness or disability etc.);
4. Anxiety; and
5. Postnatal depression (see also pregnancy).

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Depression with self-harm or suicide.

Year 5 (in addition to Year 4)

2. Bipolar disorder;
3. Psychosis (e.g. Schizophrenia); and
4. Personality disorder.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Discuss the many presentations of depression in primary care (e.g. fatigue, pain, vague symptoms, sleep disturbance, and overt depression).	Theme 1: Scientific Foundations of Medicine	1.2
2	Discuss the use of validated screening tools for depression.	Theme 1: Scientific Foundations of Medicine	1.2
3	Discuss the importance of, and evidence for, non-pharmacological management strategies including use of focused psychological strategies and e-mental health (e.g. CCI, Moodgym, This Way Up, Mindspot).	Theme 1: Scientific Foundations of Medicine	1.2
4	Recognise when diagnostic testing is indicated to exclude medical conditions that may mimic depression (e.g. hypothyroidism).	Theme 1: Scientific Foundations of Medicine	1.2

Year 5 (in addition to Year 4)

1	Recognise the differing presentations and barriers to communicating the diagnosis in Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse cultures (CALD).	Theme 1: Scientific Foundations of Medicine	1.2
2	Recognise the differing symptom presentation in adolescents.	Theme 1: Scientific Foundations of Medicine	1.2

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform depression screening tests such as K10 and Geriatric depression scale (GDS).	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform an assessment for the presence of suicidal ideation.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform assessments with culturally appropriate tools (e.g. Kimberley Indigenous Cognitive assessment – depression scale (KICA-Dep)).	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest)

MALE URINARY SYMPTOMS/PROSTATE

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Urinary tract infection;
2. Prostatitis;
3. Benign prostate hypertrophy; and
4. Urinary tract calculus.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Urinary retention;
2. Prostate cancer; and
3. Urinary tract malignancy.

Year 5 (in addition to Year 4)

None (as per student's own interest).

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Select/determine appropriate laboratory tests for a male patient with urinary complaints.	Theme 2: Patient & Doctor: Clinical Practice	2.5
2	Discuss the appropriate investigation to define prostate pathology via trans-rectal ultrasound.	Theme 1: Scientific Foundations of Medicine	1.3

Year 5 (in addition to Year 4)

1	Discuss the appropriate use of PSA screening.	Theme 1: Scientific Foundations of Medicine	1.3

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform a prostate examination.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)
None (as per student's own interest).

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

DEMENTIA – FIRST PRESENTATION

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Short-term memory loss;
2. Mild cognitive impairment; and
3. Alzheimer's dementia.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Depression.

Year 5 (in addition to Year 4)
2. Frontotemporal dementia;
3. Vascular dementia; and
4. Diffuse Lewy body dementia.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Differentiate between delirium and dementia.	Theme 1: Scientific Foundations of Medicine	1.1
2	Discuss simple screening tests for cognitive decline (e.g. the clock drawing test or the Mini-Mental Status Examination or GPCOG).	Theme 1: Scientific Foundations of Medicine	1.1
3	Select appropriate initial diagnostic tests for a patient presenting with memory loss, focusing on tests that identify treatable causes.	Theme 2: Patient & Doctor: Clinical Practice	2.5
4	Discuss the importance of proactively ensuring carer wellbeing.	Theme 1: Scientific Foundations of Medicine	1.1

Year 5 (in addition to Year 4)

1	Explain other culturally appropriate cognitive screening tools (e.g. Kimberley Indigenous Cognitive Assessment (KICA) for Aboriginal and Torres Strait Islander people and Rowland Universal Dementia Assessment Scale (RUDAS) as the mental state examination test for CALD).	Theme 1: Scientific Foundations of Medicine	1.1
2	Explain the Cambridge Cognitive assessment as the more advanced and comprehensive mental state examination for screening of Dementia in view of the ceiling effects of the Mini-Mental Status Examination.	Theme 1: Scientific Foundations of Medicine	1.1
3	Identify different types of dementia.	Theme 1: Scientific Foundations of Medicine	1.1

SKILLS (May be encountered in another clinical placement):

Year 4

None (as per student's own interest).

Year 5 (in addition to Year 4)

1	Perform a culturally appropriate cognitive assessment.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Demonstrate the 'Talk to Me' principles of communication with people with dementia.	Theme 2: Patient & Doctor: Clinical Practice	2.1

D. RARE DIAGNOSES (For awareness only):

None (as per student's own interest).

LEG PAIN AND/OR SWELLING

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4
1. Venous stasis and medication-related oedema;
2. Lower limb cellulitis; and
3. Peripheral vascular disease
4. Referred leg pain (e.g. nerve root pain, osteoarthritis, greater trochanteric pain syndrome, nerve entrapment syndromes e.g. peroneal, tarsal tunnel, Meralgia Paraesthetica etc.).

Year 5 (in addition to Year 4)
5. Lymphoedema;

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4
1. Deep venous thrombosis (DVT); and
2. Chronic Heart failure.

Year 5 (in addition to Year 4)
3. Peripheral neuropathy related to diabetic complications;

4. Ruptured Baker's cyst; and
5. Anterior compartment syndrome.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Determine pre-test probabilities for conditions (e.g. Well's criteria for DVT.)	Theme 1: Scientific Foundations of Medicine	1.1
2	Recognise the need for urgent versus non-urgent management for varying aetiologies of leg pain and/or swelling.	Theme 2: Patient & Doctor: Clinical Practice	2.12
3	Determine the implications of different ankle/brachial index results.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Year 5 (in addition to Year 4)

1	Determine appropriate investigations according to evidence based guidelines for leg pain (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform a lower limb arterial pulse assessment.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform portable arterial Doppler ultrasound to detect arterial stenosis and calculate ankle/brachial index.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Perform a foot assessment in a patient with diabetes, including monofilament assessment.	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Type 1 complex regional pain syndrome (Reflex sympathetic dystrophy).

EYE COMPLAINTS

A. COMMON DIAGNOSES: Students should be able to diagnose:

Year 4

1. Common eye conditions (e.g. subconjunctival haemorrhage, blepharitis, dry eyes, blocked nasolacrimal duct (children), pinguecula and pterygium, Meibomian cyst/chalazion);
2. Common causes of the red eye (e.g. Conjunctivitis (viral, bacterial and allergic), foreign body, corneal ulcer, flash burns, contact lens problems);
3. Common conditions causing sudden loss of vision (e.g. migraine, TIA (amaurosis fugax), retinal detachment); and
4. Common causes of vision loss (e.g. refractive change, cataracts, macular degeneration).

Year 5 (in addition to Year 4)

5. Serious causes of the red eye (e.g. scleritis/episcleritis, Herpes simplex keratitis, Herpes zoster ophthalmicus);
6. Serious causes of the painful eye (e.g. Uveitis/iritis, acute glaucoma);
7. Other of vision loss (e.g. chronic glaucoma, retinopathy (hypertension, diabetes), retinal artery occlusion, retinal vein occlusion);
8. Strabismus (children);
9. Trachoma; and
10. Acute dacryocystitis.

B. DIAGNOSES NOT TO BE MISSED: Students should be able to recognise signs/symptoms inconsistent with common conditions:

Year 4

1. Neonatal conjunctivitis;
2. STI conjunctivitis; and
3. Temporal arteritis.

Year 5 (in addition to Year 4)

4. Penetrating eye injury;
5. Orbital cellulitis;
6. Hyphema and hypopyon;
7. Ocular manifestations of systemic disease (e.g. diabetes, HIV, Rheumatoid arthritis, Systemic lupus erythematosus);
8. Optic neuritis; and
9. Papilloedema.

C. PRESENTATION-SPECIFIC LEARNING OBJECTIVES: Students should be able to:

KNOWLEDGE (Treatment and management):

Year 4

1	Recognise the need for urgent versus non-urgent management for varying aetiologies of the red and/or painful eye.	Theme 2: Patient & Doctor: Clinical Practice	2.12
2	Recognise the need for urgent versus non-urgent management for varying aetiologies of vision loss.	Theme 2: Patient & Doctor: Clinical Practice	2.12

Year 5 (in addition to Year 4)

1	Identify common retinal pathologies on ophthalmoscopy.	Theme 1: Scientific Foundations of Medicine	1.3

SKILLS (May be encountered in another clinical placement):

Year 4

1	Perform an eye vision examination (including pinhole) for all ages and interpret the findings.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform an Ishihara colour vision test.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Invert the eyelids and remove a foreign body.	Theme 2: Patient & Doctor: Clinical Practice	2.6
4	Administer local anaesthetic drops.	Theme 2: Patient & Doctor: Clinical Practice	2.6

5	Perform fluorescein staining.	Theme 2: Patient & Doctor: Clinical Practice	2.6

Year 5 (in addition to Year 4)

1	Perform an examination using an opthalmoscope.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Perform ocular pressure testing.	Theme 2: Patient & Doctor: Clinical Practice	2.6
3	Perform a cover test.	Theme 2: Patient & Doctor: Clinical Practice	2.6
4	Perform a slit lamp examination (especially rural setting).	Theme 2: Patient & Doctor: Clinical Practice	2.6

D. RARE DIAGNOSES (For awareness only):

1. Cavernous sinus arteriovenous fistula.

CHRONIC DISEASE

Wagner's Chronic Care Model has six fundamental areas: self-management, decision support, delivery system design, clinical information system, organisation of health care, and community. In this introductory section, most objectives centre around self-management and decision support.

A similar approach can be applied to most chronic diseases. General components of this approach include diagnosis, surveillance, treatment, and shared goal-setting. Chronic disease management involves empowering patients to engage in their own care, and working as the leader or member of a team of professionals with complementary skills such as nurses, physical therapists, nutritionists, and counselors.

Many patients have more than one chronic disease. In caring for those patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the GP to address multiple issues in stages. Students should understand, however, that a follow-up visit with a patient is different to the initial visit with a patient and also different to an acute problem visit.

Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes. Relationships with patients are rewarding.

Based on BEACH data the common conditions seen in general practice are:

1. Hypertension;
2. Depression;
3. Type 2 Diabetes mellitus;
4. Arthritis;
5. Hyperlipidaemia;
6. Oesophageal disease (covered in acute);
7. Asthma;
8. Atrial fibrillation/flutter;
9. Malignant skin condition (covered in acute);
10. Osteoporosis;
11. Hypothyroidism;
12. Back pain with radiating pain (covered in acute);
13. Ischaemic heart disease;
14. COPD;
15. Obesity (BMI>30);

16. Shoulder syndrome (excluding arthritis) (covered in acute);
17. Gout (covered in acute);
18. Chronic skin condition (covered in acute);
19. Migraine (covered in acute);
20. Heart failure;
21. Chronic back pain;
22. Schizophrenia;
23. Dementia;
24. Chronic pain;
25. Anxiety disorder (covered in acute);
26. Chronic acne (covered in acute);
27. Chronic kidney disease;
28. Vertiginous syndrome (covered in acute);
29. Back syndrome without radiating pain (covered as acute); and
30. Neck syndromes.

Students should be able to demonstrate the following skills:

1	Find and apply diagnostic criteria.	Theme 1: Scientific Foundations of Medicine	1.6
2	Find and apply surveillance strategies.	Theme 1: Scientific Foundations of Medicine	1.6
3	Elicit a focused history that includes information about adherence, self- management, and barriers to care.	Theme 2: Patient & Doctor: Clinical Practice	2.2
4	Perform a focused physical examination that includes identification of complications.	Theme 2: Patient & Doctor: Clinical Practice	2.3
5	Assess improvement or progression of the chronic disease.	Theme 2: Patient & Doctor: Clinical Practice	2.4
6	Determine appropriate investigations according to evidence based guidelines (e.g. Diagnostic imaging pathways).	Theme 2: Patient & Doctor: Clinical Practice	2.5
7	Describe major treatment modalities.	Theme 2: Patient & Doctor: Clinical Practice	2.7
8	Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.	Theme 2: Patient & Doctor: Clinical Practice	2.7
9	Communicate appropriately with other health professionals (e.g. physical therapists, nutritionists, counsellors).	Theme 4: Professional & Personal Development	4.8
10	Document a chronic care visit.	Theme 2: Patient & Doctor: Clinical Practice	2.15
11	Communicate respectfully with patients who do not fully adhere to their treatment plan.	Theme 2: Patient & Doctor: Clinical Practice	2.9
12	Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.	Theme 2: Patient & Doctor: Clinical Practice	2.9
13	Use strategies to encourage patient self-management.	Theme 2: Patient & Doctor: Clinical Practice	2.9

CHRONIC DISEASE: ADDITIONAL DISEASE-SPECIFIC LEARNING OBJECTIVES

Multiple chronic illnesses (e.g. depression, hypertension, hypothyroidism, type 2 diabetes mellitus)

1	Assess status of multiple diseases in a single visit.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	List important criteria to consider when prioritising next steps for management of patients with multiple uncontrolled chronic diseases.	Theme 2: Patient & Doctor: Clinical Practice	2.10
3	Create a clinical record of an encounter with a patient who has multiple chronic diseases.	Theme 2: Patient & Doctor: Clinical Practice	2.15
4	Prepare a chronic disease management plan for at least one chronic disease.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Hypertension

1	Perform an accurate manual blood pressure.	Theme 2: Patient & Doctor: Clinical Practice	2.6
2	Discuss the guideline strategies for an accurate diagnosis of hypertension (i.e. high initial readings, disparity between limb pressures, 'white coat' hypertension).	Theme 1: Scientific Foundations of Medicine	1.3
3	Examine and identify the signs/symptoms of end-organ disease.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Depression (previously diagnosed)

1	Assess suicide risk.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Discuss the importance of, and the evidence for, non-pharmacological management strategies including use of focused psychological strategies and e-mental health (e.g. CCI, Moodgym, This Way Up, Mindspot).	Theme 2: Patient & Doctor: Clinical Practice	2.10
3	Recognize the role of substance use/abuse in depression and the value of identifying and addressing substance use in depressed patients.	Theme 2: Patient & Doctor: Clinical Practice	2.10
4	Recognize the potential effect of depression on self-care and ability to manage complex comorbidities.	Theme 2: Patient & Doctor: Clinical Practice	2.10
5	Describe the impact of depression on a patient's ability for self-care, function in society, and management of other health problems.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Type 2 diabetes mellitus

1	Perform a diabetic foot examination including use of monofilament.	Theme 2: Patient & Doctor: Clinical Practice	2.3
2	Recognise the signs/symptoms associated with hypoglycemia or hyperglycemia.	Theme 1: Scientific Foundations of Medicine	1.3
3	Explain the implementation and be involved in the development of a comprehensive and multidisciplinary diabetic management plan.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Arthritis

1	Guide a patient in setting goals for realistic control of pain and maximized function.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Recognise acute presentations for chronic auto-immune arthritis commonly seen in general practice (e.g. Rheumatoid arthritis).	Theme 2: Patient & Doctor: Clinical Practice	2.10

Hyperlipidemia

1	Determine a patient's cholesterol goals based on current guidelines and the individual's risk factors.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Interpret lipid laboratory measurements.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Asthma/chronic obstructive pulmonary disease (COPD)

In addition to objectives outlined in cough, shortness of breath and wheeze sections:

1	Discuss the difference between asthma and COPD, including pathophysiology, clinical findings, and treatments.	Theme 1: Scientific Foundations of Medicine	1.3
2	Elicit environmental factors contributing to the disease process.	Theme 2: Patient & Doctor: Clinical Practice	2.10
3	Recognise an obstructive pattern on pulmonary function tests.	Theme 2: Patient & Doctor: Clinical Practice	2.4
4	Recognise hyperinflation on a chest radiograph.	Theme 2: Patient & Doctor: Clinical Practice	2.4
5	Discuss smoking cessation.	Theme 3: Health and Illness in Society	3.5

Atrial fibrillation/flutter

1	Identify signs and ECG evidence.	Theme 2: Patient & Doctor: Clinical Practice	2.4
2	Barriers to use of anti-coagulation in general practice.	Theme 1: Scientific Foundations of Medicine	1.1

Osteoporosis/osteopenia

1	Identify risk factors for osteoporosis for females and males.	Theme 1: Scientific Foundations of Medicine	1.1
2	Accurately interpret bone density results.	Theme 2: Patient & Doctor: Clinical Practice	2.4
3	Recommend appropriate prevention measures.	Theme 2: Patient & Doctor: Clinical Practice	2.7

Hypothyroidism

1	Discuss the issues with non-adherence to treatment.	Theme 1: Scientific Foundations of Medicine	1.3

Chronic back pain

1	Obtain a medication use history.	Theme 2: Patient & Doctor: Clinical Practice	2.2
2	Anticipate the risk of narcotic-related adverse outcomes.	Theme 1: Scientific Foundations of Medicine	1.3
3	Guide a patient in setting goals for pain control and function.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Coronary artery disease

1	Identify risk factors for coronary artery disease.	Theme 1: Scientific Foundations of Medicine	1.3
2	Use an evidence-based tool to calculate a patient's coronary artery disease risk.	Theme 1: Scientific Foundations of Medicine	1.6
3	Counsel patients on strategies to reduce their cardiovascular risks.	Theme 2: Patient & Doctor: Clinical Practice	2.1

Obesity

1	Obtain a dietary history.	Theme 2: Patient & Doctor: Clinical Practice	2.2
2	Collaborate with a patient to set a specific and appropriate weight loss goal.	Theme 3: Health and Illness in Society	3.5

Heart failure (HF)

1	List underlying causes of HF.	Theme 1: Scientific Foundations of Medicine	1.3
2	Recognise the signs/symptoms of HF.	Theme 1: Scientific Foundations of Medicine	1.3
3	Recognise signs of HF on a chest radiograph.	Theme 2: Patient & Doctor: Clinical Practice	2.4

Schizophrenia

1	Recognise the comorbidities and risk factors in patients with chronic schizophrenia.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Chronic pain

1	Describe the management strategies for chronic pain.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Describe the WHO analgesic ladder.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Anxiety

1	Describe how an anxiety disorder can compromise the ability for self-care, function in society, and coping effectively with other health problems.	Theme 2: Patient & Doctor: Clinical Practice	2.10
2	Recognise the importance of and evidence for non-pharmacological management strategies including use of focused psychological strategies and evidence based online management sites (e.g. CCI, Moodgym, This Way Up, Mindspot).	Theme 2: Patient & Doctor: Clinical Practice	2.10

Chronic kidney disease

1	Identify risk factors for chronic kidney disease (CKD).	Theme 1: Scientific Foundations of Medicine	1.3
2	Describe recommended assessment for early detection of CKD and the appropriate diagnostic evaluation tests.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Whilst not identified in BEACH data top 30 common chronic presentations, the following two areas deserve special attention. Their prevalence in the community is high, and they often coexist with other acute and chronic presentations to general practice.

Substance use, dependence, and abuse

1	Reflect on their own assumptions, beliefs, biases and emotional reactions.	Theme 4: Professional & Personal Development	4.9
2	Obtain an accurate substance use history in a manner that enhances the student-patient relationship.	Theme 2: Patient & Doctor: Clinical Practice	2.10

Interpersonal abuse and violence
This term includes intimate partner abuse, adult survivors of child abuse, sexual assault, child abuse, bullying and elder abuse. Violence is not just physical; it includes emotional, sexual, economic and social abuse. (RACGP Working with our patients in general practice (White Book)).

1	Reflect on their own assumptions, beliefs, biases and emotional reactions.	Theme 4: Professional & Personal Development	4.9
2	Describe the predisposing risk factors and early signs and symptoms.	Theme 1: Scientific Foundations of Medicine	1.3
3	Describe the approach to assessing for violence and safety within families.	Theme 1: Scientific Foundations of Medicine	1.3
4	Identify referral pathways and community resources.	Theme 2: Patient & Doctor: Clinical Practice	2.7
5	Describe mandatory reporting requirements.	Theme 4: Professional & Personal Development	4.10

PREVENTIVE CARE

There is an evidence base behind health promotion recommendations, but different organisations have different recommendations. Recommendations, such as the RACGP 'Red Book: Guidelines for preventative activities in general practice' are the most appropriate for students.

Each patient will have a unique combination of primary, secondary, and possible tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient.

Creating an individualised health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. GPs are skilled in prioritisation and must partner with patients to determine which preventive services are appropriate, important and affordable.

It should be stressed that clinical prevention can be included in every office visit. Learning to 'juggle' (i.e. prioritise or co-manage) acute, chronic, and prevention agendas is an advanced skill.

ADULT HEALTH PREVENTION CARE

KNOWLEGE

1	Define wellness as a concept that is more than 'not being sick.'	Theme 1: Scientific Foundations of Medicine	1.1
2	Define primary, secondary, and tertiary prevention.	Theme 3: Health and Illness in Society	3.5
3	Identify risks for specific illnesses that affect screening and treatment strategies.	Theme 3: Health and Illness in Society	3.5
4	Discuss an evidence-based, stepwise approach to counselling for tobacco cessation.	Theme 3: Health and Illness in Society	3.5
5	For each core health promotion condition, discuss who should be screened and methods of screening.	Theme 3: Health and Illness in Society	3.5

SKILLS

6	For women: elicit a full menstrual, gynecological, and obstetric history.	Theme 2: Patient & Doctor: Clinical Practice	2.2
7	For men: identify issues and risks related to sexual function and prostate health.	Theme 2: Patient & Doctor: Clinical Practice	2.2
8	Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (e.g. weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet).	Theme 3: Health and Illness in Society	3.5
9	Provide counselling related to health promotion and disease prevention.	Theme 3: Health and Illness in Society	3.5
10	(Find and) apply the current guidelines for adult immunisations including guidelines for Aboriginal and Torres Strait Islander people.	Theme 1: Scientific Foundations of Medicine	1.4
11	Develop a health promotion plan for a patient of any age or either gender that addresses the core health promotion conditions.	Theme 3: Health and Illness in Society	3.5
12	Provide travel health planning (e.g. vaccinations, medicines and lifestyle measures).	Theme 3: Health and Illness in Society	3.5

WELL CHILD AND ADOLESCENT HEALTH PREVENTION CARE

KNOWLEDGE

1	Describe the core components of child preventive care (e.g. health history, physical examination, immunisations, screening/diagnostic tests, and anticipatory guidance).	Theme 3: Health and Illness in Society	3.5

SKILLS

2	Identify health risks, including accidental and non-accidental injuries and abuse or neglect.	Theme 2: Patient & Doctor: Clinical Practice	2.2
3	Conduct a physical examination on a child.	Theme 2: Patient & Doctor: Clinical Practice	2.3
4	Identify developmental stages and detect deviations from anticipated growth and developmental levels.	Theme 1: Scientific Foundations of Medicine	1.3
5	Recognise normal and abnormal physical findings in the various age groups.	Theme 1: Scientific Foundations of Medicine	1.3
6	Find and apply the current guidelines for immunisations and be able to order them as indicated, including guidelines for Aboriginal and Torres Strait Islander people.	Theme 1: Scientific Foundations of Medicine	1.3
7	Find and apply protocols to ‘catch-up’ a patient with incomplete prior immunisations.	Theme 1: Scientific Foundations of Medicine	1.3
8	Perform a clinical assessment of a child to ensure that there are no contraindications to immunisation.	Theme 2: Patient & Doctor: Clinical Practice	2.2
9	Identify and perform recommended age-appropriate screenings including psychosocial screening (e.g. HEADSS) in adolescents.	Theme 3: Health and Illness in Society	3.5
10	Provide anticipatory guidelines based on developmental stage and health risks.	Theme 1: Scientific Foundations of Medicine	1.3
11	Communicate effectively with children, teens, and families.	Theme 2: Patient & Doctor: Clinical Practice	2.1

Immunisation/Vaccination

SKILLS

1	Obtain patients' or parent's consent and document consent electronically.	Theme 4: Professional & Personal Development	4.10
2	Describe the whole immunisation process including the preparation, the procedures of injection and post-procedure monitoring.	Theme 1: Scientific Foundations of Medicine	1.2
3	Discuss immunisation effectiveness, limitations and side effects/complications.	Theme 1: Scientific Foundations of Medicine	1.2

SYSTEMS-BASED PRACTICE

KNOWLEDGE

1	Describe the business processes of private general practice compared to other models (e.g. community controlled Aboriginal Health services versus hospitals).	Theme 3: Health and Illness in Society	3.6/ 3.7
2	Describe Medicare billing within general practice and the different aspects of billing (i.e. consultation billing; office testing; procedures; annual assessments; chronic disease management plans; team care arrangements etc).	Theme 3: Health and Illness in Society	3.6/ 3.7
3	Describe and use of HealthPathways WA.	Theme 3: Health and Illness in Society	3.6/ 3.7
4	Explain the role of the PBS in determining access to subsidised medications.	Theme 3: Health and Illness in Society	3.6/ 3.7
5	Describe the use of eHealth systems in general practice.	Theme 3: Health and Illness in Society	3.6/ 3.7
6	Describe the efficient use of recall systems.	Theme 3: Health and Illness in Society	3.6/ 3.7

Prescribing

KNOWLEDGE

1	Discuss possible up-titration or down-titration of medications to be consistent with clinical assessment.	Theme 1: Scientific Foundations of Medicine	1.2
2	Discuss the possible clinical need for biochemical monitoring of specific medications to maximize benefit and minimize complications.	Theme 1: Scientific Foundations of Medicine	1.2
3	Be aware of S8 drug prescription guidelines and resources to identify potential drug seekers.	Theme 1: Scientific Foundations of Medicine	1.6

SKILLS

4	Take a medication-relevant history and perform a physical examination to check effectiveness and side-effects of prescribed medications.	Theme 2: Patient & Doctor: Clinical Practice	2.2

APPENDIX A

Table 1 – Core acute presentations with common diagnoses, not to be missed diagnoses, and presentation-specific learning objectives.

Presentation	Common Diagnoses	Not to be missed diagnoses	Presentation-Specific Learning Objectives	Mandatory Skills
Upper respiratory symptoms	Infections (viral upper respiratory infection, bacterial sinusitis, streptococcal pharyngitis, otitis media, and mononucleosis) and non-infectious causes (allergic rhinitis).		• Recognise that most acute upper respiratory symptoms are caused by viruses and are not treated with antibiotics. • Determine a patient's pretest probability for streptococcal pharyngitis and make appropriate treatment decision (e.g. empiric treatment, test, or neither treat nor test). (PBLI)	
Joint pain and injury	Ankle sprains and fractures, knee ligament and meniscal injuries, shoulder dislocations and rotator cuff injuries, hip pain, Carpal Tunnel Syndrome, osteoarthritis, and overuse syndromes (e.g. Achilles' tendinitis, patella-femoral pain syndrome, subacromial bursitis/rotator cuff tendinosis).	Septic arthritis, acute compartment syndrome, acute vascular compromise associated with a fracture or a dislocation.	• Describe the difference between acute and overuse injuries. • Elicit an accurate mechanism of injury. • Perform an appropriate musculoskeletal examination. • Apply the Ottawa decision rules to determine when it is appropriate to order ankle radiographs. (PBLI)	Detect a fracture on standard radiographs and accurately describe displacement, orientation, and location (e.g. non-displaced spiral fracture of the distal fibula).
Pregnancy (initial presentation)			• Recognise that many GPs incorporate prenatal care and deliveries into their practices and studies support this practice. • Recognise common presentations of pregnancy, including positive home pregnancy test, missed/late period, and abnormal uterine bleeding. • Appreciate the wide range of responses that women and their families exhibit upon discovering a pregnancy. (PR)	

Presentation	Common Diagnoses	Not to be missed diagnoses	Presentation-Specific Learning Objectives	Mandatory Skills
Abdominal pain	Gastro-esophageal reflux disease (GORD), gastritis, gastroenteritis, irritable bowel syndrome, dyspepsia, constipation, and depression.	Appendicitis, diverticulitis, cholecystitis, inflammatory bowel disease, ectopic pregnancy, and peptic ulcer disease.	• Recognise the need for emergent versus urgent versus non-urgent management for varying aetiologies of abdominal pain.	
Common skin lesions	Actinic keratosis, seborrheic keratosis, keratoacanthoma, melanoma, squamous cell carcinoma, basal cell carcinoma, warts, and inclusion cysts.		• Describe a skin lesion using appropriate medical terminology.	
Common skin rashes	Atopic dermatitis, contact dermatitis, scabies, seborrheic dermatitis, and urticarial.		• Describe the characteristics of a rash. • Prepare a skin scraping and identify fungal elements.	
Abnormal uterine bleeding			• Elicit an accurate menstrual history • Recognise when uterine bleeding is abnormal.	
Low back pain	Muscle strain, altered mechanics including obesity, and nerve root compression.	Aneurysm rupture, acute fracture infection, spinal cord compromise, and metastatic disease.	• Describe indications for plain radiographs in patients with back pain. (PBLI)	Conduct and appropriate musculoskeletal examination that includes inspection, palpitation, range of motion, and focused neurologic assessment.
Cough	Infections (pneumonia, bronchitis, or other upper respiratory syndromes, and sinusitis) and non-infections causes (asthma, GORD, and allergic	Lung cancer, pneumonia, and tuberculosis.	• Understand how pretest probability and the likelihood of test results altering treatment can be used to guide diagnostic testing. (PBLI) • Recognise pneumonia on a chest X-ray.	

Presentation	Common Diagnoses	Not to be missed diagnoses	Presentation-Specific Learning Objectives	Mandatory Skills
Chest pain	Gastrointestinal (e.g. GORD), musculoskeletal (e.g. costochrondritis), cardiac (e.g. angina and myocardial infarction), and pulmonary (e.g. pulmonary embolism, pneumothorax).		• Describe how age and comorbidities affect the relative frequency of common aetiologies. • Apply clinical decision rules that use pretest probability to guide evaluation. (PBLI) • Recognise the indications for emergent versus urgent versus non-urgent management for varying aetiologies of chest pain.	Recognise cardiac ischemia and injury on an electrocardiogram (ECG).
Headache	Tension, migraine, and sinus pressure headaches.	Meningitis, subarachnoid hemorrhage, and temporal arteritis.	• Determine when imaging is indicated.	
Vaginal discharge			• Discuss the interpretation of wet prep and potassium hydroxide (KOH).	
Dysuria	Urethritis, bacterial cystitis, pyelonephritis, prostatitis, and vulvovaginal candidiasis.			Interpret a urinalysis.
Dizziness	Benign positional vertigo (BPV), labyrinthitis, and orthostatic dizziness.	Cerebral vascular disease (CVA), brain tumour, and Ménière's Disease.		
Shortness of breath/ wheezing	Asthma, chronic obstructive pulmonary disease (COPD), obesity, angina, and congestive heart failure (CHF).	Exacerbations of asthma or COPD, pulmonary embolus, pulmonary edema, pneumothorax, and acute coronary syndrome.		Recognise typical radiographic findings of COPD and CHF.
Fever	Viral upper respiratory syndromes, streptococcal pharyngitis, influenza, and otitis media.	Meningitis, sepsis, fever in the immune-suppressed patient.	• Describe a focused, cost-effective approach to diagnostic testing. (SBP) • Propose prompt follow-up to detect treatable causes of infection that appear after the initial visit. (SBP)	

Presentation	Common Diagnoses	Not to be missed diagnoses	Presentation-Specific Learning Objectives	Mandatory Skills
Depression (initial presentation)			• Appreciate the many presentations of depression in primary care (e.g. fatigue, pain, vague symptoms, sleep disturbance, and overt depression). • Use a validated screening tool for depression. (SBP) • Assess suicidal ideation. • Recognise when diagnostic testing is indicated to exclude medical conditions that may mimic depression (e.g. hypothyroidism). • Recognise the role of substance use/abuse in depression and the value of identifying and addressing substance use in depressed patients. • Recognise the potential effect of depression on self-care and ability to manage complex comorbidities.	
Male urinary symptoms/ prostate			• Select appropriate laboratory tests for a male patient with urinary complaints.	
Dementia			• Perform a screening test for cognitive decline (e.g. the clock drawing test or the Mini-Mental Status Examination). • Select appropriate initial diagnostic tests for a patient presenting with memory loss, focusing on tests that identify treatable causes.	
Leg swelling	Venous stasis and medication-related oedema.	Deep venous thrombosis (DVT), obstructive sleep apnea, and CHF.	• Recognise the need for urgent versus non-urgent management for varying aetiologies of leg swelling, including when a Doppler ultrasound test for DVT is indicated.	

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