

Academic Unit of General Practice

2020 Newsletter – Semester 1

DIRECTOR'S MESSAGE



Hang in there one and all – 2020 has been one hell of a ride and it isn't over yet!

Given we are living through “unprecedented time” it is amazing to me that we are all still trying to deliver on everything we always have albeit in different ways. Through a mixture of good policy, hard work, geography and luck, Australia has been doing ok compared to most of the rest of the globe but the Victorian situation is still devastating and a reminder that things can get worse quickly. I do think this second phase (even though it hasn't significantly impacted in the ACT yet) is harder. The first phase of the pandemic was scary but the adrenaline surge that accompanied helped – at least initially. In those first few weeks there was real fear but there was also a melting of bureaucratic barriers, collaboration, innovation and real momentum. For a while we saw the absolute best of the Australian “dig in and make it work” attitude. As time goes on the will is still there but I think everyone is getting weary and the constant pace of change and adaptation is harder to sustain. Now more than ever we need to collaborate, help support each other and be kind.

In my ACT Health role last week, I was tasked with overseeing the further implementation of the ACT Primary Health Care COVID Response Framework. The framework seeks to ensure effective communication and collaboration between the public health, tertiary and primary health sectors in the COVID Response. The framework has been contributed to by members from AUGP, GP Liaison, RACGP, AMA, CALMS, ACT Health Directorates CHO, Canberra Health Services as well as the Capital Health Network. The voice of general practice has been very present during the framework's development. I am grateful particularly to Drs Michelle Barrett (our recently retired GP Policy Advisor) and Anne-Marie Svoboda (Director of the GP Liaison Unit) who have both been heavily involved and have proven strong, rational advocates for GP and broader primary care. If community transmission occurs, or if COVID is detected in any of our RACFs then our current challenges with PPE, adaptation to telehealth and significant drops in income will become minor in comparison. I urge all of you to check on your individual practice COVID response plans – If your practice doesn't have one that you know of, then urge them to develop one now and share it. There are good templates to help you work through the issues of staffing, infection control, care provision into RACF and business continuity etc.

The AUGP, GP Liaison and The CHN will be working together in the next few weeks to contact all GPs in the ACT. We want to both share information about the Framework but also to collect more detailed information from each of the ACT practices to ensure we can communicate quickly and efficiently if and when we need to. Please get in touch if you have any further questions

With kind regards and best wishes for a safe remainder of 2020.

Kirsty

Prof Kirsty Douglas MBBS Dip RACOG MD FRACGP
Professor of General Practice | [Australian National University Medical School](#)
Director Academic Unit of General Practice | [ACT Health Directorate](#)

TEACHING AND LEARNING



GP supervisors in a time of Covid! You are the cure for Chronic Zoom Syndrome (CZS)!

A big thank you to all our teaching practices who have continued to take our students despite the stress and challenges of a very difficult and crazy year. Our students were out of placements for 6 weeks only which is quite amazing compared to many other medical schools in Australia. Following the lockdown and return to GP placements at the end of May until late June, I was delighted to note how keen students were and how impressed they were with the work of our GP supervisors. It seemed that the pandemic and the lockdown had created for students a new way of seeing: they were grateful just to be present with people and to be learning in whatever way they could. At our final wrap up debriefing evening, students wanted to share multiple stories of how inspiring their GP supervisors were and of how moved they were by the resilience of patients in the face of challenge and adversity. I have never seen a group of students so filled with gratitude and humility and I suspect the pandemic has put so much into perspective for all of us. The pandemic has reminded us of our common humanity and that if we are kind and caring we help as doctors just by being present.

I thought you might be interested in the rough statistics I took about our teaching practices and telehealth after the first rotation which ended late June. We were a bit worried that students might miss out on important clinical skills because of telehealth. When they started in May, about 50% of consultations in most practices were via telehealth. By the last two weeks of the placement in late June, the amount of telehealth had reduced a lot. Four students – no telehealth, 5 students - 1-2 patients per day maximum, 1 student – 4-6 patients per day, 2 students - approx. 30% per day, 2 students - greater than 50% per day. It was also interesting to note that very few of them saw video consults - it was mainly all telephone. So our fears were unfounded and they did get to examine people. I had to laugh, however, at the irony of their one and only complaint - they didn't get to see any URIs, tonsillitis or otitis media!

We have adjusted the teaching year to make space at the end of the year for students to catch up on material they missed in the 6-week lockdown period. This has meant that GP placements in semester 2 have been 5 weeks rather than 6 weeks. There will be a catch up block of 3 weeks at the end of the year before exams so the medical school can catch up on some of the clinical face to face teaching. We are hoping that all will stay well in the Canberra bubble and placements will continue for the rest of the year.

All teaching at the moment is still on Zoom. Initially Zoom was quite a novelty and we all embraced it with interest and excitement – in fact some features even worked better on Zoom. However, my experience now is that we, both teachers and students are all suffering from too much screen time. So I thought I would share with you my suggestion for a new diagnosis for the next version of DSM 6.

Chronic Zoom Syndrome (CZS) - alternate name -Zoom Overuse Over-exposure Malaise

The individual must have experienced the following two features over the last two weeks:

1. Be a full time student or teacher during a pandemic in which face to face learning is not possible
2. Spend at least 6 hours a day staring at a screen inhabited by multiple small people in a Brady Bunch formation

In addition to these features the individual must have experienced at least 5 of the following symptoms over the last two-week period:

1. Fatigue, headaches, eye strain or eye fatigue
2. Spending day after day in the same pyjamas (with a hoodie over the top of course)
3. Weight gain secondary to computer and kitchen being in close proximity
4. Poor internet connection as excuse for turning one's camera off
5. Disproportionate negative feelings towards computer and bedroom
6. Significant memory impairment secondary to lack of real visual or kinetic triggers
7. Increased distractibility- (gazing out the window to find a real universe)
8. Diurnal rhythm change- (watching pre-recorded lectures in the wee hours of the morning and sleeping till midday)
9. Gluteal weakness secondary to gluteal atrophy

For medical students there is only one cure for CZS and that is real patients and real placements. Again thank you all for being so generous and accommodating of our students during this time as they appreciate you more than ever.

Best wishes

Katrina

A/Prof Katrina Anderson

Academic Unit of General Practice, ACT Health
Australian National University Medical School
Chair, Canberra Region Medical Education Council

RESEARCH

AUGP has been researching away from the office for most of this year due to the pandemic. However, there are still multiple exciting research projects happening and being planned for 2021!

COVID-19 in General Practice



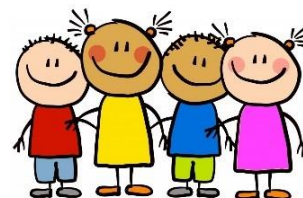
We are exploring how COVID-19 and associated public health measures are impacting general practice. The national surveys are released fortnightly and kept short and sharp, taking < 5 minutes to complete. New questions are fielded each survey to help quantify and understand unique issues such as telehealth, mental health, and relationships with respiratory clinics. Each survey also tracks several measures over time, including practice strain, numbers of COVID-19 suspected presentations, and demographic information. Short reports are available every fortnight on [our project website](#). Over the first five surveys we have consistently seen that General Practice is under strain; with staff being away (due to isolation and quarantine), challenges getting adequate PPE, patient volume fluctuations, and constantly-changing information. We would love to hear from you in our survey – please keep an eye out on [our project website](#) for our next surveys:

- Series 6: 7th August 9am – 13th August 11pm
- Series 7: 21st August 9am – 27th August 11pm
- Series 8: TBC

AUGP is able to run this survey with the support and collaboration of the Larry A. Green Center in the USA. The same survey is running in New Zealand, and similar surveys are running in the USA, Canada and the UK. We plan to compare international time series data by the end of the project. If you would like to suggest some questions to be explored in this survey, please contact Prof Kirsty Douglas at Kirsty.a.douglas@anu.edu.au.

The Kindergarten Health Check

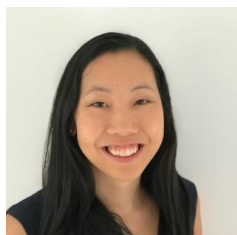
The Kindergarten Health Check team are planning an evaluation to start in late 2020 and into 2021 of the longstanding Kindergarten Health Check program. This will involve a few separate projects including a process evaluation, outcome evaluation, and an exploration of what makes this program work and what could be improved. If you are interested in contributing to interviews, please get in touch with **Dr Katelyn Barnes** at Katelyn.barnes@anu.edu.au. This year we are particularly interested in your experiences of receiving, interpreting and actioning the Adverse Childhood Experience score, which was a new measure introduced this year.



PracNet

PracNet has been on the backburner this year due to the pandemic. However, rest assured, our practice-based research network still exists! AUGP is working with the ANU on an interactive website with a members-only section to keep in touch and provide research opportunities more often. We are also working to put on a 2020 research review in October/November this year to update our practices on big projects from the year relating to COVID-19 and Bushfire impacts. If you have any suggestions of topics or ACT based research projects you would like to hear about please contact **Dr Katelyn Barnes** at Katelyn.barnes@anu.edu.au.

Expanding Digital Health Roundtable



The Expanding Digital Health Roundtable was held over Zoom on Friday July 24 as part of an ANU Crawford School Policy Greenhouse Collaboration Initiative Grant. This initiative was led by **Dr Melinda Choy**, in partnership with Good Things Foundation Australia, a social change charity which seeks to help people improve their lives through digital. The roundtable was hosted by Prof Kirsty Douglas with Jess Wilson, CEO of Good

Things Foundation Australia. The goal of the roundtable was to bring together consumers, practitioners, academics and policymakers to think through the digital health divide and the best next steps for interventions to improve it. The roundtable was well-attended, including representatives from Carers Victoria, Consumer Health Forum, Prof Chris Phillips from Deep End GPs ACT, Curtin University in WA and Flinders University in SA. Topics discussed included: How digital health has the potential to transform the health system; Vulnerable populations who experience high rates of chronic conditions, mental health, obesity and poor health behaviours are also the people who are digitally excluded; This demographic is also at risk of being further marginalised through poor access to traditional health and digital health services; How can we support vulnerable populations to access digital health? The lively discussion and recommendations are currently being written up into a report and a summary of findings will be brought to a second roundtable of policymakers in September 2020.

NEWS IN BRIEF

Navigating the challenges of parenting in 2020

Parents and carers needing fresh ideas on how to manage through COVID-19 can hear from mental health experts in a series of free webinars on '*Navigating the challenges of parenting in 2020*'.

The webinars which will provide practical and constructive ideas on how best to manage in these times is an initiative of children's charity, UNICEF Australia, and the Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN) which is part of the ANU Medical School and the AUGP. The sessions will be hosted by Nicola Palfrey, Director, and Laura Gooyers-Bourke, Project Officer at ACATLGN, and feature three expert panellists including:

- Simon Santosha, Managing Director, Men & Family Counselling & Consultancy
- Lisa Oxman, Psychologist, Adult Mental Health
- Michelle Roberts, Psychologist, Child Trauma & Disaster Recovery

For information on the webinars, or to register, go to <https://www.unicef.org.au/our-work/unicef-in-australia/navigating-parenting-challenges-webinar>

The Kindergarten Health Check



Due to COVID 19 restrictions and prioritising the duties of the school nursing workforce, Canberra Health Services cancelled the Kindergarten Health Check physical check component. However, the AUGP Kindy Check research staff have been hard at work processing and triaging the responses in the parent questionnaires and contacting parents/guardians when necessary, and are sending GPs summaries of parental concerns

about their children. So we didn't overburden GPs with paperwork, we have provided summaries only where there are significant risks associated with health, development or social wellbeing and any combination of these. We have also sent information about children who have an Adverse Childhood Experiences (ACEs) score of >3 and those with a lower ACEs with associated symptomatology. We have included the Guide to Interpretation to assist you with understanding the ACEs score and recommended management.

There are also resources for GPs via GP HealthNet, CHN and Emerging Minds at: <https://emergingminds.com.au/resources/toolkits/adverse-childhood-experiences-aces-toolkit/>. If you have questions about the Kindy Health Check this year, please contact **Karen Ciszek** RN on 5124 4949 or Karen.Ciszek@act.gov.au; or about the ACEs, please contact **Nicola Palfrey** on 5124 8726 or Nicola.Palfrey@anu.edu.au



[Adverse Childhood Experiences \(ACEs\) Toolkit - Emerging Minds](#)

This toolkit contains information, advice and practical tools for individuals and professionals who work with, or care for, children who have had adverse childhood experiences (ACEs).

emergingminds.com.au

Academic Registrar Post – AUGP 2021



The AUGP is fortunate to be hosting an Academic Registrar commencing February 2021 when **Dr Seren Ovington** will be commencing on a one-year teaching and research post.

Seren will be using qualitative methodology to research the impact of the COVID-19 pandemic on GPs. She plans to explore qualitatively not only how the COVID-19 pandemic influenced the ways GPs practiced at the time of the pandemic, but also whether the COVID-19 pandemic has had any long-lasting impacts on the ways GPs practice; on the doctor-patient relationship and on GPs themselves.

A/Prof Katrina Anderson will be Seren's co-investigator and supervisor during the academic post.

A very warm welcome to Seren!

Mel and Josh tie the knot

A very belated congratulation to **Mel Choy** and **Josh Hickson** who were married in late December 2019 at St Thomas' North Sydney. At a time of unprecedented bushfires through Australia's south-eastern state of NSW, several of Mel's close friends from AUGP/ANU made the road trip up the Federal Highway through thick smoke, fires, searing 40 degrees plus temperatures and potential road closures, to help the couple celebrate their special day.

Best wishes Mel and Josh for a wonderful life together.



STAFF RECOGNITION

Congratulations to ANUMS staff **Prof Christine Phillips, AM**; **Professor Paul Smith, AM**; and **Professor Walter Abhayaratna, OAM** who have been recognised in the 2020 Queen's Birthday Honours list:



- Professor Christine Phillips (AM) honoured as a Member of the Order of Australia for her significant service to medical education, to migrant and refugee health, and to medicine
- Professor Paul Smith (AM) honoured as a Member of the Order of Australia for his significant service to orthopaedic medicine as a surgeon, and to medical administration; and
- Professor Walter Abhayaratna (OAM) honoured with a Medal of the Order of Australia for service to medicine in the Australian Capital Territory.



Dr Michelle Barrett was awarded a Meritorious Unit Citation at the 25th commemorative anniversary of the United Nations Assistance Mission in Rwanda, Operation TAMAR. The Meritorious Unit Citation was awarded to members of the Australian Services Contingents 1 and 2 for their services in Rwanda. The 25th anniversary of the United Nations Assistance Mission in Rwanda, Operation TAMAR, was celebrated with a National Commemorative Service at the Australian Peacekeeping memorial on Anzac Parade, Canberra. Through this mission, Australian service men and women gained great respect and admiration for their compassion, professionalism and humanity.

COVID street art

Just a snippet of the Covid-19 inspired street art emerging around the globe –



Recently published articles: 2020

Looi J, Anderson K, Bonner D, Maguire P, Reay R. **Student evaluations of teaching (SET): implications for medical education in psychiatry and an approach to evaluating SET and student performance.** *Australasian Psychiatry*. Sage Journals. May 2020.

Brown J., Wearne S. (2020) **Supervision in General Practice Settings.** In: Nestel D., Reedy G., McKenna L., Gough S. (eds) *Clinical Education for the Health Professions*. Springer, Singapore.

Stone, L., Phillips, C., & Douglas, K. A. (2020). **With the best will in the world: How benevolent sexism shapes medical careers.** *Medical education*, 54(2), 94–97.

O'Brien K, Agostino J, Ciszek K, Douglas K: **Physical activity and risk of behavioural and mental health disorders in kindergarten children: Analysis of a series of cross-sectional complete enumeration (census) surveys.** *BMJ Open* 2020, 10(3).

O'Brien K, **Australian hospitalisations for Kawasaki disease, 1993–1994 to 2017–2018.** *Journal of Paediatrics and Child Health* 2020.

Ceramidas D, Sturgiss E.: **General practice - an under-used resource for patients living with obesity.** In: *VICDOC - Magazine of the Australian Medical Association Victoria Ltd Summer 2019/20*. Victoria Australia; 2020.

Hestmann Vinjerui K, Boeckxstaens P, Douglas K, Sund E: **Prevalence of multimorbidity with frailty and associations with socioeconomic position in an adult population: Findings from the cross-sectional HUNT Study in Norway.** *BMJ Open* 2020, 10.

Hestmann Vinjerui K, Bjerkeset O, Bjorngaard J, Krokstad S, Douglas K, E. S: **Socioeconomic inequalities in the prevalence of complex multimorbidity in a Norwegian population: findings from the cross-sectional HUNT Study.** *BMJ Open* 2020.

Glasgow N, Douglas K: **The GP workforce: no room for complacency.** *MJA* 2020, 212 (9).

Desborough J, Hall S, de Toca L, Davis S, Roberts L, Keaher C, Kidd, M. **Australia's National COVID-19 Primary Care Response.** *The Medical Journal of Australia* 2020.

Burns P, Douglas K, Hu W, Aitken P, Raphael B: **General practitioners in the field: 'A qualitative study of general practitioners' experiences in disaster healthcare'.** *Australian Journal of General Practice* 2020, 29(3):132-139.

Agostino J, Wong D, Paige E, Wade V, Connell C, Davey M, Peiris D, Fitzsimmons D, Burgess C, Mahoney R et al. **Cardiovascular disease risk assessment for Aboriginal and Torres Strait Islander adults aged under 35 years: a consensus statement.** *MJA* 2020, 18 May 2020. 212(9).

Fitzgerald Xavier, Herceg Ana, Douglas Kirsty, Siddiqui Nadeem (2020) **Cardiovascular disease risk assessment in an Aboriginal community-controlled health service: comparing algorithms.** *Australian Journal of Primary Health* 26, 281-286.

Martin S, Sturgiss E, Douglas K, et al. **Hidden curriculum within nutrition education in medical schools.** *BMJ Nutrition, Prevention & Health* 2020;3.

Butler D, Agostino J, Paige E, Korda R, Douglas K, Wade V, and Banks E. **Sociodemographic characteristics and cardiovascular risk factors and Aboriginal and Torres Strait Islander health checks.** *Public Health Research & Practice*. Accepted for publication by (2020).

Liesbeth Hunik, Shelly L Galvin, Tim C Olde Hartman, Elizabeth Rieger, Peter LBJ Lucassen, Kirsty Douglas, Pauline Boeckxswaens, Elizabeth Sturgiss. **Using the Working Alliance Inventory in Australian General Practice: a cross-sectional study.** *British Journal of General Practice*. Accepted for publication 5/2020.