

Supporting your registrar to ‘Study smarter, not harder’

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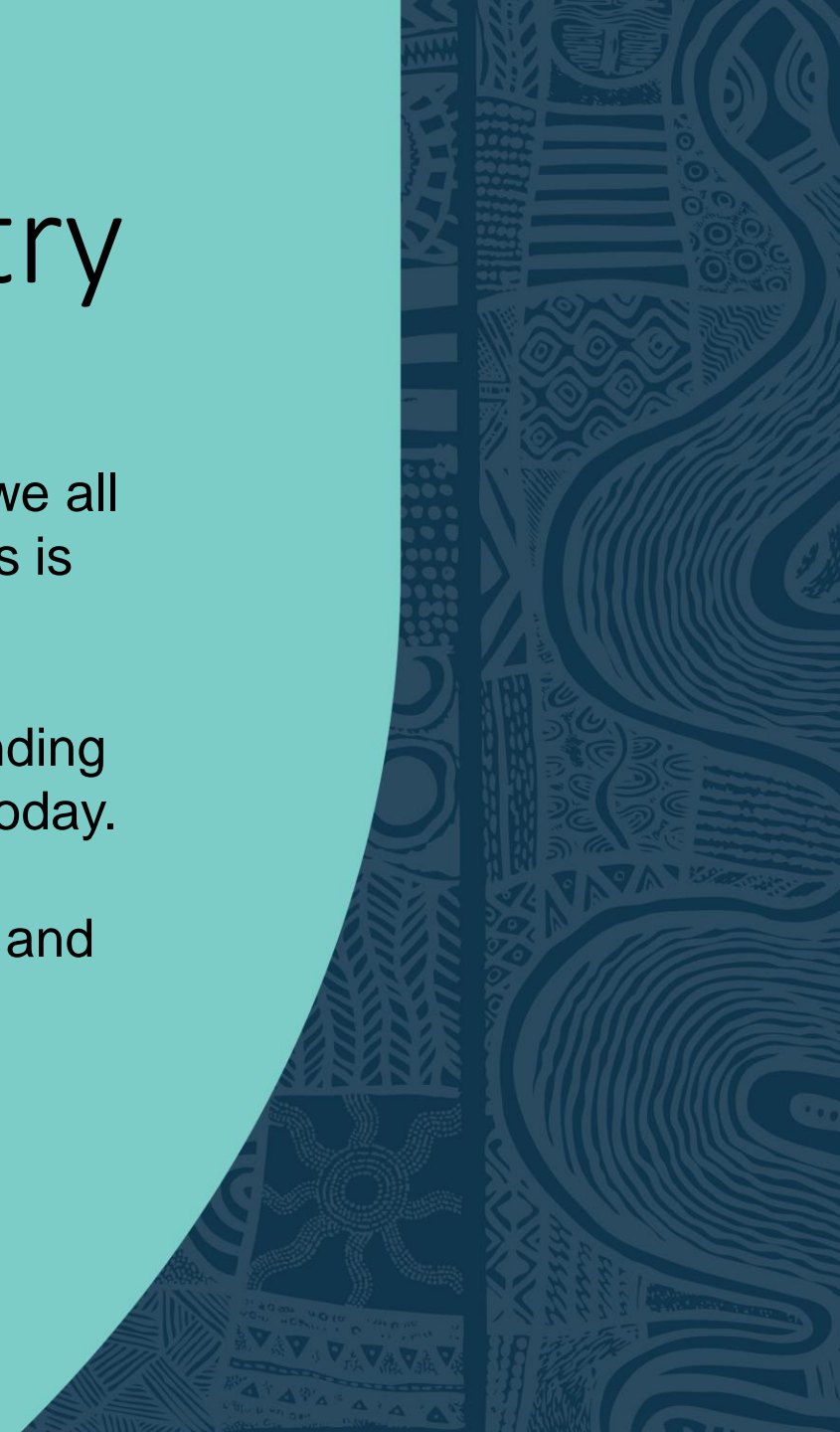
RACGP

Acknowledgement of Country

We acknowledge the traditional custodians of the land on which we all meet today. We are on Awabakal land and we acknowledge this is Aboriginal land.

We pay our respect to Elders, past, present and emerging, extending that respect to Aboriginal and Torres Strait Islander people here today.

We respectfully recognise the continuing relationship Aboriginal and Torres Strait Islander peoples have with this land.



Learning objectives

At the end of this session, participants will be able to:

1. Describe ineffective study strategies
2. Discuss evidence-based study strategies
3. Develop an effective study plan and use the 'script study technique'.



Study skills guide for GP registrars

Studying smarter, not harder

<https://gpsa.org.au/study-skills-guide-for-gp-registrars-studying-smarter-not-harder/>



How to study – *studying*
effectively

Study myths and ineffective study strategies

- ‘I think learning should be easy and effortless’
- ‘I can cram just before the exams’
- ‘Reading and re-reading the textbook is an effective approach for me’
- ‘I find highlighting the textbook in different colours a really effective way to learn’
- ‘My learning style is visual - I can only really learn through use of images’
- ‘I am a good judge of my own competence’
- ‘I will never learn this. My talent and ability are fixed’

Evidence based study strategies

Spaced Practice

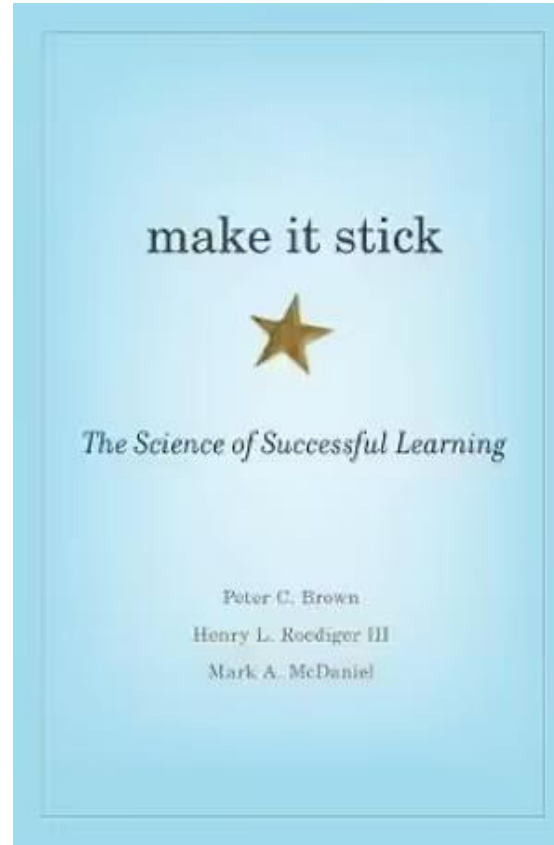
Retrieval practice

Elaborative interrogation

Dual Coding

Interleaving

Concrete examples



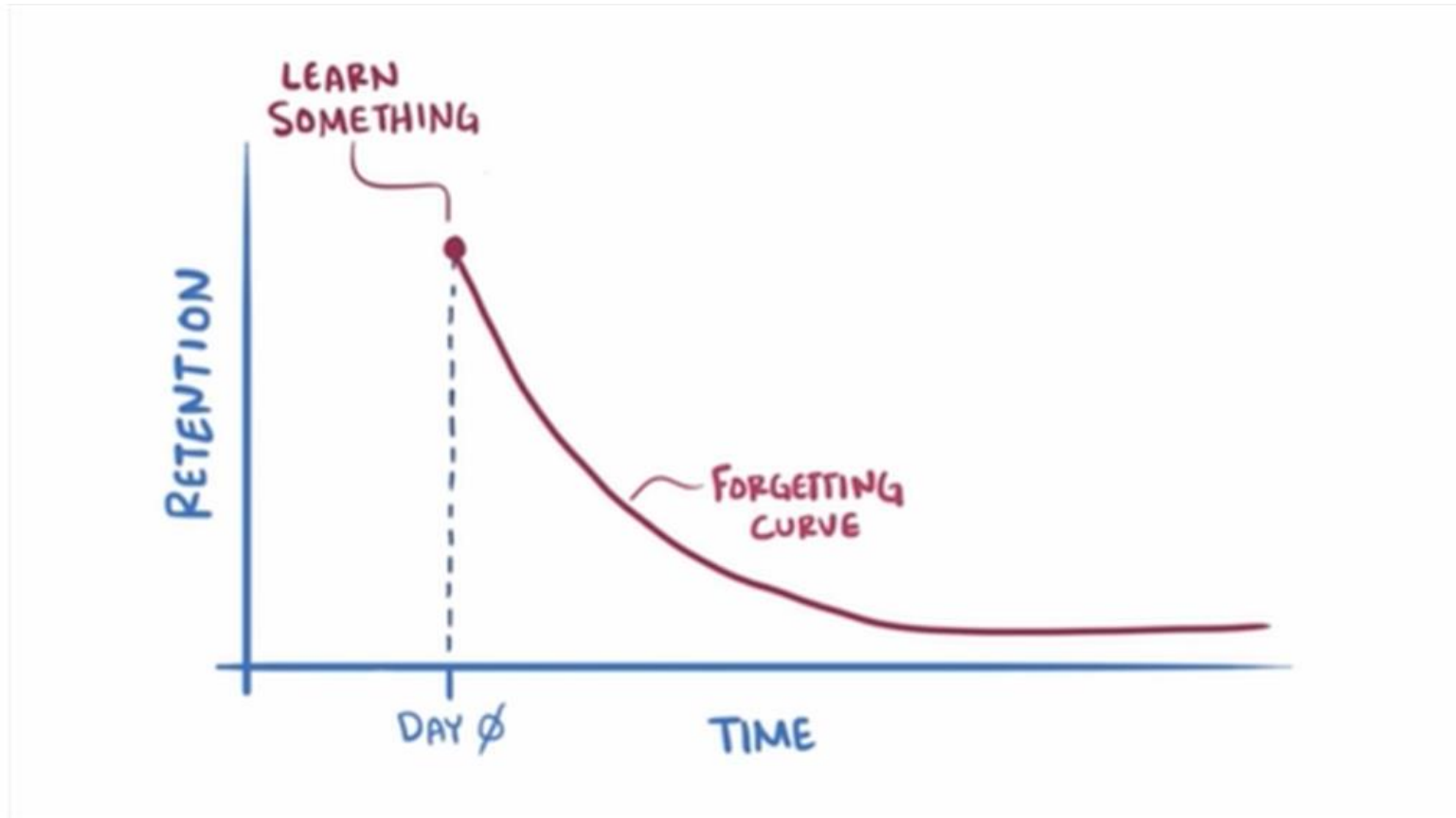
THE LEARNING SCIENTISTS

<http://www.learningscientists.org/>

Spaced Practice

- Spacing out study over time – the opposite to cramming
- Start planning early for exams and set aside a little time on most days.
- 10 hours spread over 2 weeks is better than 10 hours on one day
- You can learn more in the same amount of time and you are more likely to remember it on exam day

Ebbinghaus forgetting curve



6 Study Techniques Every Clinical Student Should Know
www.medscape.com/viewarticle/849951

Retrieval practice

- To reproduce information from memory that you have already learned - *'Bringing information to mind'*

Examples of retrieval practice include:

- Saying it out loud
- Writing everything recalled on paper
- Creating flash cards - see AnkiApp or iDoRecall
- Teaching the topic in a study group
- Doing practice questions
- Making up questions

Flash cards:

- The benefit of flash cards is not only in using them for retrieval practice but also in their development.
- Encourage registrars to create conceptual flashcards which go beyond just definitions or rote memorisation.

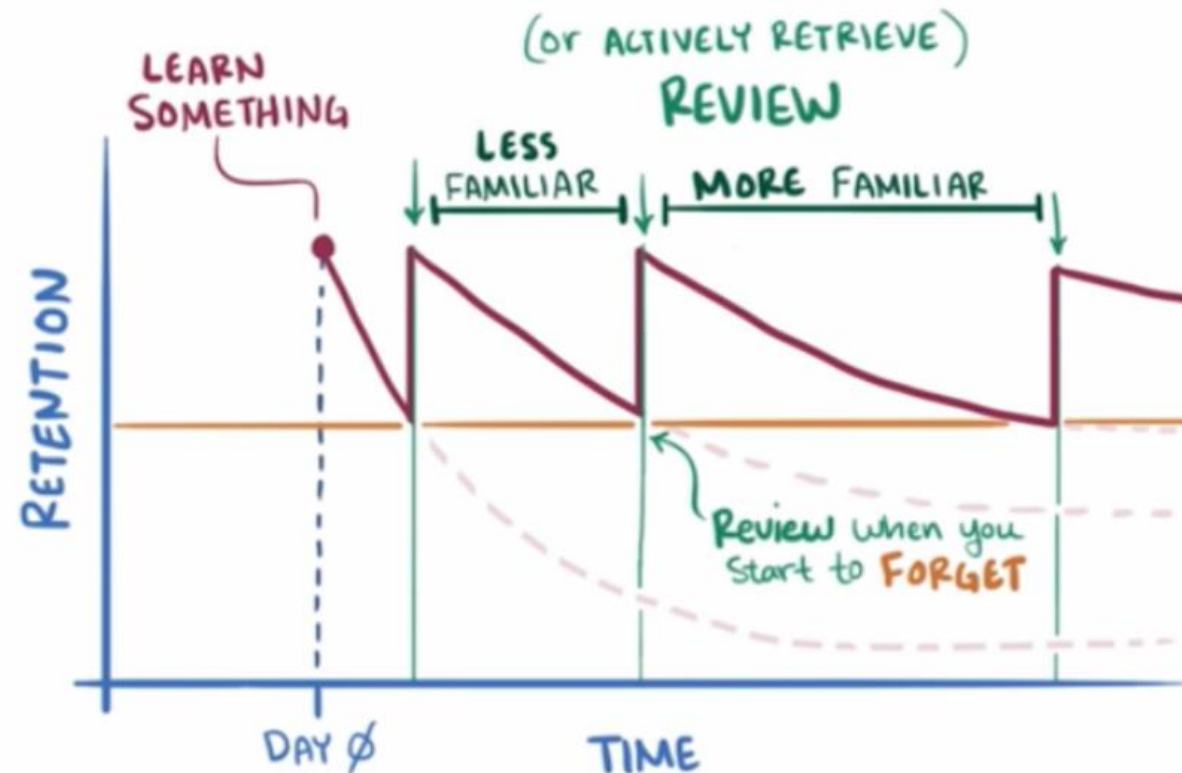
<http://www.learningscientists.org/retrieval-practice>

Retrieval practice questions

- *What is the differential diagnoses for this condition? Try to list five (5) or more*
- *What are the key features on history for this condition? Be specific*
- *What are the key examination findings for this condition? Be specific*
- *What are the key investigations for this condition? Be specific*
- *What non-pharmacological management actions are appropriate for this condition?*
- *What pharmacological management options are appropriate for this condition?*

Spaced retrieval practice

Spaced retrieval involves repeated recall of information over time and can further offset the forgetting curve

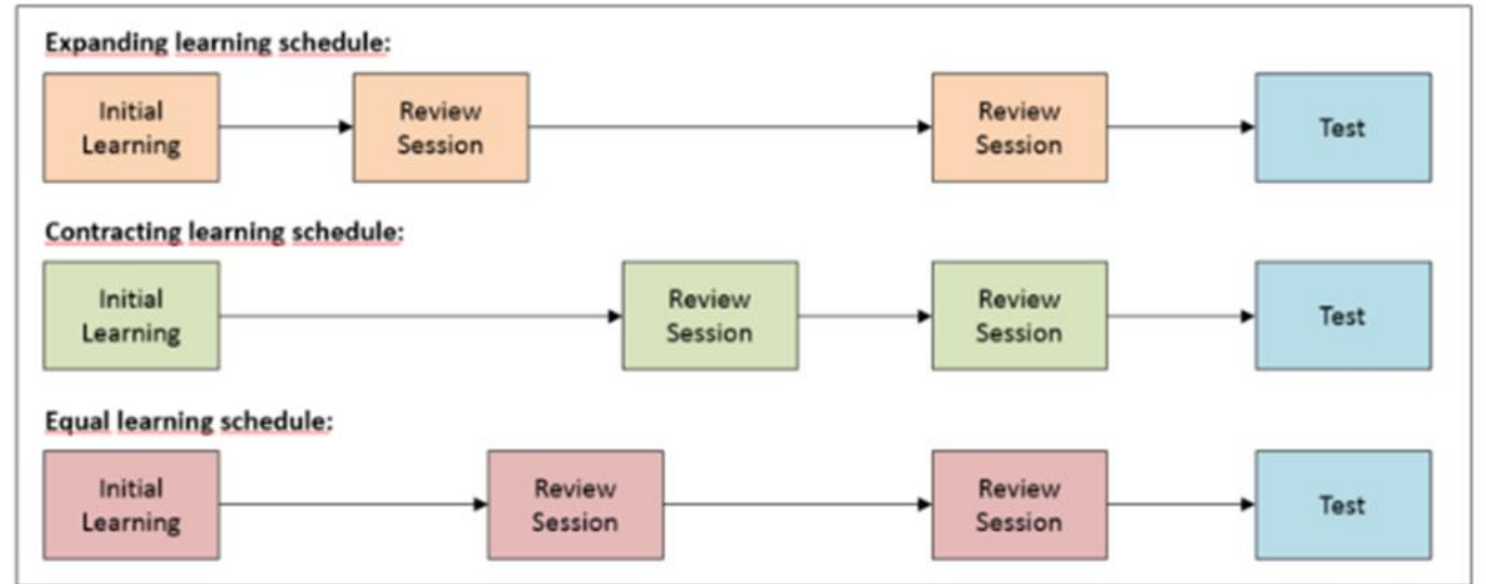


6 Study Techniques Every Clinical Student Should Know

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Spaced retrieval practice

- There are various strategies of spacing retrieval practice – these can include so-called expanding, contracting and equal schedules.
- Expanding and equal schedules have been shown to be superior to contracting schedules.



Elaborative Interrogation

- Thinking about what you are studying rather than just passive learning through reading the textbook
- Ask yourself questions such as *how* and *why* while you are studying, and then find the answers
- As you elaborate, make connections between different ideas to explain how they work together. Take two ideas and think of ways they are similar and different
- Describe how the ideas you are studying apply to your own experiences or memories. As you go through your day at the practice, make connections to the ideas

Elaborative Interrogation

During a study session, ask yourself the following questions:

- Why is this true?
 - Why does this make sense?
- Why is this true of condition A, but not condition B?

Nickson, C. (2020, Nov 3). Elaboration and Elaborative Interrogation. Retrieved from: <https://litfl.com/elaboration-and-elaborative-interrogation/>

Consider hypothetical situations in relation to different contextual factors. For example:

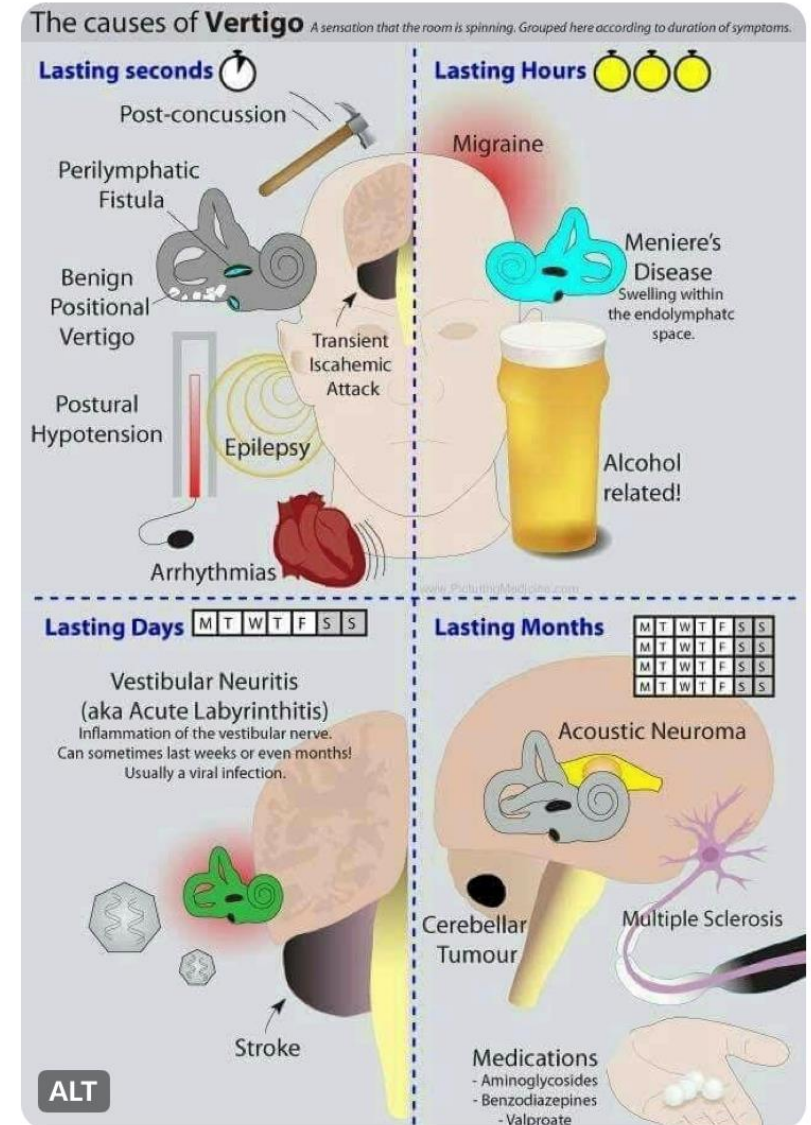
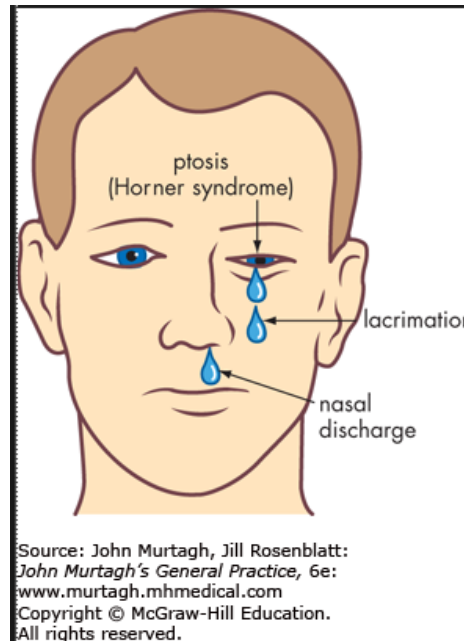
- How does this apply to the Aboriginal and/or Torres Strait Islander health context?
- How would this change in the presence of red flag features?
 - How would this be managed in the rural or remote context?
 - What if the patient were older/younger?
- What of the patient were a different gender?

Dual coding

- Combining visuals and words to improve memory and learning

Various websites, podcasts and textbooks use this technique.

- [Mindmaps](#)
- [Sketchy](#)
- [Picmonic](#)
- [ReelDx](#)
- [Celebrity diagnosis](#)
- [Manual of Medicine](#)
- [The Curbsiders podcast](#)

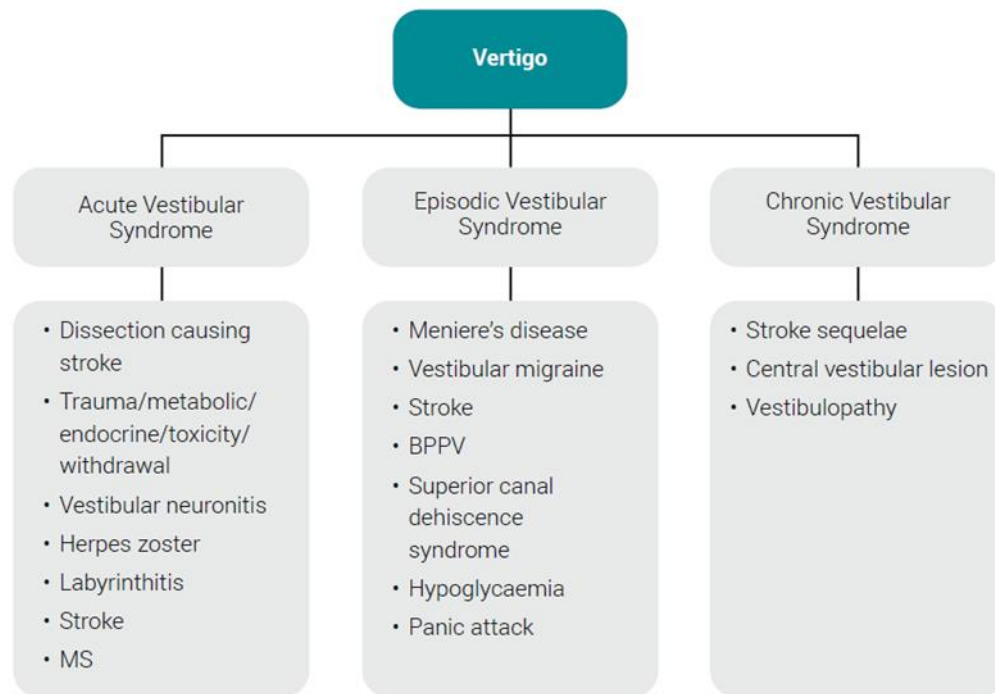


Twitter (Manual of Medicine): <https://manualofmedicine.com/>

Mind or concept maps

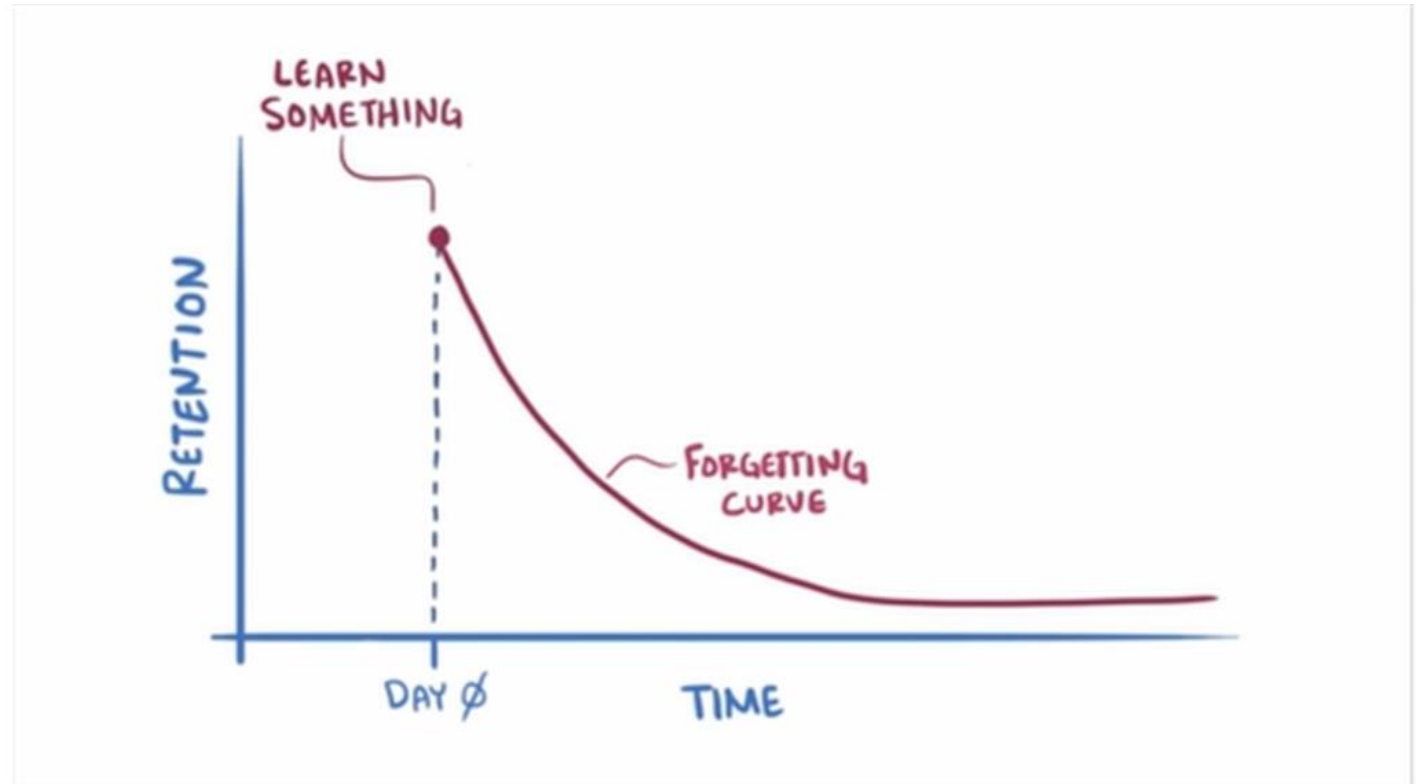
- Mind or concept maps are a great way to incorporate dual coding.

Example 2: A 'syndrome-based' framework



Retrieval mapping takes it a step further and involves learners creating concept maps from memory

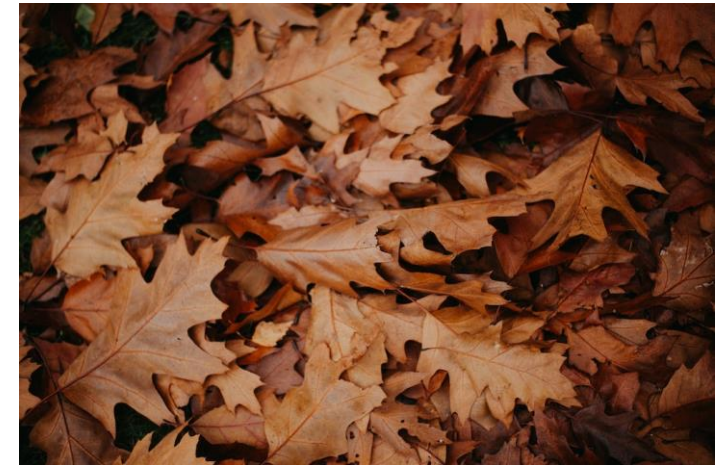
- Draw the forgetting curve
- And what is the name of the German psychologist who is associated with it?
- What is this an example of?
- And why is there a picture of Ebbinghaus?



Ebbinghaus

Interleaving

- Interleaving is the strategy of switching between concepts or ideas while the learner studies and in doing so makes links between different topics
- Interleaving vs blocked practice



Top tip:

Study initially through the 'lens' of presentations e.g. dyspnoea, rather than diagnoses e.g. COPD

Concrete examples

- Concrete examples involve linking specific ‘real-life’ examples to the idea/concept that is being studied.
- It helps learners understand complex concepts and recognise patterns. It is important that learners look for multiple examples for a given concept to ensure they understand the true underlying principle and don’t just memorise one example

Other study methods

Study methods

Mnemonics

Deliberate
practice

Metacognition

Reflection

Rehearsal

Audio
recordings

Game play

Additional study tools

Horizontal reading exercise

- This method involves registrars formulating a table based on a presenting symptom and then listing differentials and key features.
- This encourages refinement of illness scripts and development of key features for each condition.

For example:

Vertigo				
	Vestibular Neuronitis	Labyrinthitis	BPPV	Meniere's
Epidemiology				
History				
Examination				
Investigations				
Management				

Additional study tools

Script sorting exercise

- This method also involves refining key features.
- Registrars compare and contrast key features for specific conditions and apply a positive or negative value in terms of how much weight to give that feature.

For example:

	Vomiting	Tinnitus	Hearing loss	URTI symptoms
Vestibular Neuritis	++	-	0	++
Labyrinthitis	++	++	++	+
BPPV	0	-	-	0
Meniere's	+	+	++	-
Stroke	+	0	0	-

- ++ Speaking strongly for the diagnosis
- + Speaking for the diagnosis
- 0 Neutral
- Speaking against the diagnosis
- Speaking strongly against the diagnosis

Study groups

Study groups have a number of benefits, including:

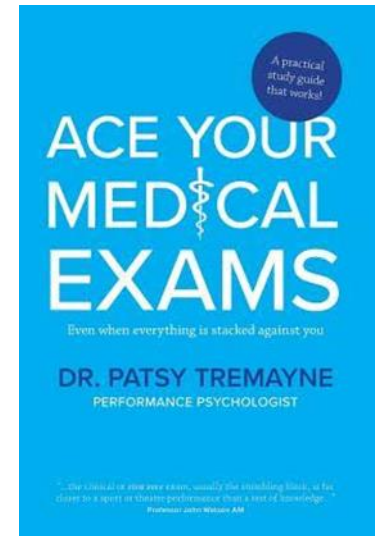
- **Calibration**
- **Teaching peers ('To teach is to learn twice')**
- **Increased exposure to different learning styles and areas of strength**
- **Accountability**
- **Case discussion**
- **Support**

Developing the study plan – *the
timetable and schedule*

Weekly study timetable

The study plan should include a weekly study timetable, which is reviewed and adapted on a regular basis.

- If you are having trouble with procrastination, you can try the Pomodoro technique
- Study for 25 minutes
- Take a short break (5min)
- Once you have done 4 cycles take a longer break (25-30min)
- 50-minute hours with 10-minute break
- Max 4hr in a block
- Prefrontal cortex is most active in the morning so aim for then



Weekly study timetable example

- Try to be realistic
- Consider where you will study
- Incorporate time for family and health/wellbeing
- Perform a weekly review and adapt the schedule as required

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
7:00 AM							
7:30 AM	Travel to work	Travel to work		Travel to work	Travel to work		
8:00 AM							
8:30 AM	Work	Work	Study time:	Work	Work	Study time:	Study time:
9:00 AM			50min study			50min study	50min study
9:30 AM			10min breaks			10min breaks	10min breaks
10:00 AM			Max 4hr			Max 4hr	Max 4hr
10:30 AM							
11:00 AM							
11:30 AM							
12:00 PM							
12:30 PM							
1:00 PM			Personal time:			Personal time:	Personal time:
1:30 PM			Exercise			Exercise	Exercise
2:00 PM			Family			Family	Family
2.30 PM			Friends			Friends	Friends
3:00 PM							
3.30 PM							
4:00 PM							
4:30 PM							
5:00 PM							
5:30 PM	Travel from work	Travel from work		Travel from work	Travel from work		
6:00 PM							
6:30 PM							
7:00 PM							
7:30 PM	Study time:	Study time:		Study time:	Study time:		
8:00 PM	40-60min	40-60min		40-60min	40-60min		
8:30 PM	spaced retrieval	spaced retrieval		spaced retrieval	spaced retrieval		

Structuring the study plan



GP Synergy exam matrix

Endocrine/Metabolic/Nutritional

Presentations

'Incidentaloma' assessment	Goitre/neck lump
Dehydration	Hyper/hypocalcaemia
Excessive appetite	Loss of appetite
Excessive thirst	Weight gain
Fatigue	Weight loss

Common conditions seen in GP

Acromegaly	Latent autoimmune diabetes in adults (LADA)
Adrenal insufficiency	Lipid disorders
Chronic fatigue syndrome	Maturity onset diabetes of the young (MODY)
Cushing syndrome	Metabolic syndrome
Diabetes insipidus	Obesity
Diabetes mellitus types 1 and 2	Osteoporosis
Gout	Paget's disease
Hyperaldosteronism	Parathyroid disease
Hyper- and Hypothyroidism	Syndrome of inappropriate ADH
Hypopituitarism	

Must not miss and other (less common) conditions

Addisonian crisis/disease	Hypoglycaemia
Congenital adrenal hyperplasia	Pheochromocytoma
Diabetic ketoacidosis	Pituitary adenoma
Hyperglycaemic hyperosmolar non-ketoacidosis	Thyroid cancer

2022 RACGP curriculum and syllabus for Australian general practice

Beach Data Study Plan Calculator

Number of weeks til exams	26	< Enter data here <Please click on red triangle for more information
Weeks unavailable	2	
Hours per week of study	16	
Total hours	384	

Topic area	Percentage (Beach)	Hours of study	Weeks of study
General	8.9	34.0	2.1
Dermatology	9.8	37.8	2.4
Respiratory	11.6	44.5	2.8
Musculoskeletal	13.9	53.3	3.3
Cardiovascular	12.5	48.0	3.0
Gastroenterology	7.0	26.8	1.7
Psychological	7.6	29.3	1.8
Endocrine Metabolic	8.2	31.5	2.0
Female genital	8.1	19.5	1.2
Neurological	3.1	12.0	0.8
ENT	2.4	9.3	0.6
Pregnancy and planning	4.4	16.8	1.0
Urology	1.8	7.0	0.4
Ophthalmology	1.2	4.8	0.3
Haematology and immune	1.4	5.5	0.3
mens	1.1	4.3	0.3
social	0.3	1.0	0.1

ICPC-2 - English	Blood, Blood Forming Organs and Immune Mechanism	Eye	F	Musculoskeletal	L
01 Medical Examination/Health Evaluation/Physical/Pre-op check	005 Lymphadenitis/enlarged/painful	001 Eye pain	F01 Eye pain	001 Neck symptoms/complaint	L01 Neck symptoms/complaint
02 Acute Injury	006 Blood symptoms/complaint	002 Red eye	F02 Red eye	002 Back symptoms/complaint	L02 Back symptoms/complaint
03 Microbiology/Immunological Test	007 Fear of side/IVY	003 Visual blurring/opacity	F03 Visual blurring/opacity	003 Head/neck symptoms/complaint	L03 Head/neck symptoms/complaint
04 Blood Test	008 Pain/pressure/blood/itch	004 Eye movement abnormal	F04 Eye movement abnormal	004 Chest symptoms/complaint	L04 Chest symptoms/complaint
05 Urine Test	009 Fear blood/urine/disease/other	005 Eye appearance abnormal	F05 Eye appearance abnormal	005 Jaw symptoms/complaint	L05 Jaw symptoms/complaint
06 Fasting Test	010 Limited function/disability	006 Field symptoms/complaint	F06 Field symptoms/complaint	006 Arm symptoms/complaint	L06 Arm symptoms/complaint
07 Haematology/Endocrinology	011 Synovial/osteoporosis/trauma/other	007 Chiasm symptoms/complaint	F07 Chiasm symptoms/complaint	007 Throat symptoms/complaint	L07 Throat symptoms/complaint
08 Other Laboratory Test/ECG	012 Lymphadenitis acute	008 Chiasm symptoms/complaint	F08 Chiasm symptoms/complaint	008 Wrist symptoms/complaint	L08 Wrist symptoms/complaint
09 Physiological Function Test	013 Lymphadenitis chronic	009 Limited function/disability (0)	F09 Limited function/disability (0)	009 Hip symptoms/complaint	L09 Hip symptoms/complaint
10 Diagnostic Endocrinology	014 Malaise/weight loss/fever/other	010 Eye infection/inflammation/other	F10 Eye infection/inflammation/other	010 Ankle symptoms/complaint	L10 Ankle symptoms/complaint
11 Diagnostic Endocrinology/Imaging	015 Repeated epistaxis/traumatic	011 Neoplasm of eye/adnexa	F11 Neoplasm of eye/adnexa	011 Muscle pain	L11 Muscle pain
12 Diagnostic Endocrinology	016 Contact dermatitis/eczema/other	012 Hereditary hemolytic anaemia	F12 Hereditary hemolytic anaemia	012 Muscle symptoms/complaint/NCS	L12 Muscle symptoms/complaint/NCS
13 Diagnostic Endocrinology	017 Contact dermatitis/eczema/other	013 Contact dermatitis/eczema/other	F13 Contact dermatitis/eczema/other	013 Fear of cancer/musculoskeletal	L13 Fear of cancer/musculoskeletal
14 Diagnostic Endocrinology	018 Contact dermatitis/eczema/other	014 Contact dermatitis/eczema/other	F14 Contact dermatitis/eczema/other	014 Fear musculoskeletal disease/other	L14 Fear musculoskeletal disease/other
15 Diagnostic Endocrinology	019 Contact dermatitis/eczema/other	015 Contact dermatitis/eczema/other	F15 Contact dermatitis/eczema/other	015 Contact dermatitis/eczema/other	L15 Contact dermatitis/eczema/other
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62 Diagnostic Endocrinology	066 Contact dermatitis/eczema/other	062 Contact dermatitis/eczema/other	F62 Contact dermatitis/eczema/other	062 Contact dermatitis/eczema/other	L62 Contact dermatitis/eczema/other
63 Diagnostic Endocrinology	067 Contact dermatitis/eczema/other	063 Contact dermatitis/eczema/other	F63 Contact dermatitis/eczema/other	063 Contact dermatitis/eczema/other	L63 Contact dermatitis/eczema/other
64 Diagnostic Endocrinology	068 Contact dermatitis/eczema/other	064 Contact dermatitis/eczema/other	F64 Contact dermatitis/eczema/other	064 Contact dermatitis/eczema/other	L64 Contact dermatitis/eczema/other
65 Diagnostic Endocrinology	069 Contact dermatitis/eczema/other	065 Contact dermatitis/eczema/other	F65 Contact dermatitis/eczema/other	065 Contact dermatitis/eczema/other	L65 Contact dermatitis/eczema/other
66 Diagnostic Endocrinology	070 Contact dermatitis/eczema/other	066 Contact dermatitis/eczema/other	F66 Contact dermatitis/eczema/other	066 Contact dermatitis/eczema/other	L66 Contact dermatitis/eczema/other
67 Diagnostic Endocrinology	071 Contact dermatitis/eczema/other	067 Contact dermatitis/eczema/other	F67 Contact dermatitis/eczema/other	067 Contact dermatitis/eczema/other	L67 Contact dermatitis/eczema/other
68 Diagnostic Endocrinology	072 Contact dermatitis/eczema/other	068 Contact dermatitis/eczema/other	F68 Contact dermatitis/eczema/other	068 Contact dermatitis/eczema/other	L68 Contact dermatitis/eczema/other
69 Diagnostic Endocrinology	073 Contact dermatitis/eczema/other	069 Contact dermatitis/eczema/other	F69 Contact dermatitis/eczema/other	069 Contact dermatitis/eczema/other	L69 Contact dermatitis/eczema/other
70 Diagnostic Endocrinology	074 Contact dermatitis/eczema/other	070 Contact dermatitis/eczema/other	F70 Contact dermatitis/eczema/other	070 Contact dermatitis/eczema/other	L70 Contact dermatitis/eczema/other
71 Diagnostic Endocrinology	075 Contact dermatitis/eczema/other	071 Contact dermatitis/eczema/other	F71 Contact dermatitis/eczema/other	071 Contact dermatitis/eczema/other	L71 Contact dermatitis/eczema/other
72 Diagnostic Endocrinology	076 Contact dermatitis/eczema/other	072 Contact dermatitis/eczema/other	F72 Contact dermatitis/eczema/other	072 Contact dermatitis/eczema/other	L72 Contact dermatitis/eczema/other
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74 Diagnostic Endocrinology	078 Contact dermatitis/eczema/other	074 Contact dermatitis/eczema/other	F74 Contact dermatitis/eczema/other	074 Contact dermatitis/eczema/other	L74 Contact dermatitis/eczema/other
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78 Diagnostic Endocrinology	082 Contact dermatitis/eczema/other	078 Contact dermatitis/eczema/other	F78 Contact dermatitis/eczema/other	078 Contact dermatitis/eczema/other	L78 Contact dermatitis/eczema/other
79 Diagnostic Endocrinology	083 Contact dermatitis/eczema/other	079 Contact dermatitis/eczema/other	F79 Contact dermatitis/eczema/other	079 Contact dermatitis/eczema/other	L79 Contact dermatitis/eczema/other
80 Diagnostic Endocrinology	084 Contact dermatitis/eczema/other	080 Contact dermatitis/eczema/other	F80 Contact dermatitis/eczema/other	080 Contact dermatitis/eczema/other	L80 Contact dermatitis/eczema/other
81 Diagnostic Endocrinology	085 Contact dermatitis/eczema/other	081 Contact dermatitis/eczema/other	F81 Contact dermatitis/eczema/other	081 Contact dermatitis/eczema/other	L81 Contact dermatitis/eczema/other
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83 Diagnostic Endocrinology	087 Contact dermatitis/eczema/other	083 Contact dermatitis/eczema/other	F83 Contact dermatitis/eczema/other	083 Contact dermatitis/eczema/other	L83 Contact dermatitis/eczema/other
84 Diagnostic Endocrinology	088 Contact dermatitis/eczema/other	084 Contact dermatitis/eczema/other	F84 Contact dermatitis/eczema/other	084 Contact dermatitis/eczema/other	L84 Contact dermatitis/eczema/other
85 Diagnostic Endocrinology	089 Contact dermatitis/eczema/other	085 Contact dermatitis/eczema/other	F85 Contact dermatitis/eczema/other	085 Contact dermatitis/eczema/other	L85 Contact dermatitis/eczema/other
86 Diagnostic Endocrinology	090 Contact dermatitis/eczema/other	086 Contact dermatitis/eczema/other	F86 Contact dermatitis/eczema/other	086 Contact dermatitis/eczema/other	L86 Contact dermatitis/eczema/other
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88 Diagnostic Endocrinology	092 Contact dermatitis/eczema/other	088 Contact dermatitis/eczema/other	F88 Contact dermatitis/eczema/other	088 Contact dermatitis/eczema/other	L88 Contact dermatitis/eczema/other
89 Diagnostic Endocrinology	093 Contact dermatitis/eczema/other	089 Contact dermatitis/eczema/other	F89 Contact dermatitis/eczema/other	089 Contact dermatitis/eczema/other	L89 Contact dermatitis/eczema/other
90 Diagnostic Endocrinology	094 Contact dermatitis/eczema/other	090 Contact dermatitis/eczema/other	F90 Contact dermatitis/eczema/other	090 Contact dermatitis/eczema/other	L90 Contact dermatitis/eczema/other
91 Diagnostic Endocrinology	095 Contact dermatitis/eczema/other	091 Contact dermatitis/eczema/other	F91 Contact dermatitis/eczema/other	091 Contact dermatitis/eczema/other	L91 Contact dermatitis/eczema/other
92 Diagnostic Endocrinology	096 Contact dermatitis/eczema/other	092 Contact dermatitis/eczema/other	F92 Contact dermatitis/eczema/other	092 Contact dermatitis/eczema/other	L92 Contact dermatitis/eczema/other
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95 Diagnostic Endocrinology	099 Contact dermatitis/eczema/other	095 Contact dermatitis/eczema/other	F95 Contact dermatitis/eczema/other	095 Contact dermatitis/eczema/other	L95 Contact dermatitis/eczema/other
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98 Diagnostic Endocrinology	102 Contact dermatitis/eczema/other	098 Contact dermatitis/eczema/other	F98 Contact dermatitis/eczema/other	098 Contact dermatitis/eczema/other	L98 Contact dermatitis/eczema/other
99 Diagnostic Endocrinology	103 Contact dermatitis/eczema/other	099 Contact dermatitis/eczema/other	F99 Contact dermatitis/eczema/other	099 Contact dermatitis/eczema/other	L99 Contact dermatitis/eczema/other
100 Diagnostic Endocrinology	104 Contact dermatitis/eczema/other	100 Contact dermatitis/eczema/other	F100 Contact dermatitis/eczema/other	100 Contact dermatitis/eczema/other	L100 Contact dermatitis/eczema/other



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Expanding spaced retrieval study schedule example

- Aim to start 6 months prior to exams
- Perform a learning needs assessment and start with the areas you feel less confident in first
- Add in practice examinations at key points to allow re-prioritisation of topic areas

Week	Topic	Spaced retrieval of topics (review each topic area at 1 week, 1 month and 3 months)
0	Practice examination	
1	Cardiovascular week 1	
2	Cardiovascular week 2	Cardiovascular week 1
3	Dermatology week 1	Cardiovascular week 2
4	Dermatology week 2	Dermatology week 1
5	Digestive week 1	Dermatology week 2, Cardiovascular week 1
6	Digestive week 2	Digestive week 1, Cardiovascular week 2
7	Ear, Nose and Throat	Digestive week 2, Dermatology week 1
8	Endocrine/Metabolic/Nutritional	Ear, Nose and Throat, Dermatology week 2
9	Eye	Endocrine/Metabolic/Nutritional
10	Female Genital	Eye, Digestive week 1, Digestive week 2
11	Haematology	Female Genital, Ear, Nose and Throat
12	Practice examination	
12	ID/Travel Medicine/Toxicology	Haematology, Endocrine/Metabolic/Nutritional
13	Male genital	ID/Travel Medicine/Toxicology, Cardiovascular week 1 , Eye
14	MSK/Ortho/Rheumatology/Sports Medicine week 1	Male genital, Cardiovascular week 2, Female Genital
15	MSK/Ortho/Rheumatology/Sports Medicine week 2	MSK/Ortho/Rheumatology/Sports Medicine week 1, Dermatology week 1, Haematology
16	Neurology/Geriatrics/Palliative Care	MSK/Ortho/Rheumatology/Sports Medicine week 2, Dermatology week 2, ID/Travel Medicine/Toxicology
17	Paediatrics week 1	Neurology/Geriatrics/Palliative Care, Digestive week 1, Male genital
18	Paediatrics week 2	Paediatrics week 1, Digestive week 2, MSK/Ortho/Rheumatology/Sports Medicine week 1
19	Genetics	Paediatrics week 2, Ear, Nose and Throat, MSK/Ortho/Rheumatology/Sports Medicine week 2
20	Pregnancy/Family planning	Genetics, Endocrine/Metabolic/Nutritional, Neurology/Geriatrics/Palliative Care
21	Mental Health week 1	Pregnancy/Family planning, Eye, Paediatrics week 1
22	Practice examination	
22	Mental Health week 2	Mental Health week 1, Female Genital, Paediatrics week 2
23	Respiratory	Mental Health week 2, Haematology, Genetics
24	Social problems	Respiratory, ID/Travel Medicine/Toxicology, Pregnancy/Family planning
25	Urological/Renal	Social problems, Male genital, Mental Health week 1
26	Review week	

The 'Script' study technique –
applying the evidence

Illness script

- *An illness script is described in the clinical reasoning literature as ‘an organised mental summary of a provider’s knowledge of a disease’. Illness scripts commonly include a disease's pathophysiology, epidemiology, time course, key feature symptoms and signs, and relevant investigations.*

Illness script

- Key features on history
- Key features on examination
- Red flags
- Key investigations
- Differential diagnosis, including probable and not-to-be-missed'

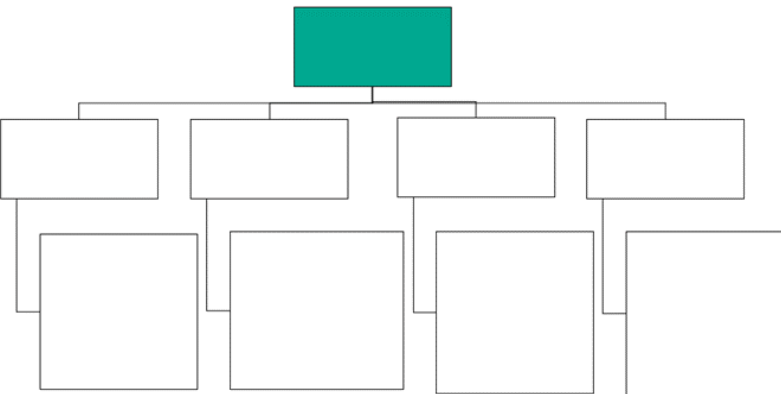
Management script

- Management scripts have been defined as *'high-level, precompiled, conceptual knowledge structures' of management options and decisions that are triggered in specific contexts*

Management script

- Further investigations – pathology, imaging, other tests
- Patient education
- Non-pharmacological treatment options
- Pharmacological treatment options
- Options for referral
- Public health issues e.g. driving and work
- Safety netting and follow-up

'Script' study technique template



Condition	
Demographics	
Murtagh's Triad/ Mnemonic	
History Key Features	
Examination Key Features	
Investigation Key Features	
Management Key Features:	<p>Management framework:</p> <ol style="list-style-type: none"> 1. Patient education: 2. Non-pharmacological: 3. Pharmacological: 4. Referral: 5. Safety net and follow-up: 6. Public safety: <p><i>Consider the RACGP or ACRRM domains of practice</i></p>
Concrete examples	Consider examples of patients you have seen with this condition
Write your own exam questions for spaced repetition +/- add them to Anki	
Reinforcing activities to check understanding and look for gaps - 'How will I know I have understood this topic?'	<ul style="list-style-type: none"> • Look for a practice Multiple Choice Question (MCQ)/Key Feature Problem (KFP) which assesses the topic • Look for a CHECK case on the condition • Discuss a real case or case study where a patient presented with the condition with a colleague or your supervisor. During the discussion, consider hypothetical situations in relation to the following different contextual factors: <ul style="list-style-type: none"> - Aboriginal and/or Torres Strait Islander health context - Presence of red flags - Rural or remote context - Differences across the age range

	<ul style="list-style-type: none"> • Roleplay a simulated patient with a colleague or supervisor • Discuss or teach the topic in your study group • Develop a concept/mind map for the topic • Check the General Practice Supervisor Association (GPSA) website to see if there is a teaching plan available you could work through with your supervisor on the condition • Check Support GPT: available in GPrime - for lesson plans with practice questions in a clinical reasoning format
References	Consider a range of resources – Australian references within the last 3-5 years are preferred

Spaced repetition tool:

What is the differential diagnosis for this condition? Try to list five (5) or more differential diagnoses.

What are the key features on history for this condition? Be specific

What are the key examination findings for this condition? Be specific

What are the key investigations for this condition? Be specific

What advice is important for this presentation?

What non-pharmacological management actions are appropriate for this condition?

What pharmacological management options are appropriate for this condition (include dose and frequency)?

How it works in practice

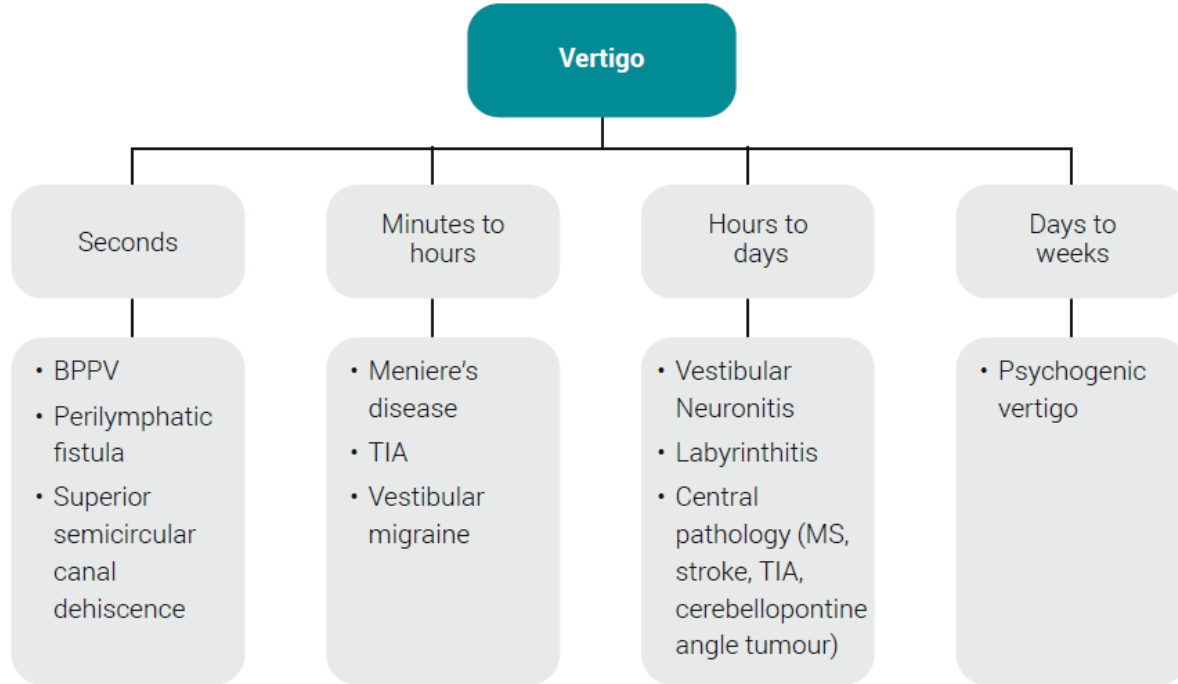
Step 1. Generate a list of common presentations for each ICPC2 category.

For example, for the neurological system:

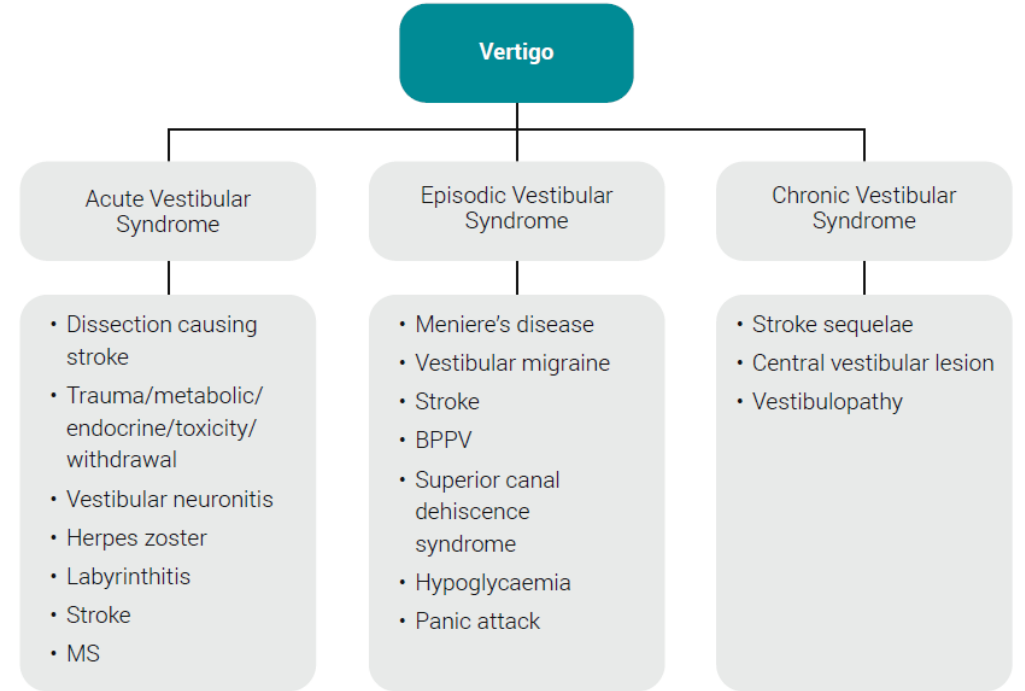
Presentations	
Headache	Abnormal involuntary movements
Dizziness	Seizure
Vertigo	Diplopia
Weakness/paralysis	Collapsed patient
Speech disorder	Tics
Gait ataxia	Pain in the face
Disturbance of smell/taste	Sensation disturbance

Step 2. Select a presentation e.g., vertigo, and, using the script template, write down as many differentials as you can generate. Use different frameworks to further refine your differential diagnoses (see example 1 and 2 below):

Example 1: A 'time-based' framework



Example 2: A 'syndrome-based' framework



Step 3. Complete the list of differential diagnoses using clinical resources, and then divide these into common and not to be missed.

Common conditions seen in general practice:

Benign paroxysmal positional vertigo	Meniere's disease
Vestibular neuronitis	Vestibular migraine
Labyrinthitis	Post head injury/trauma
Psychogenic vertigo	Medication/drugs

Must not miss and other (less common) conditions:

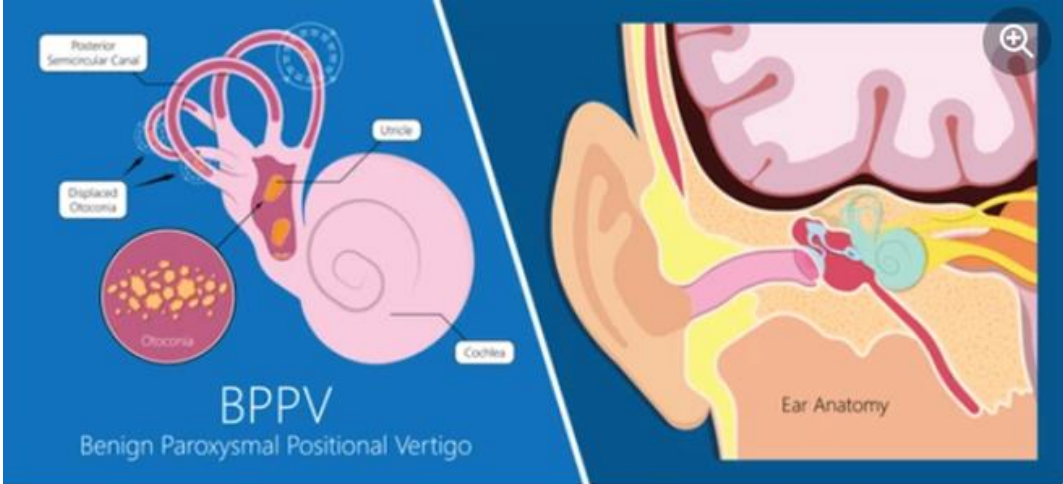
Acoustic neuroma	Vertebrobasilar insufficiency
Posterior fossa tumour	Multiple sclerosis
Intracerebral infection/abscess	Perilymphatic fistula
Brainstem TIA/stroke	Cholesteatoma erosion
Herpes zoster oticus	Otosclerosis
Superior semicircular canal dehiscence	Hypoglycaemia

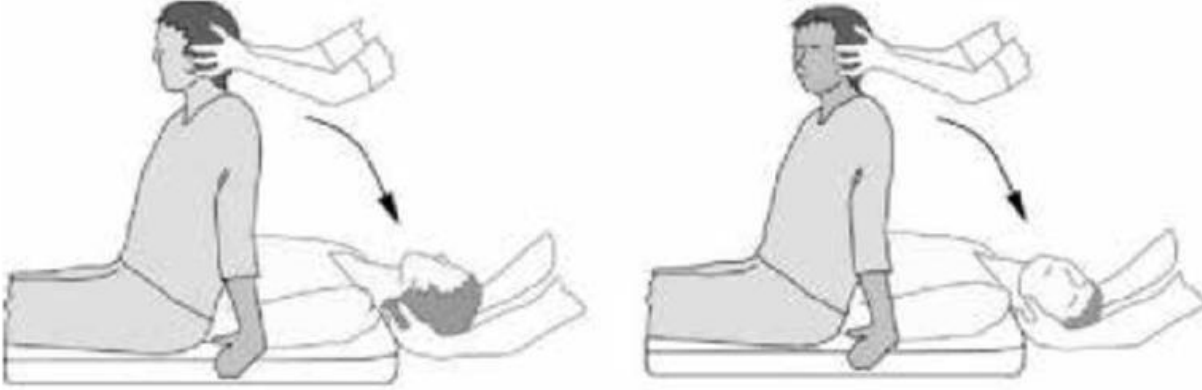
Diagnostic checklists have been developed to prompt clinicians to consider a broad differential diagnosis to reduce diagnostic error . These checklists can also be a useful tool in checking the differential diagnosis list.

Diagnostic Checklist website: <https://pie.med.utoronto.ca/DC/index.htm>

Step 4. For each condition, develop an illness and management script using the script study template.. Integrate components of effective study techniques, including images, mnemonics, questions, useful references, etc.

For example, for BPPV:

<p>Condition</p> <p><i>Consider use of an image to incorporate dual coding</i></p>	<p>Benign Paroxysmal Positional Vertigo (BPPV)</p>  <p>The image contains two diagrams. The left diagram is a cross-section of the inner ear, showing the three semicircular canals (Anterior, Posterior, and Lateral) and the Utricule. A circular inset shows a magnified view of the otoconia, which are small, calcium carbonate crystals. Labels include 'Posterior Semicircular Canal', 'Utricule', 'Displaced Otoconia', and 'Cochlea'. The text 'BPPV Benign Paroxysmal Positional Vertigo' is written at the bottom. The right diagram is a sagittal view of the ear, showing the external ear, middle ear, and inner ear. A label 'Ear Anatomy' is at the bottom. A magnifying glass icon is in the top right corner.</p>
<p>Demographics</p>	<ul style="list-style-type: none"> • Most common cause of vertigo in clinical practice • Affects all ages (especially the elderly) • Female to male (2:1)

<p>Murtagh's Triad/ Mnemonic</p>	<p><u>MNEMONIC: ("MVP") -Common Causes of Peripheral Vertigo ("MVP")</u></p> <p>M - Ménière's disease V - Vestibular neuritis and labyrinthitis P - Positional (BPPV)</p>
<p>History Key Features</p> <p><i>Try putting it in your own words, through use of key features</i></p>	<ul style="list-style-type: none"> • Recurs periodically for several days • Brief episodes of vertigo (10-60 seconds) associated with nausea and nystagmus • Episodes of vertigo triggered by rapid changes in position of the head • Symptoms can last for weeks and recur after remission • Attacks are not accompanied by vomiting, tinnitus or deafness (nausea may occur)
<p>Examination Key Features</p> <p><i>Try to utilise multiple modalities:</i></p> <p><i>Text</i></p> <p><i>Audiovisual</i></p> <p><i>Dual coding</i></p>	<p>Positive Dix Hallpike Manoeuvre (video) https://youtu.be/kEM9p4EX1jk</p> <p>Nystagmus seen in BPPV has a rotational nature</p>  <p>Dix-Hallpike maneuver</p> <p>Bashir, Khalid & Irfan, Furqan & Cameron, Peter. (2014). Management of benign paroxysmal positional vertigo (BPPV) in the emergency department. <i>Journal of Emergency Medicine, Trauma and Acute Care</i>. 2014. 3. 10.5339/jemtac.2014.3.</p>

Investigation Key Features

Remember rational test ordering and always link the specific investigation/s to the condition.

Consider also including sensitivities and specificities

Nil required (clinical diagnosis)

Management Key Features:

Generate a 'management script' for the presentation

Consider the RACGP or ACRRM domains of practice

Management framework:

1. Patient education:
 - Reassurance that BPPV is a self limiting condition
 - Symptoms recur in 20 to 30% of cases
 - Do not use prolonged medication for the symptoms of vertigo, because of the risk of neurological adverse effects
2. Non-pharmacological:
 - Epley Manoeuvre (77% success rate an initial attempt and 100% on further attempts) video: <https://youtu.be/mx1VoQtDquc>
 - Brandt daroff exercises: <http://www.dizziness-and-balance.com/disorders/bppv/brandt/first.html>
 - Modified semont manoeuvre: www.neurology.org/content/vol63/issue1/images/data/150/DC1/video1.mpg
3. Pharmacological:
 - Medications may relieve the nausea and vomiting associated with benign paroxysmal positional vertigo (BPPV), but do little for the vertigo.
 - prochlorperazine 5 to 10 mg orally, 6- to 8-hourly for up to 2 days, promethazine 25 to 50 mg orally, 8- to 12-hourly for up to 2 days (maximum daily dose 100 mg)
4. Referral:
 - Referral to physiotherapist with expertise in vestibular rehabilitation therapy
 - Referral to Neurologist
5. Safety net and follow-up:
 - Follow-up within 1 week
 - Earlier if red flag symptoms develop
6. Public safety:
 - Discuss temporary driving restrictions

Concrete examples

Consider examples of patients you have seen with this condition and try to write these up in a similar format to exam questions (i.e., the stem)

Michael Stevens a 59 year old male, attended the practice as a fit in on the day with a 2 day history of feeling dizzy. He describes a sensation that is similar to stepping off a playground merry-go-round. He was last seen by another doctor in the practice 5 months ago for a BP check which was normal. Michael has a past medical history of hypertension, hypercholesterolemia and gastroesophageal reflux disease for which he takes, perindopril 10mg orally daily, atorvastatin 10 mg orally daily and esomeprazole 20 mg orally daily.

He has no known allergies and no significant family medical history. Michael works as a boiler maker.

On examination, Temperature is 36.7 oC, blood pressure is 130/85 mmHg, heart rate is 78/min regular, respiratory rate is 14/min and body mass index is 32kg/m².

Write your own exam questions for spaced retrieval +/- add them to Anki

Examples:

- What are the key features of BPPV on history?
- What physical examination findings should be sought for a presentation of BPPV?
- Describe how to perform a Dix Hallpike Manoeuvre?
- What investigations are required for BPPV?
- What non-pharmacological management actions are appropriate for a presentation of BPPV? Describe how to perform an Epley manoeuvre
- Describe to a patient how to perform Brandt-Daroff exercises
- What pharmacological management options are appropriate for a presentation of BPPV?

<p>Reinforcing activities to check understanding and look for gaps - 'How will I know I have understood this topic?'</p> <p><i>This integrates the following techniques:</i></p> <ul style="list-style-type: none"> • Rehearsal • Reflection • Retrieval practice • Elaboration • Dual coding • Calibration • Audio recordings 	<ul style="list-style-type: none"> • Look for a practice Multiple Choice Question (MCQ)/Key Feature Problem (KFP) which assesses the topic and add them to your spaced retrieval plan • Look for a CHECK case on the condition for example: check, unit 525, Ear, nose and throat (ENT), March 2016 • Listen to a podcast on the way home from work and then review the show notes/infographic the following day for example: https://thecurbsiders.com/curbsiders-podcast/medical-education/49-vertigo-dizziness-treat-send-home-might-stroke • Discuss a real case or case study where a patient presented with the condition with a colleague or your supervisor. During the discussion, consider hypothetical situations in relation to the following different contextual factors: <ul style="list-style-type: none"> – Aboriginal and/or Torres Strait Islander health context – Presence of red flags – Rural or remote context – Differences across the age range • Roleplay a simulated patient with a colleague or supervisor • Discuss or teach the topic in your study group. • Describe and perform an examination, procedure, or treatment option. • Develop a concept/mind map for the topic • Check the General Practice Supervision Australia (GPSA) website to see if there is a teaching plan available you could work through with your supervisor on the condition
<p>References</p>	<p>Consider a range of resources – Australian references within the last 3-5 years are preferred</p> <ul style="list-style-type: none"> • Murtagh Chapter 47 5th Edition <i>Dizziness/Vertigo</i> • Curbsiders podcast: https://thecurbsiders.com/podcast/49-vertigo-dizziness-treat-send-home-might-stroke • Therapeutic guidelines: Benign Paroxysmal Positional Vertigo • http://www.racgp.org.au/afp/2016/april/an-approach-to-vertigo-in-general-practice/ • http://www.racgp.org.au/afp/200805/24170 • http://www.racgp.org.au/afp/200806/24953 • http://www.racgp.org.au/afp/2013/januaryfebruary/the-epley-manoevre/ • HealthPathways (if available in your local area)

Summary

- The whole learner
- How to study – studying effectively
- Developing the study plan – the timetable and schedule
- The ‘Script’ study technique – applying the evidence

Questions and discussion



RACGP