When should I call for help?

GP registrars are expected to seek help from their supervisor for patient’s they are not competent or confident to manage alone. In your first term of general practice your supervisor will assess whether you are ready to consult without review of every consultation. Once this occurs it will be up to you, with guidance from your supervisor, to determine when to call for help.

As each registrar has a unique training background and set of clinical experiences it isn’t possible to create a standardised list of clinical situations when help should be sought by all registrars. Instead, an individualised plan is required for each registrar. This document is intended to guide a conversation between you and your supervisor about when supervision will be needed.

The ‘call for help’ list was developed through research with registrars, experienced supervisors and medical educators. Some of the problems on the list are present because a registrar is unlikely to have encountered them before. Other problems on the list are high-risk for all GPs and even an experienced GP might seek help from a colleague. Finally, some problems are on the list because, although a registrar may have encountered them during hospital training, management in general practice is different. For example, troponin levels are routinely used for chest pain presentations in hospital but are unlikely to be used in mainstream general practice.

Items may need to be added to the list because you have identified an area where you will need help or because your practice may have a special interest or serve a particular patient demographic not covered in the list. The list doesn’t include every clinical situation when help will be needed, and you should feel free to call for any problem when you perceive you need assistance. Over time, you will work with your supervisor to know which problems need to be discussed during a consultation and which can be left to discuss at a later opportunity.

In addition to the list of specific clinical problems to trigger a call for help there is also a list of ‘uncertainty flags’, a list of ‘new and challenging consults’, and a list of ‘professional and legal scenarios’ These lists should be self-explanatory.

How to use this document

Read through and become familiar with the list of ‘uncertainty flags.’ These are broad markers of uncertainty that indicate you should seek assistance. The ‘new and challenging consults’ and ‘professional and legal scenarios’ are specific circumstances where, particularly the first time you encounter them, your supervisor is likely to want to be consulted.

The remaining items on the ‘call for help’ list are clinical problems. For each of the items on the list of clinical problems complete an assessment of your confidence to manage the problem. Bring your completed list for use in a discussion with your supervisor about when you are likely to need to call for help.

Keep the list handy during the term. Some registrars who have felt reluctant to call for help have found it reassuring to see the breadth of circumstances where help is expected to be obtained. Your supervisor may add other reasons to call that are relevant to this practice.

Uncertainty flags

* Considering sending patient to Emergency Department
* A patient you are unsure about sending home
* Third presentation for the same issue without a clear diagnosis or plan
* If you think you have made an error
* If you think there is going to be a complaint (disgruntled or dissatisfied patient or relative)
* When you are unsure who to refer to
* Abnormal Pathology or imaging results that you don’t understand
* Prescribing medications you are unfamiliar with
* ‘Heart sink’ patients: i.e. patients you are finding overwhelming
* When a patient attends asking you for a ‘second opinion’

New or challenging consultations

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

Professional or legal

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

Reference: Ingham G, Plastow K, Kippen R, White N. A 'call for help' list for Australian general practice registrars. Aust J Gen Pract. 2020;49(5):280-7.

Call for help list

Practice name

Registrar name Date of plan

Primary supervisor name Stage of training

| Clinical Problem | Your confidence to manage independently in general practice |
| --- | --- |
| Not at all | Somewhat | Very confident |
| **Emergency medicine/Acute presentations** |  |  |  |
| Acute significant systemic symptoms: collapse, rigors. |  |  |  |
| Extreme abnormalities of vital signs |  |  |  |
| Acute onset of shortness of breath |  |  |  |
| Severe abdominal pain |  |  |  |
| Chest pain |  |  |  |
| Severe headache that is new or sudden onset or associated with vision change or meningism |  |  |  |
| Concussion/post head trauma |  |  |  |
| Trauma with high risk of injury e.g. high speed or rollover MVA  |  |  |  |
| Post collapse, possible seizure |  |  |  |
| Acute eye - unilateral red, painful, vision loss, or periorbital swelling |  |  |  |
| Sudden loss of hearing not due to wax |  |  |  |
| Fracture |  |  |  |
| Nerve, tendon or serious muscular injury |  |  |  |
| Acute red swollen joint |  |  |  |
| **Possible malignancy** |  |  |  |
| New bowel symptoms in a patient over 50 years of age |  |  |  |
| Painless haematuria |  |  |  |
| Lymph node enlargement without simple explanation |  |  |  |
| Unexplained weight loss  |  |  |  |
| PR bleeding |  |  |  |
| Testicular lump |  |  |  |
| A new or enlarging lump |  |  |  |
| Iron deficiency |  |  |  |
| Skin lesions you are unsure of diagnosis and whether to excise |  |  |  |
| Breast lump |  |  |  |
| Persistent cough |  |  |  |
| **Mental health** |  |  |  |
| Acutely suicidal patient |  |  |  |
| Acute psychosis |  |  |  |
| **Paediatrics** |  |  |  |
| All neonates |  |  |  |
| 6-week baby check |  |  |  |
| Australian immunisation schedule immunisations (including catch ups) |  |  |  |
| Unwell child under 2 years of age |  |  |  |
| Failure to thrive under 12 months of age |  |  |  |
| Developmental delay |  |  |  |
| Child and adolescent mental health consultations |  |  |  |
| Child abuse or unexplained injury  |  |  |  |
| Eating disorder |  |  |  |
| **Women’s health** |  |  |  |
| Antenatal consultations |  |  |  |
| Irregular vaginal bleeding |  |  |  |
| Post-menopausal bleeding |  |  |  |
| Postnatal depression |  |  |  |
| Cervical screening |  |  |  |
| **Aged and palliative care** |  |  |  |
| Dementia or delirium (acute cognitive decline) |  |  |  |
| Deciding whether to start or stop anticoagulation in elderly |  |  |  |
| Palliative care |  |  |  |
| Elderly patient not coping at home |  |  |  |
| Elderly patient with multi-morbidity recently discharged from hospital |  |  |  |
| **General medicine** |  |  |  |
| Poorly controlled diabetes |  |  |  |
| Pyrexia of unknown origin |  |  |  |
| New neurological symptoms or signs |  |  |  |
| Severe exacerbation of asthma or COPD |  |  |  |
| Rash you are unfamiliar with |  |  |  |
| Domestic (intimate partner) violence |  |  |  |
| **Dependence/Addiction/Pain management** |  |  |  |
| Chronic pain management |  |  |  |
| Managing alcohol/drug dependence |  |  |  |
| **Sexual health** |  |  |  |
| Patient requesting STI screen |  |  |  |
| Travel Medicine |  |  |  |
| Pre-travel consultations |  |  |  |
| Unwell returned travellers or international visitors |  |  |  |
| **Other problems relevant to this practice or to my own clinical weaknesses that I may need help with** |  |  |  |
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