

Practitioner CPD exercise

This Adobe fillable PDF form captures your answers and reflections to save in your digital personal development plan

Show impact

- Collection of data
- Practice audit to show improved care
- Case studies
- Implement a protocol
- Prescribing review
- Educational meetings
- Significant event audit
- Practice meeting
- Implement a new service
- Take on new role
- Significant event audits
- Change with feedback from patients and/or colleagues

Further options for sessional GPs

- Self audit of own practice:
 - Record-keeping
 - Referrals for investigations
 - Prospective condition based reviews
 - Random case analysis with colleagues
 - Review of telephone triage outcomes
- Update drugs in emergency bag

CPD Framework

Online all articles are associated with CPD prompts/frameworks to written reflection:

Adobe fillable PDFs

- Article review framework
- Case review framework
- Audit framework

Word documents

- Reflection on a journal article
- Stages of reflection on a situation
- Team reflection

CHRONIC PANCREATITIS

1 Which of the statements are true?

A Smoking is an independent risk factor for chronic pancreatitis

True ☐ False ☐

B A diagnosis of chronic pancreatitis is usually confirmed by biopsy

True ☐ False ☐

C Screening for diabetes should include HbA_{1c} and a fasting glucose measurement

True ☐ False ☐

D Pancreatic enzymes may be normal or only mildly elevated

True ☐ False ☐

E Most patients who are dependent on alcohol will develop chronic pancreatitis

True ☐ False ☐

2 List three potential complications of pancreatic pseudocysts.

3A List two investigations that should be carried out during an annual review in primary care.

3B Give three examples of lifestyle advice to reduce progression of the condition.

4 List any changes to your clinical practice that you may make having read this article.

COLORECTAL CANCER

5 Which of the statements are true?

A High normal platelet counts in men are associated with a higher risk of colorectal cancer

True ☐ False ☐

B Patients presenting with symptoms that could be caused by colorectal cancer may recently have had a normal faecal immunochemical test (FIT)

True ☐ False ☐

C Patients with a positive FIT result during bowel screening will be invited for flexible sigmoidoscopy

True ☐ False ☐

D Type 2 diabetes and inflammatory bowel disease both increase the risk of colorectal cancer

True ☐ False ☐

E A diet low in fibre is a key risk factor for colorectal cancer

True ☐ False ☐

6A List three common presenting symptoms of colorectal cancer.

6B List three less obvious presentations.

7 Following sphincter preserving surgery for rectal cancer patients may develop low anterior resection syndrome. List four common symptoms.

Impact credits =

Impact credits =

8 List any changes to your clinical practice that you may make having read this article.

HYPEREMESIS GRAVIDARUM

9 Which of the statements are true?

A Hyperemesis gravidarum is a diagnosis of exclusion
True ☐ False ☐

B A history of hyperemesis gravidarum in a previous pregnancy is the strongest independent risk factor
True ☐ False ☐

C Hyperemesis gravidarum is a recognised risk factor for VTE
True ☐ False ☐

D Onset of symptoms generally occurs after 10 weeks' gestation
True ☐ False ☐

E Acute kidney injury is a potential serious complication of hyperemesis gravidarum
True ☐ False ☐

10 Complete the statement.

A non-urgent referral to an

should be made for all women with hyperemesis gravidarum to rule out a

or

pregnancy and confirm

Women who have persistent symptoms into the

trimester of pregnancy should have

antenatal care and serial fetal

11 List three situations where urgent referral to secondary care is warranted.

12 List any changes to your clinical practice that you may make having read this article.

Answers

HYPEREMESIS GRAVIDARUM
9 **A** True **B** True **C** True **D** False (between the 4th and 7th week) **E** True
10 early pregnancy unit; molar; multiple; viability; second; consultant-led; growth ultrasound
11 Persistent symptoms despite oral antiemetic treatment; weight loss < 5% of prepregnancy weight; medical comorbidities needing oral treatment and/or any clinical concerns needing specialist input

COLORRECTAL CANCER
5 **A** True **B** True **C** False (colonoscopy) **D** True **E** True
6 **A** Unexplained weight loss; tiredness for no reason; iron deficiency anaemia detected on blood testing
7 Increased bowel opening; urgency; incontinence; the feeling of incomplete emptying; fragmentation of bowel opening (small amounts little and often); difficulty in differentiating between gas and stool

CHRONIC PANCREATITIS
1 **A** True **B** False **C** True **D** True **E** False (10%)
2 Pain; bleeding; rupture; infection; obstruction
3 **A** Blood tests to assess liver function and markers of malnutrition; DEXA scans
3 **B** Abstinence from alcohol; quitting smoking; weight-bearing exercise to reduce the risk of osteoporosis