

Professional development plan and cycle

Development goals	
1.	I wish to improve my understanding of gout management particularly how to respond appropriately to issues with equity
2.	Drug interactions involving QT interval prolongation

My development goal			
1. I wish to improve my understanding of gout management particularly how to respond appropriately to issues with equity			
How have I identified this area / why is it important (Optional)			
I have identified this area to learn more about, as I have come people with gout that is managed in different ways. I would like to work out how I can contribute to helping with this issue in my practice.			
Actions I will take	Resources / support	Timescales	Feedback / comments on progress
<p>What will I do to develop the behaviour, attitude, knowledge or skill?</p> <p>Consider workplace learning, what coaching might be valuable as well as courses or study</p>	<p>What resources will I need to do this?</p> <p>(\$, time, access to other people)</p>	<p>When do I want to have this done by?</p>	<p>What progress have I made?</p> <p>You may wish to date these and include any examples from your practice or a reflection on your learning</p>
<p>Reading and reviewing journal articles which reference NZ equity issues around gout management.</p> <p>Discuss with colleagues.</p> <p>Thinking about why different patients are managed differently, and how I can ascertain patient views.</p> <p>Further knowledge regarding equity in NZ.</p>	<p>Time for review and conversations.</p> <p>DHB – engaging effectively with Maori webinar.</p> <p>PHARMAC – Achieving medicines access equity.</p> <p>NZ literature.</p>	<p>3 months</p>	<p>Progress culminated in Choosing Wisely recommendations.</p> <p>Question repeated prescription or OTC supply of a NSAID, colchicine and/or prednisone for the acute treatment of gout. Rather, ensure gout patients are managed appropriately with a urate lowering agent (eg, allopurinol or febuxostat).</p> <p>Identified and read a number of journal articles</p>

- | | | | |
|--|--|--|---|
| | | | <ol style="list-style-type: none"> 1. Jackson et al. NZMJ 2014;127(1404):37-47 2. Dalbeth et al. NZMJ 2018;131(1485):8-12 3. HQSC 2019. Atlas of Healthcare Variation:Gout. (accessed 12/10/19) 4. Dalbeth et al. Lancet 2016;388(10055):2039-52. 5. Richette et al. Ann Rheum Dis 2019;0:1-8 6. Perez-Ruiz et al. Ann Rheum Dis. 2014 Jan; 73(1):177-82 7. Vargas-Santos et al. Arthritis & Rheumatology 2019;71(11):1935-42 8. Dalbeth et al. NZMJ 2016;129(1429) 9. Richette et al. Ann Rheum Dis 2016;0:1-14 |
|--|--|--|---|

Reflection

It was useful to tie this in with the Choosing Wisely recommendation, as this made me look at the issue from a wider viewpoint. The process was a good one to be a part of, as the peer discussion to narrow down the issue, then the peer review of the content was positive.

Regarding equity – there is a very real difference in gout outcomes between Maori and non-Maori, even when different models of care have been trialled, highlighting the importance of ensuring that focus remains on this issue. In my own practice, I am working hard to watch language, not to make assumptions regarding the acceptance of treatment, and to offer treatment and monitoring in an equitable way. Framing of gout as a chronic condition, without the focus on diet and lifestyle is also something that I incorporate into my conversations with people.

Offer treatment and monitoring in an equitable way

- do not assume that a person can or cannot pay for medication
- a number of patients live remotely and are dependent on the time and cost of a barge for access to mainland – this means that access is really important and providing medicines for continuation of treatment might be more important
- discuss and include the use of Rongoa by patients – inclusively with a focus on reducing harm, rather than limiting options
- listen to and acknowledge health beliefs
- consider importance of food and sharing and how that might impact on gout

- consider and explain that gout is not just something that is suffered as a consequence of lifestyle choices, and may have negative effects in the long term
- ensure that we do not worsen equity issues by avoiding safe treatments and using less safe ones (NSAIDs) by default

Case example

During a session for Kaumatua on a local Marae, our discussion landed on incidence of diabetes and cardiovascular disease and gout, and how this was greater for Māori. One of the participants told me that this was a racist view. The discussion following incorporated health risks, the risk factors that we can change, and those that we cannot. We were able to find and discuss conditions that are more prevalent for other ethnicities, and how we might treat different groups differently. It was a useful exercise for myself, as it made me consider how my view can feel like blame to another.

It was also an opportunity to explain that as healthcare providers we need to work hard to ensure that if a group of people are more at risk for a poor outcome, that we ensure that interventions to help reduce that risk are not only offered, but understood, so that the benefits can be more widely shared.

My development goal			
2. I need to improve my recognition and management of clinically relevant drug interactions involving QT interval prolongation			
How have I identified this area / why is it important (Optional)			
I often come across this drug interaction when I am doing medication reviews and it is difficult to find good advice and guidance about the clinical significance and what to advise doctors. I answered a medicines information query about it and decided I needed to do more work on it to understand it better so I can both make sound prescribing decisions myself and provide good clinical advice to other prescribers, underpinned by evidence.			
Actions I will take	Resources / support	Timescales	Feedback / comments on progress
What will I do to develop the behaviour, attitude, knowledge or skill? Consider workplace learning, what coaching might be valuable as well as courses or study	What resources will I need to do this? (\$, time, access to other people)	When do I want to have this done by?	What progress have I made? You may wish to date these and include any examples from your practice or a reflection on your learning
1. Publish Choose this subject for when it is my turn to write the next NZ Doctor article that our group of four are producing monthly. Give myself a deadline, also gives accountability and peer review.	Time Knowledge and understanding of the subject. Peer feedback before publishing.	Give myself 4 to 6 weeks to research and write it.	Article attached. Used information from the article and from my background research to answer a query from a GP on QT drug interactions, helped a colleague with a medication review where she identified drug interactions where QT prolongation was identified.
1a. Literature search Consider issues such as underlying mechanism – how exactly does prolonging the QT interval lead to torsade de pointes and ventricular arrhythmia? Baseline population incidence? Mortality? Risk factors? Quantifying risks for medicines – how much do they increase QT interval by? Different risks between meds in the same class, eg SSRIs, SNRIs.	Access to journals and clinical databases (electronic access to hospital library and online journals).	Need at least two weeks to write the article so need to have the literature search and research completed no later than two weeks before it is due.	Found some good review articles that were recent, reputable sources and relevant. QT drugs.com is good but broad rather than specific so also need something that is more drug-specific rather than class-specific.

<p>1b. Write article Use a case study format Give to colleagues to get feedback prior to submission</p>		<p>4-5 days before deadline to give peers time to feed back.</p>	<p>Feedback was really useful and timely.</p>
<p>2. Present summary of information to work colleagues Will do this at monthly staff meeting</p>		<p>Schedule for next monthly staff meeting after publication date.</p>	
<p>3. Reflection</p> <p>It was good to have a deadline because it made me finish it, although it took longer than I thought it would so I felt it was a bit too rushed. Rather than printing all the references and articles out and highlighting the information I wanted to use which is what I usually do, I tried a different system and did it all electronically which took a lot longer than I anticipated and meant I spent too much time on the process at the expense of content. There was a strict word limit which also reduced the amount of detail I prefer to include, but it made me consider what the most important messages were. I have a tendency to read around the topic too long, trying to get definitive information but I need to set some realistic boundaries next time and follow a more structured timeline. Also need to find a more efficient system than printing out hard copies of all the references and articles.</p>			