Upper respiratory tract infection (URTI) is the most common problem managed by GP registrars. Antibiotic resistance is a major public health threat and current evidence-based guidelines do not recommend the use of antibiotics for simple URTIs and sore throat. However, Australian GPs issued over 2 million antibiotic prescriptions for URTI in 2011 (with antibiotics being prescribed in 32% of URTI presentations). Supervisors can play a key role in reducing unnecessary antibiotic prescription by appropriate supervision and role modelling.

**Upper Respiratory Tract Infection (URTI) and Sore Throat**

**TEACHING AND LEARNING AREAS**
- Syndromic approach to URTI and sore throat
- Differential diagnosis of coryza/cough and sore throat, and indications for investigation e.g. influenza, EBV
- Evidence-based treatment for URTI and sore throat
- Role of delayed prescriptions for URTI and sore throat

**PRE-SESSION ACTIVITIES**
- Acute sinusitis and sore throat in primary care – excellent Australian Prescriber article

**TEACHING TIPS AND TRAPS**
- Differentiation of a viral from a bacterial URTI/sore throat is very unreliable and a ‘syndromic’ approach should be used
- A shared-decision making approach is critical in negotiating treatment of URTI and sore throat when the patient expects antibiotics
- URTIs can last for weeks!
- Green sputum does not predict bacterial infection
- Avoid prescribing antibiotics for URTI – see Choosing Wisely

**RESOURCES**

**Read**
- Canadian Family Physician – Common Cold
- Canadian Family Physician – Acute Sore Throat
- Antibiotic prescribing for respiratory infections – data from the ReCEnT study
- NPS Resources – Antibiotics for respiratory tract infections

**Listen**
- Radio National Podcast – The Common Cold

**FOLLOW UP/EXTENSION ACTIVITIES**
- Undertake the OSCE case under exam conditions and discuss afterwards
- Registrar to audit 10 patients presenting with an URTI for adherence to best practice guidelines
OSCE Case

INSTRUCTIONS FOR SUPERVISOR

You are Mick, a 38 yr old plumber, who has come to see the registrar with a ‘bad cold’
You are a long term patient of the practice and met the registrar once before for an ankle injury

Story

• You developed a runny nose and sore throat about 9 days ago
• Initially you had fevers but they have settled now
• You are coughing lots, productive of green sputum
• You have a headache and feel tired
• You have no past asthma or respiratory disease
• You have no other significant medical problems and take no medication
• You don’t smoke
• You drink about 4-5 beers every night
• You are married with 2 children - “the kids are often bringing colds home from school”
• You are going on holidays to Bali in three days and “want something to get better before then”
• You really want antibiotics as ‘they always work” and “don’t want to be sick while away”
• You initially are quite pushy about needing antibiotics but if the registrar explains things well then you accept the plan for symptomatic management only

Assess

• Communication skills – patient-centredness, dealing with assertive patient
• Assessment – symptoms, past history
• Explanation – likely viral illness, antibiotics play no role and can be harmful
• Management – antibiotics not indicated, symptomatic treatment
• Follow-up and safety netting

Physical Examination

• Looks well, occasional cough
• BP 135/78, T 36.9, HR 80, RR 16, sats 99%RA
• CVS – normal
• Resp – normal
• ENT – slightly red throat, no LN
• All other systems normal
• Office tests all normal

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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OSCE Case

INSTRUCTIONS TO CANDIDATE

Mick is a 38 yr old plumber, who you met once before about 12 months ago with a sprained ankle. He is a long term patient of the practice. His health summary follows.

You have eight (8) minutes to:
• Take a focused history
• Ask for results of the physical examination
• Outline your diagnostic impressions and discuss your management.

Health summary
• PMHx: Nil
• Medications: Nil
• Social History: Married, 2 children
• Alcohol: 3-4 beers/night
• Non-smoker