ISPRN Research Development Workshop

ISPRN will be hosting a half-day research development workshop on Saturday 16 November at the Sebel Harbourside in Kiama. The aim of the workshop is to build participants knowledge of introductory research methodologies and critical analysis of the literature, and will specifically focus on qualitative research. It will also provide an opportunity to network with others interested in primary health care research.

Who can attend?
Members of ISPRN including: GPs, practice nurses, practice managers and Graduate School of Medicine honorary clinical academics are invited to attend.

RSVP: To find out more or to reserve your space please contact Alyssa Munkman 0242215819. Places are limited.
ISPRN Big Idea
Projects 2013

ISPRN has secured funding from both the Illawarra Shoalhaven Medicare Local (ISML) and Coast City Country General Practice Training (CCCGPT). Four projects are being supported by this funding with a summary of the projects listed below.

ISML Primary Care Project Funding

The ISML will be funding two projects.

1. Dr Carl Mahfouz- GP attitudes towards hospital discharge summaries
   
   This project will use cross-sectional surveys to investigate GP satisfaction of hospital discharge summaries received over the previous 12 months. A comprehensive literature review has been conducted which has supported the development of a survey. An ethics application is in development.

2. Electronic Medical Data (EMD) Interest Group
   
   The project uses existing electronic medical data available within GP practices to investigate clinical questions and outcomes using analyses such as survival analysis and all-cause mortality. There are two arms of the project that will be supported by the funding. The first arm will be completed as a part of a Masters by Research at the Graduate School of Medicine. This project will investigate co-founders (e.g. smoking status, other medications etc.) for survival analysis in patients aged 75 and over. The second part of the project will collect de-identified data from electronic records of a sample of ISPRN practices as a ‘benchmarking’ study, comparing the data from these practices with the Bettering Evaluation and Care of Health (BEACH) National data set.

CCCGPT Project Funding

CCCGPT is also funding two projects.

1. Dr Andrew Dalley (CI), Dr Lindsay Oades, Prof Andrew Bonney, Dr Fiona Williams-Wellbeing in medicine: formative research
   
   This is the formative phase of a longitudinal study observing changes in wellbeing of medical students and doctors as they progress through their careers. The project team is currently investigating survey instruments, wellbeing scales and recruitment methods for the project.

2. Ms Elizabeth Lyons, Dr Leil a Matar, Mr Brian Corless, Dr Fiona Williams, Dr Jenny Woods, Dr Russell Pearson et al.—Major Depression Patient Decision Aid
   
   This project aims to create a decision aid for patients who have been diagnosed with severe depression. This decision aid will enable GPs and their patients to discuss different preferences for their treatment. The team are in the process of developing the evidence to support the decision aid. The literature has reported that patients are more receptive to treatments if they feel they are undertaking a treatment that is of their preference.

IN REVIEW: ISPRN Literature Review Workshop

ISPRN held a successful live literature review webinar on the 12th of September which involved several new ISPRN members looking to dip their toe into the literature searching waters. The webinar was run by Dr Cecile Perrin a librarian at the University of Wollongong and looked at constructing your search strategy and provided tips on narrowing searches within different databases. For further details see the Research Modules page of the ISPRN blog: http://uowblogs.com/isprn/.
ISPRN project updates
Active ISPRN member projects

**Dr Fiona Williams** - The attitude of patients over 65 years to ceasing long-term sleeping tablets (hypnotics)

Dr Fiona Williams, a GP from Thirroul, is conducting a qualitative study to assess elderly patients’ use and knowledge of benzodiazepines and their attitudes to cessation. This will provide general practitioners with further insight to deal with a difficult consultation and potentially effect outcome. Final patient recruitment is underway with the majority of patient interviews undertaken. The team are discussing a data analysis strategy for the coding of the interview transcripts.

**Dr Duncan Mackinnon** - What is the effect on weight by regularly weighing 20-70 year old attendees in general practice?

Dr Duncan Mackinnon, a GP from Bega, is conducting a study to assess whether the weighing of patients at every consultation (over an eight-month period), followed by usual care, has an impact on healthy weight maintenance of 20-70 year old general practice attendees. The project is currently wrapping up, with patients due to attend their GP practice for their final weigh this month. De-identified data will then be extracted from the patient records by their practice nurse and analysed by the project team.

**Dr Lucie Stanford** - Chaperone use in Australian General Practice: current practice attitudes of general practitioners and patients

Dr Lucie Stanford is in the process of analysing data from her study, which involved cross-sectional surveys of patient attitudes to chaperone use, as well as a pilot survey of general practitioners’ attitudes, and their current practices, regarding chaperone use for intimate physical examinations. Dr Lucie Stanford has recently presented a poster at the Primary Health Care Research Information Service (PHCRIS) conference in July 2013.

**Dr Meike Flore** - Why are GPs asked to remove Implanon contraceptive implants early?

Dr Meike Flore, a GP from Milton, is conducting a qualitative study seeking to understand the reasons why women ask to have their Implanon device removed early. Four GP practices have been recruited into this study to assist with patient recruitment but are also important members of the team. A majority of interviews have been conducted with purposive sampling underway to ensure data saturation is met for the study.

**Dianna Fornasier** - Development and validation of an insulin proficiency assessment tool for insulin self management in adults with type 2 diabetes mellitus

The mixed methods study has involved three stages of development and validation of an insulin proficiency assessment tool. Dianna is currently finalising stage three, which entails a pilot of the tool with 40 patients. As we go to press, 21 patients have participated in the pilot with 19 patients yet to participate in the pilot. Following completion of the pilot, the tool will be peer reviewed to check for the reliability of the final assessment scores for each patient. The transcripts will also be reviewed by the expert review panel.

ISPRN partner projects

**Prof Andrew Bonney, Prof Sandra Jones, Dr Lyn Phillipson, Ms Elena Rebbeck** - The brave new world of older patients: preparing general practice training for an ageing population.

This joint ISPRN and Centre for Health Care Initiatives (CHI) project aims to develop resources utilising a social marketing framework to improve older patient interactions with general practice registrars (GPRs). A final report on the project has been submitted to CCCGPT and discussions are being held around using the resource more widely around NSW.

**Feasibility study for a randomised controlled trial of shared continuity for Type 2 Diabetes Management in primary care**

This study aims to determine to the feasibility of an appropriately powered randomised controlled trial of shared-continuity for Type 2 Diabetes Management (T2DM) in primary care. Participants will be randomised to shared-continuity or usual care for management of T2DM over an eight month period. The study variable is structured chronic disease management for T2DM by a practice nurse-GP registrar team with the regular GP being called in to check management each visit. Two practices are involved with this project and the trial is currently underway with consenting patients.

**Dr Judy Mullan, Professor Andrew Bonney, Dr Chris Magee, Dr Kath Weston, Candice Kielly-Carroll, Bridget Dijkmans-Hadley** - Health literacy project

This project is part of an international collaboration investigating if there is an association between health literacy and the management of chronic disease in primary care settings. This project involved patients from two GP practices are involved with this project and the trial is currently underway with consenting patients.

**Aliza Hamirudin, Dr Karen Charlton, Dr Karen Walton, Prof Andrew Bonney, Dr George Albert, Dr Adam Hodgkins et al.** - Engaging general practitioners to improve health service delivery to older patients: an action-based research project

This project aimed to identify barriers and opportunities to implementing nutrition screening of older adults in general practice. Phase 2 of the project - assessing the feasibility of using the Mini Nutritional Assessment-Short Form (MNA-SF) in General Practice settings - has now been finalised.
ISPRN member profile—Dr Bastian Seidel

1. What is your training background?

I studied medicine at the University of Leipzig, Germany, the University of Pretoria and the University of the Orange Free State in South Africa. I did my internship in Germany but then got admitted to the Plymouth GP Vocational Training Scheme in the UK. I moved to Australia in 2007 and I’m now a partner at the Huon Valley Health Centre in Tasmania.

2. How did you hear about ISPRN and what motivated you to join?

I was looking for opportunities for our practice to get involved in practice based research – ideally as part of a practice based research network. We are in a rural location, too, so ISPRN was the obvious choice. Yes, we are based in Tasmania, but thanks to SKYPE, teleconferences and email it’s pretty easy to stay involved.

3. How has ISPRN supported you so far?

ISPRN has been supporting us from the word go. We’re now involved in a pilot project on management of diabetes mellitus by GP registrars. We’re now working on developing an Academic GP registrar position which will be supported by ISPRN.

4. What was your level of research knowledge prior to ISPRN?

I started doing research when I was an undergraduate and completed a PhD in Paediatric Immunology in 2004. Of course the research methodologies and methods we use in Primary Care and General Practice are very different – so doing research in this environment involves very much a more pragmatic and translational approach.

5. What do you hope to achieve professionally in 2013/2014?

I hope to raise more awareness on the importance of General Practice research amongst GPs and GP registrars. I’d like to find an approach that allows us to lower the barriers for conducting research in a primary care environment in the first place. Doing research should be good fun and exciting – same as our clinical work.

RESEARCH CORNER: Introduction to the analysis of quantitative data

So you’ve started analysing your survey data, where do you start and what do these statistics mean? Hopefully these first steps will help you begin the analysis journey.

Data Frequencies

To start to get a feel of your data in order to decide what you would like to investigate you can begin to look at the frequencies in your data (e.g. the number of respondents who responded yes or no to a question) and decide whether you would like to do some further investigations into certain questions if they did not match your initial expectations.

Chi Square

Chi square test for independence is useful for checking if there is an association between two categorical variables taken from the same sample.

This approach consists of four steps: (1) state the hypotheses, (2) formulate an analysis plan, (3) analyze sample data, and (4) interpret results. We will outline step 1.

State the Hypotheses

Suppose that Variable A has r levels, and Variable B has c levels. The null hypothesis states that knowing the level of Variable A does not help you predict the level of Variable B. That is, the variables are independent.

H₀: Variable A and Variable B are independent.
H₁: Variable A and Variable B are not independent.

The alternative hypothesis is that knowing the level of Variable A can help you predict the level of Variable B.

E.g. Does the gender of the responder to the survey have an influence over the way they answered a question

HO: Gender and ‘the answer to a question’ are independent
Ha: Gender and ‘the answer to a question’ are not independent

Reference

News and events

ISPRN Project Successes
ISPRN has had many academic successes over the last couple of months which we would like to celebrate.

Dr George Albert - Medical students’ experience of a longitudinal integrated clerkship – lessons learned
Dr George Albert has been very successful over this year in collaboration with his research team Prof Andrew Bonney, Prof Nicky Hudson, Patricia Knight-Billington. The team have had a conference presentation accepted at the Australian and New Zealand Association for Health Professional Educators Conference held in June this year, they have also had an article accepted by the Australian Family Physician. A full reference is below:


Congratulations Dianna Fornasier
Congratulations to ISPRN member Dianna Fornasier who has had a poster accepted at the World Diabetes Congress being hosted in Melbourne from 2-6 December 2013. Dianna’s poster is entitled Development and validation of an insulin proficiency assessment tool for insulin self management in adults with type 2 diabetes mellitus. Dianna has also been asked to be a guest speaker at the event!

Dianna also presented a poster at the 2013 PHC Research Conference held in Sydney 7-9 July 2013. Poster abstracts can be accessed via this link: http://www.phcris.org.au/conference/browse.php?catid=1506

Partner Project Successes
We would like to congratulate Dr Judy Mullan on her recent return from the International Conference on Communication in Healthcare (ICCH) held in Montreal, Quebec, 29 Sept- 2 Oct 2013. Judy, in collaboration with her health literacy colleagues, had two abstracts accepted as poster presentations.

(1) J. Mullan, K. Weston, A. Bonney & C. Magee “Can poor health literacy contribute to potential side effects associated with buying over-the-counter non-steroidal anti-inflammatory drugs?”


Judy also had an abstract accepted as an oral presentation which has since been accepted for publication in the Journal of Clinical Nursing.


During her time at the conference, Judy was also able to secure further collaborations with international ‘health literacy’ researchers.

Current ISPRN Practices

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