

LINKAGE AND EXCHANGE TRAVELLING FELLOWSHIP

The Australian Primary Health Care Research Institute calls for participation in Stream Seven of its Research Program.

Stream Seven – Linkage and Exchange Travelling Fellowships – will provide the opportunity for eligible applicants, who were actively associated with a Stream Four project, to share lessons learned in Australia and to facilitate policy exchange and collaboration internationally.

The closing date for Stream Seven proposals is 18 April 2007.



Dr Yun-Hee Jeon

DR YUN-HEE JEON JOINS THE APHCRI HUB TEAM

Dr Yun-Hee Jeon joined APHCRI in late 2006 as a Fellow. Yun-Hee is a nurse by training and has taught both undergraduate and post-graduate students here and in Korea.

Her research interests include: chronic illness management, nursing workforce, dementia care, respite care, and qualitative research methodology. She has been involved in local and international collaborative research projects in the aged care/mental health nursing areas, and received several national competitive grants. Dr Jeon is a member

of the Primary Dementia Collaborative Research Centre, and serves on its Advisory Committee. She is an active member of Research Board of the Australian College of Mental Health Nurses and participates in numerous national and international professional organisations within mental health nursing, gerontology and psychogeriatrics.

Yun-Hee will be leading the ACT section of the Serious and Continuing Illness, Policy and Practice Study (SCIPPS), as well as following her own research interests at the Institute.



Judith Smith

STREAM SIX WORKSHOP – CANBERRA 21 FEBRUARY 2007

Stream Six Workshop II was held in Canberra in late February. The workshop again brought policy advisers and research teams together.

APHCRI Visiting Fellow Judith Smith presented her experiences of a challenging systematic review completed in the UK. Her experiences of this process may be similar to those of Stream Four and Stream Six participants. Judith has more than

10 years experience in health services research and development in the UK and is spending 2007 as a Visiting research fellow at Victoria University, Wellington, New Zealand.

The workshop was an opportunity for Stream Six teams to discuss their research thus far, including their refined research questions and any provisional research results.

STREAM THREE – MIDWAY POINT UPDATE

Research in Stream Three has been underway for just over 18 months. These projects are three-year grants examining:

- nursing roles in general practice
- depression care in general practice
- self-help organisations
- how to limit risk behaviours in adolescents.

This issue we invited Stream Three teams to update us on their progress to date.

The Australian General Practice Nursing Study (AGPNS)

This is a two-stage project examining how nurses work in general practice. The study is a unique research collaboration between the Australian General Practice Network and The Australian National University.

The project looks specifically at nurses' current roles within general practice and the local and structural factors influencing these roles. Phase One was conducted as a mapping exercise and collected data to develop a better understanding of the ways nurses in general practice work. Phase Two of the study, a change management intervention, will consist of a series of detailed case studies of incremental, low-cost change in seven general practices.

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AGPNS Results

Key themes emerging from Phase 1 are:

- Nurses as agents of connectivity. Practice nurses cycled rapidly between activities, often undertaking multiple tasks simultaneously. A nurse assisting in a minor procedure (clinical activity), might break the activity to take phone calls about a patient's results or to stock the drugs cupboard. Nurses were extremely responsive to the requests of others. Nurses seemed to act as the central reference point for patients, receptionists, doctors and other staff members asking questions and, almost without exception, they altered their tasks in order to respond rapidly to these requests. There were an average of 15 brief encounters with patients/doctors/reception staff and others per hour (range 9,36). In one practice, there were 36 brief contacts over one hour, a rate of one contact every 100 seconds.
- Allocation of space. Preliminary analysis has suggested that the floor plan of the clinic may be one feature determining how rapidly the nurses cycled between activities. In practices with dedicated floor space devoted to the nurse's activities (generally in purpose-built facilities) the clinical work undertaken by nurses appeared to be interrupted less, and some of the servicing tasks were undertaken by other team members
- Differences between ideal roles of nurses articulated by practice nurses and doctors. Quality of patient care was addressed slightly differently by both professions. Neither raised the notion that there might be differences in the ways nurses conceptualised a good patient-health provider relationship. Nevertheless, many nurses gave accounts of prolonged consultations with patients in crisis, which would have been difficult for doctors following a busy appointment schedule.
- Limitations to the role of the nurse. The nurses' role can be limited through a range of factors, some easier to mould than others. In this study, there were a range of social structures. As a rule, the more ingrained industrial democracy principles, the more likely the practice was to have nurses who felt their roles were not constrained.



Lena Sanci

The Primary Care PARTY Project

The PARTY Project (Prevention, Access and Risk Taking in Young People) is using a three-part intervention – health risk screening, counselling and office systems to support these activities – to explore the impact on the health risk behaviour of young people aged 14–24 years old. There will be a randomised controlled trial of the intervention, a health economics evaluation of this intervention and a feasibility study of the role of the practice nurse in preventive youth health, plus a linkage role.

The project began in late 2005. In preparation for the pilot phase, the various surveys (for young people, parents, and general practice staff) were trialled with individuals, focus groups and colleagues. The screening tool and counselling approach have also been trialled in focus groups. The pilot study which commenced in late 2006 is in full swing. Three Victorian practices – a rural, an outer Melbourne metropolitan and a community health centre – have come on board. PARTY staff have conducted baseline audits of the practice systems with the staff as well as surveys of the GPs', nurses' and receptionists' self-perception of their knowledge and confidence in working with young people. The training sessions in adolescents' and young peoples' health, in particular the role-plays with secondary school drama students, have been enthusiastically received. The Pilot practices are providing an excellent platform for fine-tuning the processes for the recruitment of the young people.

Each of the three practices represent a very different face of general practice, making this pilot phase of PARTY an invaluable preparation for the RCT which will commence around March 2007. Recruitment of the 50 practices required for the trial has commenced and the PARTY team is looking forward to working with staff in general practice in addressing the health care needs of young people.



Jane Gunn

Re-order (Re-organising care for depression and related disorders in the Australian Primary Health Care setting)

This project is progressing well with several components of work completed and an exciting research year ahead.

We have completed 588 interviews with people experiencing symptoms of depression and have gathered extensive data on their views of depression, their experiences with the health care system, and their perspectives on what helps with the management of depression. We have begun the task of coding and synthesising this data and are in the preparatory stages of planning dissemination of our research results.

In 2006 we completed a stakeholder consultation with over 300 participants on how general practice/primary care should respond to people experiencing depression, what the barriers for best practice are in this setting, and how we would know that general practice/primary care is meeting the needs of those with the condition. We conducted a community-wide consultation in order to elicit broadly informed opinion on the best ways to manage depression in general practice/primary care. We received responses from sectors as diverse as media; local, state and federal government; NGOs dealing with migrants and refugees; homelessness; and Indigenous health; women's health advocates; volunteering organisations; carer and consumer advocacy groups; religious associations; health care professionals, and Australian and international academics.

We are using data from this consultation, in conjunction with our consumer interviews, to inform the next research stage, which involves developing a set of minimum specifications or essential elements for depression care. In 2007 we will be working with a small number of general practices to put our findings into practice. From this, we will establish best practice models of depression care that can be effectively adopted in general practice and primary care in the Australian setting.



Fran Boyle

The Contribution of Self-help Organisations to Chronic Disease Self-Management, and their Linkages with General Practitioners

Our project seeks to gain an improved understanding of the contributions of community-based health organisations (CBHOs) to chronic illness care.

It has two major aims: (i) to find out who uses these organisations, how, why and with what benefits; and (ii) to develop and evaluate a general practice-based referral strategy designed to improve referral pathways and access to them. The project, which is based in Brisbane, involves collaboration with general practitioners and CBHOs including Arthritis Queensland, Ankylosing Spondylitis Group of Queensland, Diabetes Australia (Qld).

The first phase of the project - a telephone survey of 323 people who contacted a CBHO - was completed in early 2007. Participants completed two questionnaires, four months apart. We have collected data on health and sociodemographic characteristics; reasons for, nature, and perceived benefits of CBHO contact; and health actions taken, including the use of other services. Early findings show that a wide cross-section of people contact CBHOs for multiple reasons, the most common being for more information about their condition and to gain access to services and products. People cite a range of benefits that might be expected to result in better self-management.

We are now about to embark on the second phase of the project - a randomised controlled trial of a print-based intervention package designed to increase awareness of and access to CBHOs. Patients with chronic disease are being recruited through general practitioners.

Following telephone interview soon after recruitment, participants will receive either the intervention package or standard printed information about their chronic condition. Two further telephone interviews will take place at four and 12 months to evaluate the intervention strategy in terms of people's access to CBHOs and a range of chronic illness related outcomes.

Please send all information about your events, publications and presentations to the editor for inclusion in future newsletters.

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