



GP Teaching Newsletter

July 2017

We are now well into this year and have seen 3 successful rotations. We are receiving the usual excellent feedback about the GP placements. When students are telling us *"he's a great physician and I hope to become just like him"*, we know we are achieving what we aim for. A good role model has a lasting impact on our students' future clinical practice and the quality of patient care. Thank you to all the staff involved in making the experience in GP so special. In semester 2, Dr Ben Mitchell will take over the course coordinator role from Dr David King. Ben will be assisted by the GP team including Dr Warren Jennings, who recently joined PCCU. Together with our GP preceptors and practice staff we look forward to maintaining top quality clinical experiences for our students. In the meantime discussions about an integrated (or 'semesterised') model comprising the GP, Medicine in Society and Mental Health teams continue. We will keep you posted.

This edition of the newsletter we look at research by the talented PhD students within our unit. Enjoy! Professor Mieke van Driel, *Head Primary Care Clinical Unit (PCCU) and Discipline of General Practice.*

Students' GP Rotation Evaluations Rotations 1 & 2 2017

What I liked most about my clinical attachment:

- A lot of opportunity to experience different aspects of GP – nursing, pharmacy, reception.
- Opportunity to do history taking & exams independently. Opportunity to practise some practical skills injections, suturing.
- The variety of patients combined with the willingness of both patients and staff to let me practise both interviews and techniques.
- It was great to see registrars and GPs working as it gave me a better sense of how to get my skill levels to theirs.

Were you taught by practice nurses?

Yes 83% (105 students)
No 17% (22 students)

Featured profile: Dr Therese Ryan



Therese is Deputy Director of the University of Queensland Rural Clinical School, Bundaberg and, as Discipline Academic Supervisor, she is also responsible for the General Practice rotation.

She is a University of Queensland graduate and general practitioner with longstanding experience in community and hospital-based outpatient medicine having practised in metropolitan, rural and regional general practice settings. She is passionate about addressing the rural and regional medical workforce imbalance.

Her clinical interests are in women's health, sexual and reproductive health and clinical handover. She established and provided clinical leadership to BreastScreen Queensland Wide Bay Service for many years and continues to be involved in a casual capacity. She currently has a visiting appointment to the Wide Bay Sexual Health Clinic and is an active participant in educational activities and assessment in the Royal Australian College of General Practitioners as an examiner and Quality Assurance examiner.

Therese has lived and worked in Bundaberg for over 20 years. She is becoming a weekly Parkrun enthusiast and enjoys a variety of exercise as an escape from work and the pace and challenges of four teenage children!

2017 GP Rotation dates

10th January – 3rd March
13th March - 5th May
15th May – 7th July
17th July – 8th September
18th September – 10th November

2017 Urban InCC dates

22 weeks: 27th March – 20th October
13 weeks: 17th July – 20th October

PCCU PhD Research

Geoff Spurling: Computerised Aboriginal and Torres Strait Islander health assessments in primary health care research.

The injustice of health inequities experienced by Aboriginal and Torres Strait Islander people motivated my investigation of computerised health assessments in primary care as a source of research data which can be used to respond to community priorities.

Findings from my doctoral research demonstrate that Aboriginal and Torres Strait Islander computerised health assessments can be implemented in the primary health care setting, and used to produce credible research findings which respond to community priorities.

Key informant interviews regarding research priorities for health assessment research showed the importance of social, cultural, and environmental determinants of health, and led to the addition of more of these determinants in health checks. An investigation of these determinants as measured by health assessments was fed back to community organisations and health services as a community report.

This community report was designed to assist community organisations and health services plan, monitor, advocate, and apply to policy makers for funding for activities, programs, and services to address social, cultural, and environmental determinants of health.

Kristen Anderson: Investigating if less is more (or at least the same) in older people with multiple medicines.

My research involved the development and pilot of a GP-led intervention to minimise inappropriate polypharmacy (known as deprescribing) in community-dwelling older people.

Two qualitative phases, involving a systematic review on the challenges clinicians face in addressing this issue globally and focus groups to understand the challenges of local GPs and consultant pharmacists, informed the design of the intervention. This was subsequently tested in a feasibility study in South East Queensland involving five general practices, 20 GPs, two consultant pharmacists and 150 older people.

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My findings show that the intervention was able to be implemented and indicate that it led to a modest reduction in the number and/or dosage of medications taken by patients in the intervention group without an increase in harm during the four month study period. The clinical significance of this result needs to be tested in a larger, longer-term cluster randomised controlled trial investigating the intervention's safety and effectiveness.

From patients' perspectives, satisfaction with the intervention in the feasibility study was not necessarily contingent on the outcome of deprescribing. Rather, the degree of collaboration and consultation with their GP throughout the process of medication review was important to patients.

Michelle Harris: Incompatible expectations between the mothers and health professionals undermines healthy infant feeding.

Eating habits are established early in life and can track with weight into adulthood. Given the current obesity epidemic and the divide between infant feeding guidelines and feeding practices, my mixed-methods doctoral research investigated the rationale behind mothers' decisions when transitioning from milk feeds to family foods.

I found that maternal identity was a crucial determinant of feeding decisions, driven on how infant physical and behavioural cues align with maternal expectations. Maternal concern for infant underweight encouraged the use of formula top-ups, early solids and/or pressure-to-eat. Mothers felt inadequately informed about moving onto family foods, with judgemental professional advice contributing to poorer feeding practices. The internet and virtual mother's groups were valuable sources of support.

The moralisation of health through infant feeding and weight gain 'checklists' undermines maternal transitional feeding knowledge and trust in health professionals. Mothers need unconditional family-centred guidance to navigate the day-to-day reality of feeding an infant throughout the first year of life that is based on achievable personal goals rather than ideals from societal expectations.

The Faculty of Medicine proudly acknowledges the dedicated work of its many externally-funded health professionals, including our general practitioner teachers. To recognise the work of these health professionals the Faculty of Medicine awards individuals with academic titles. To apply for an Academic Title please go to <http://www.uq.edu.au/health/academic-titles>