



# Research Methods for primary care

Hon Prof Dimity Pond  
University of Newcastle



# Qualitative – What do GP supervisors of medical students want to teach?

- A qualitative research study was conducted. This involves interviewing consenting GP supervisors of medical students via Zoom. Fourteen interviews (10 female, 4 male) were completed using an interview schedule and prompts
- Interviews were recorded and automatically transcribed. Transcriptions were checked for accuracy.
- Transcripts were coded by 2 student researchers independently then discussed using a constant comparative method by both students and their supervisor until agreement was reached
- A larger group including GP academics and GP supervisors explored the codes and agreed upon groupings into themes.



# What do GP supervisors want to teach - results

## MAIN THEMES

- Standard Medical school curriculum
- People and personal skills
- Practical realities of being a doctor
- Student centredness



# Subthemes

- People and personal skills
- ***The doctor patient relationship:*** *In a hospital setting you can kind of steamroller them, right? They're yours, the meeting is on your terms and you may completely fail to acknowledge what the patient's problem is or concerns are, you're too wrapped up in your diagnostic process.*
- ***Patient centredness:*** *In general practice, your patients do go away. So, you have to almost start with a human relationship that then incorporates the medicine, you can't go straight to the medicine.*
- ***Personal attributes of the doctor:*** *moving beyond the idea that as a doctor I have to know everything and actually being comfortable with your limits*



# Quantitative – RCT of GP dementia Education

- Cluster Randomised Controlled Trial
- 5 sites (Adelaide, Newcastle, Sydney, Melbourne, Bendigo)
- Aimed for 160 GPs
- Aimed for 2000 patients aged  $\geq 75$  years (200 (10%) with dementia)
- Data collection at baseline, 12 months and 24 months



# Intervention group and control group

- ▶ Patients recruited through GP mail out to 75 Plus group

All GPs asked:


- ▶ Here is a list of consenting patients
  - ▶ Please indicate which have possible, probable or definite (PPD) dementia
  - ▶ If PPD dementia, please indicate tests done and referral made
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- ▶ After this
  - ▶ Consenting patients visited by nurse and had 2 hours of testing including the CAMCOG diagnostic instrument





# Intervention

- GPs visited in the surgery by another GP or a nurse
- Approximately 30 minutes of education
- Baseline – structured powerpoint presentation on dementia assessment, carer stress, how to do the GPCOG, business case
- GPs asked to do a Brief screening test for dementia on consenting patients and then report whether they thought the person had dementia to the study team
- Follow-up – general feedback about proportion of dementia diagnoses identified by GPs in their area. Discussion about breaking the bad news



# Results

## **Baseline**

- 169 GPs
- 1974 patients audited
- 164 (8.3%) of these had dementia

## **Twelve month follow up**

- 1367 (69%) patients audited
- 96 of these had dementia





# Baseline rate of identification

- Intervention GPs identified PPD dementia in 55/122 CAMCOG dementia patients (45%)
- Control GPs identified PPD dementia in 18/42 CAMCOG dementia patients (43%)
- *The difference between intervention and control is not significant at baseline*



# Follow up identification rates at 12 months

- Intervention GPs identified dementia in 47/72 CAMCOG dementia patients (65%) an improvement of 20% compared with baseline.
- *This difference is statistically significant  $p = 0.0068$  Odds ratio 2.09 (95% CI 1.23 to 3.58)*



# How did the intervention GPs go compared with control GPs?

- At 12 months the intervention group identified 65% of CAMCOG dementia. The control group identified 29% of CAMCOG dementia.
- *The difference between intervention and control is significant  $p=0.007$  Odds ratio 5.1 (95%CI 1.6-16.5)*



# Conclusions

- ▶ Australian GPs have the same rate of identification of (early) dementia as GPs in other countries
- ▶ An intervention consisting of audit and two 30 minute visits, plus a requirement to screen patients, was effective in significantly improving identification rates
- ▶ Audit alone was not an effective intervention in this study