

Launch of the weave project

The **weave** project (Women's Evaluation of Abuse and Violence Care in General Practice: a Cluster Randomised Controlled Trial) was launched on April 18 in the Department of General Practice, the University of Melbourne.



April saw the successful launch of the **weave** project by domestic violence survivor Kate O'Callaghan. The launch was well-attended by primary care clinicians, members of the general practice and mental health research communities, representatives from domestic violence advocacy and support agencies, members of the public and people who have been touched by domestic violence in their own lives. We know that partner abuse is a common, hidden problem in general practice, with up to five affected women attending unsuspecting GPs each week. The **weave** project is a world-first cluster randomized controlled trial that aims to address the problem of domestic violence through evaluating the impact of screening and interventions for partner abuse in general practice. Large-scale general practice screening of women attending general practice will commence in June of this year. VicReN provides administrative support to this project including a GP advisor role undertaken by VicReN Committee member Dr. Christine Longman.

For more information, please contact Dr. Lorna O'Doherty on 8344 3369 or via l.odoherty@unimelb.edu.au

NICS—Research Evidence in Practice

The National Institute of Clinical Studies Evidence-Practice Gaps Report Volumes 1 & 2 are available on their website, providing concise, updated, and easy-to-read information on many clinical topics important to medicine that are commonly seen in general practice.

Why are these volumes useful? Each volume is composed of fact sheets that describe areas known to have gaps between what is known from the best available research and what happens in clinical practice. The fact sheets also elegantly detail the known literature which should underlie best practice, highlights what is currently happening in practice, and provides the implications of the latest research for practice.

The fact sheets remind us to consider how we could improve our current practice in practical ways across a variety of areas including providing smoking cessation advice, lung cancer screening, folic acid supplements and antibiotics for bronchitis and cold.

Visit http://www.nhmrc.gov.au/nics/asp/index.asp?page=knowledge/knowledge_article_type&cid=5212&id=406

What is PHC RIS?

The Primary Health Care Research & Information Strategy is a national primary health care organization that was established in 1995 and funded through the Primary Health Care Research, Evaluation and Development Strategy. Its goals are to promote better understanding of primary health care activities and research, to improve access to data and information, and to enhance the sharing of information and knowledge.

What can you find on the site?

By logging into www.phcris.org.au you can find a vast array of resources including Divisions of General Practice reports, activities, profiles and surveys, a list of primary health care acronyms, information snapshots "Fast Facts" showing health trends over time, infoBytes which provide information fact sheets on a variety of research issues, and the Roadmap of Australian Researchers which brings a wealth of information on research projects, research organizations, researcher profiles and funding opportunities.

Publications and presentations can also be found on the site from reports of recent research findings, how-to fact sheets on dissemination and information exchange, and provides the opportunity for you to be linked in with weekly or bi-monthly electronic information updates.

PHC RIS is an invaluable, easy to access resource for those wishing to learn more about research, researchers or research organizations, Divisions of General Practice activities or policy, in addition to information on primary health care.

Outcomes of the May VicReN Committee meeting

The VicReN Committee meet quarterly to provide operational guidance to the network and advice on many issues including network membership and the research agenda.

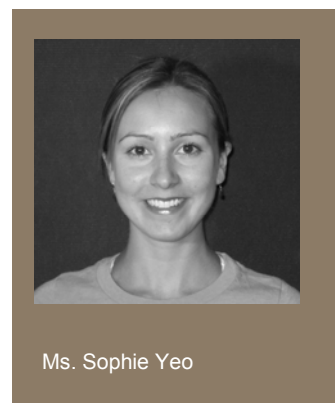
- Coordinator update: The poster will be presented at the General Practice & Primary Health Care Research Conference 4-6 June 2008 in Hobart, Tasmania: "Building VicReN Beyond the Boundaries." Membership has increased to 75 and the abstract entitled "Research Capacity Building: The Role of the Practice-Based Research Network VicReN" has been submitted to the WONCA Conference, to be held in Melbourne in October.
- PCRU Chair update: PHCRED evaluators interviewed many DGP, PHCRED fellows, VicReN members and staff in view of the Strategy in May as the University of Melbourne was selected as one of five case study sites. VicReN members were thanked.
- PHCRED Coordinator update: PHCRED Fellowships 2009 will be offered in October; members are to consider applying.
- Members were invited to discuss their involvement in VicReN and consider what makes and would make their future involvement worthwhile. The suggestions noted were: Committee members to be given Honorary status to enable library membership; an email web group to be posted on the VicReN website; dialogue: events and meetings to enable the development of research ideas by encouraging members to talk about their research interests; continue with news, events, research opportunities in the newsletters/e-bulletins; and mentoring.
- Members made suggestions with regard to a member-wide VicReN event for 2008—a breakfast event is most likely.
- The VicReN Baseline Survey was disseminated to Committee members to pilot.
- Committee members are invited to consider agenda items for the next meeting.
- **Next meeting: Tuesday 9 September.**

VicReN Research Update

Exercise and Type 2 Diabetes Study

Sophie Yeo, PhD candidate from the Department of Physiology at the University of Melbourne, is conducting research to better understand the molecular bases of type 2 diabetes and the effects of exercise so as to optimise existing, and develop potentially novel, therapeutic strategies that enhance health outcomes in type 2 diabetes.

She seeks your assistance in identifying potential participants in our studies – these patients must have been diagnosed with diabetes and are being managed primarily by diet/weight loss, with perhaps oral hypoglycaemic agents, but ideally not with metformin or TZDs. When such patients are identified, she will provide the plain language statement and contact details should they wish to proceed. For further information please contact: **Ms. Sophie Yeo, 8344 5851** or on **syeo3@pgrad.unimelb.edu.au**



Evaluation of a best practice integrated intervention for regular methamphetamine users with co-morbid depression

Turning Point Alcohol and Drug Centre in collaboration with *beyond blue*, is currently recruiting for a study of two new psychological interventions for methamphetamine users with symptoms of depression.

This study provides the opportunity for some participants to receive amphetamine and/or mental health treatment from a psychologist. The project is a randomised trial. Eligible participants will receive 6 sessions of either integrated co-morbidity intervention, amphetamine-only treatment or self help information only and will be followed up for up to 6 months post-treatment. Recruitment has begun again and will continue into June 2008.

If you have any patients who are seeking treatment for their amphetamine use and depression and who you feel may be interested in this study, Turning Point would be pleased to assess their suitability for the study.

For further information and to refer a potential participant please contact Angela Harney on 8413 8446. Volunteers can self refer into the study.

Health Assessments in General Practice for Children and Young People Entering Out-of-Home Care in Victoria

Susan Webster, Divisions Consultant, is undertaking research for her Masters degree through the Department of General Practice, the University of Melbourne. She would like to conduct an hour-long tape recorded interview of 30 GPs about providing health assessments for children entering out-of-home care. If you are interested in participating, please contact **Susan on (03) 9341 5203** or **s.webster@pgrad.unimelb.edu.au**

Bacterial Vaginosis Study

We are looking for women with bacterial vaginosis (BV) for a world-first clinical trial: CAN YOU HELP?

Did you know that:

- BV is the commonest cause of abnormal vaginal discharge in women of reproductive age
- However, we still do not understand how or why it occurs, or whether it is even sexually transmitted
- BV has significant symptoms (malodorous and often profuse vaginal discharge)
- BV has serious sequelae including chorioamnionitis, spontaneous abortion, preterm delivery and low birth weight, post-abortion endometritis, post hysterectomy vaginal-cuff infection and increased susceptibility to HIV and sexually transmitted infections.

BV relapse is common at 12 months in 60-70% of patients using current recommended therapy (seven days of metronidazole therapy).

In conjunction with the Melbourne Sexual Health Centre, we are running a randomised controlled trial funded by the NHMRC to test whether adding vaginal clindamycin OR a vaginal probiotic to metronidazole will improve long term cure rates.

The rationale for this is based on two main pieces of evidence; firstly single antibiotic treatment does achieve a 30% long term success rate (12 months) and that a broader antibiotic cover may address organisms not covered in monotherapy (not single dose) for this polymicrobial syndrome. Secondly, the replacement of Lactobacillus species following metronidazole together with local oestrogen supplementation, both of which may aid in the maintenance of normal flora following antibiotic treatment.

If you have any patients with symptomatic BV who might be interested in joining this study, ask them to telephone Dr Marie Pirotta or the MSHC on 1800 217 490 9am to 9pm any day of the week. All recruitment and treatment is done at the MSHC free of charge.



Dr. Marie Pirotta

PARTY Project

PARTY - Positive feedback from practices & young person wins iPod

The Primary Care PARTY (Prevention, Access and Risk-Taking in Young People) Project is in full swing; 16 practices involving 38 GPs, 15 practice nurses and 30 practice support staff have already had the opportunity to benefit from participation in this **world first, cutting edge** project. There has been much positive feedback from practices involved; for example:

Comments from Brooke Street Medical Centre (Woodend):

One GP said, *"It's not difficult for the practice to be involved. It's a win-win. Great for GPs - great for young people."....."It's not hard to be involved."* A receptionist remarked, *"And it helps you be more aware of what young people might be facing and the importance of being sensitive to them when they arrive at the front desk."...* Another staff member commented, *"The PARTY project team are extremely supportive – their training and involvement was not only really interesting but sensitive to our needs. They are very realistic about the demands of general practice and what's achievable."*

General practice staff are happy to be involved but young people are also very positive about the Project and willing to take part. To date, we have conducted over 600 interviews (including follow-ups) with young people who have the chance to win an iPod for each completed survey - on June 13th our first winner was drawn. The 21 year old female, who had attended one of our early practices, was really excited when she was telephoned with the news.

If you are interested in young people's health, PARTY participation could make your practice easier and lead to better health outcomes for young people. Contact the PARTY Project Co-ordinator, Brenda Grabsch - PH: 8344 7196 or Email: b.grabsch@unimelb.edu.au

The 10 Steps of the Research Process

In the following e-bulletins we will provide a basic outline of the research process, providing relevant links to current resources to help build your understanding.

Have you ever wondered why good-quality, ethical research takes so long to undertake? Or how you would develop a research question of interest into an established project, or what underlies many of the research projects you are invited to participate in? Here is a basic outline of the steps involved. Each will be expanded on in forthcoming issues.

1) Develop an idea into a research question

- Consider your daily work
- Talk to your colleagues
- Have you noticed any patterns in your clinical practice?
- Are there gaps in current knowledge?
- Is there a workplace procedure you would like to refine or change?

2) Conduct a review of the literature

- Consider all existing sources of evidence: abstracts, books, journal articles, internet sources
- Talk to librarians at a hospital, university or other organization
- Consider a search strategy

3) Design the study and consider the methodology

- Who or what is going to be studied and why? Consider specifics
- Will you use a survey? If so, which would be best to sample the population and provide the most useful data?
- What kind of statistics should be used?
- Are qualitative and/or quantitative research methods appropriate?
- Will you collaborate with other people?

4) Write the research proposal

- Consider enrolling as a PHC RED fellow or in a university course for supervision of your project
- Structure your proposal considering:
 - Title
 - Abstract/summary
 - Background/rationale
 - Aims/objectives
 - Design and methods
 - Ethics considerations
 - Benefits of the research
 - Costs and resources
- Who will review your proposal?

5) Consider funding issues

- Where will you source funding from?
- Have you considered the costs of your research?
 - How will you pay salaries for colleague involvement?
- Have you considered any incentives for your study population to participate?

6) Obtain ethics approval

- All research must be reviewed by an ethics panel
- Ethics approval must be obtained before the research can commence
- Have you considered how research governance affects you?

7) Collect the data

- Obtain participant consent
- Ensure that your data collection follows the approved protocol
- Ensure that study participants receive appropriate care throughout the research
- Report all protocol deviations and adverse events appropriately

8) Analyse the data and interpret the results

- Qualitative research produces descriptive data requiring summary and analysis
- Quantitative research produces data to be analysed, described and collated
- Choose statistical functions to interpret the data to determine any relationships with the research hypothesis/hypotheses

9) Consider the impact of your results on practice

- What are the implications of your research on clinical practice?
- How could findings be put into practice?
- Are there any commercial implications of your research?

10) Report on and disseminate your results

- Could your results be written into a scientific poster?
- Could your results be written into a scientific paper?
- Could your results be presented at a conference?
- Have you considered your duty to inform others about the results of your research?

7 Questions for Dr. Cathy Hutton

Cathy Hutton, VicReN Foundation Member, is an energetic, research-active and reflective general practitioner with strong interests in women's health, mental health and the provision of services to the homeless.

Cathy Hutton has worked as a full-time as a GP at Margaret Street Clinic in Moonee Ponds for the past 18 years. She works extensively for the Australian Medical Association Victoria: she is Chair of Section of General Practice, an Executive member of the Federal AMA Council of General Practice and an AMA representative on General Practice Issues Group and the AMA-RACGP Liaison Group.

"[Practice-based research networks are] vital for evidence based decisions in general practice about what we do and how we do it."

Dr. Hutton has also been a Board Member of North West Melbourne Division of General Practice for 8 years. This position also involves sitting on the Finance and Audit Committee for NWMDGP and Chairing the Evaluation Subcommittee. She has also been a board member for 3 years of the Regina Coeli Community, a service in North Melbourne which has been housing homeless women since 1939. She has recently been appointed to the Board of McAuley Community Services for Women, which will incorporate the Regina Coeli Community. On May 9, she co-presented the research presentation "The Establishment of a Consumer Outcome Evaluation Process at Regina Coeli Community" at the Joining the Dots Mental Health Conference held in Melbourne.

She is also undertaking the Master of Public Health through the University of Melbourne due for completion in June. In May 2007 she had a systematic literature review "Do longer consultations improve the management of psychological problems in general practice?" published by BMC Health Services Research.

We are grateful that Dr. Hutton also contributes her time and considerable efforts to VicReN after helping to found it.

1) How long have you been a GP for?

25 years; the last 16 years have been in the same practice.

2) What are the highlights of your job?

Seeing patients over the years, getting to know their families, managing their medical problems as the patient becomes older and as the problems become more complex.

3) What research are you currently involved in and how is it important to primary health care?

My practice is involved in the RE-ORDER project (Re-organising care for depression and related disorders in the Australian primary health care setting). It is important as we see a lot of patients with depression; whether it's the presenting complaint or in a patient with a chronic illness, it's important to treat it. I've also recently become the GP advisor to a project with the Royal Children's Hospital studying a trial of shared care management for children with obesity. It will be an interesting experience.

4) What role do you see for a PBRN such as VicReN in general practice?

It is vital for evidence based decisions in general practice about what we do and how we do it.

5) What role do you see for a PBRN such as VicReN?

Encouraging more GPs to become involved in research, and lifting both the morale of GPs and the reputation of general practice.

6) Why are you interested in participating in VicReN?

I feel honoured to be asked and I hope that the "founding" members can set up a strong base so that the group grows and becomes sustainable.

7) What would you like VicReN to offer you?

The structure to help achieve the above-which it does.

As our system of payment is based on Medicare items, I think the idea of research-linked item numbers is a good idea. Also, VicReN needs to have a high profile in the GP world to encourage other GPs to become involved. Also, it should encourage researchers to involve GPs from the beginning and ensure payment for the work they do.

Dr. Hutton is one of 5 VicReN Foundation Members. Meet each Foundation Member in forthcoming newsletters!



Dr. Cathy Hutton at Margaret Street Clinic, Moonee Ponds

General practitioners, practice nurses and managers: are you interested in joining VicReN?

If you would like to learn more about how VicReN can build your research skills capacity, add a new dimension to your day-to-day routine, or link you with other primary care clinicians with a genuine research interest, or if you know of fellow clinicians who are, don't hesitate to contact Melinda Soós for more information on (03) 8344 3392 or via msoos@unimelb.edu.au