

Welcome to the latest VicReN e-bulletin in which we outline the presentation about data sharing from our first breakfast meeting, offer research-related information and introduce VicReN Committee Member Lynne Walker.

Can we improve clinical care by sharing our data?

Dr Marie Pirota, academic GP in the Department of General Practice, the University of Melbourne, discussed the role of sharing data in improving clinical care and shared her recent experiences of visiting the Nijmegen practice-based research network in the Netherlands.

Coding data means to label the observations and measurements clinicians make in a consultation using standard recognizable computer-based terms. If all clinicians in all practices were to use the same terms, such as for a diagnosis of diabetes, it would enable them to share what they do and compare their work with that of others.

The continuous morbidity registry (CMR) of the Department of General Practice and Social Medicine, University of Nijmegen, the Netherlands, has been recording data from four general practices of around 12,000 patients continuously since 1971 and in two practices since 1967. The database is used for longitudinal clinical research. To do so, all new episodes of illness are recorded in addition to the diagnoses made after referral and causes of death. The GP diagnosing the episode will do so as soon as possible after the consultation using defined diagnostic coding (International Classification of Health Problems in Primary Care ICPC2) according to the international glossary for family practice. The morbidity data are stored based on the date of the presentation and/or diagnosis, the demographic data of the patient (sex, age, social class and family composition). Therefore the database can be used to analyze general practice morbidity and mortality trends and as an index for the recruitment of patient groups for additional research. This is facilitated by the relative stability of this patient and GP group.

The Dutch healthcare system also influences the relevance of the register. The main way is through the fixed nature of patient lists to each GP (unlike the Australian healthcare system where patients have the choice to register with multiple GPs at multiple practices). The second way is through the GP being the “gate-keeper” for the patient to access specialist medical care. Thus the CMR can capture the morbidity data for a defined population seeking specialist medical care.

Since 1985, the Nijmegen University Department of Family Practice has been developing a computer-assisted practice network, the Nijmegen Academic Research Network CMR/NMP, to study chronic diseases. The objectives of this network are to support care for patients with chronic diseases and to create an optimal setting for clinical research under family practice conditions. Using case studies, all GPs involved in the network are trained in the use of the classification list and the application of the ICPC2 definitions. They meet monthly to discuss coding problems and to monitor the application of the diagnostic criteria. Trained and supervised practice assistants collect the demographic data of patients and transfer the coded data to the Department of General Practice and Social Medicine for analysis. By comparing patients' files and the patients' diagnoses in anonymous form, they monitor the completeness of the data.

Being able to study a population over time with assured quality of data has enabled the establishment of many important longitudinal studies, from which journal articles have been published in the areas of chronic obstructive pulmonary disease, asthma, diabetes mellitus, heart failure, hypertension, and mental health problems. These studies have also enabled the GPs involved in the network to reflect on the kinds of conditions they consult for, the rates of referrals, medical specialist diagnoses and the quality of their practice.

Is it possible for this kind of longitudinal data sharing project to be undertaken in Victoria? Computerized practices, such as the East Brunswick Medical Clinic which has been coding their data for over 12 years, already store sizable amounts of data on their patient populations. Irrespective of the computer systems used, sophisticated software such as GHRANITE are able to share data between practices and de-identify it for analysis, respecting patient confidentiality. Since the Nijmegen network was established, patients have come to understand and respect that their practice is a research practice; similarly, over time, such understanding could be established in Victoria. Limitations include the dynamic nature of practice populations particularly in urban centres, the lack of coding of patient consultations in some practices and the quality of coding where practices do code data. Practices willing to be involved in a data sharing project will require ongoing support to consistently code consultations using agreed codes, and regularly survey the quality of their data.

Sources:

Van Weel, C et al (2005) *Longitudinal Research and Data Collection in Primary Care*, Annals of Family Medicine, May– June Volume 3 Supplement 1.

Verhoeven, E et al (2008) *Skin Diseases in Family Medicine: Prevalence and Health Care Use*, Annals of Family Medicine, Volume 6 Number 4.

Woolthuis, E et al (2007) *Identifying People at Risk for Undiagnosed Type 2 Diabetes Using the GP's Electronic Medical Record*, Family Practice, June.

Are you interested in tackling childhood overweight? Register your interest now!

VicReN is collaborating with the Murdoch Childrens Research Institute and the Royal Children's Hospital in a new shared-care trial to address child obesity through general practice—we'd like your input.

Currently, 200,000 Australian children have established obesity.

Associate Professor Melissa Wake from the Murdoch Childrens Research Institute at the Royal Children's Hospital and Professor Jane Gunn from the Primary Care Research Unit in the Department of General Practice, the University of Melbourne along with other experts in child obesity, are collaborating to trial an innovative shared-care approach to the management of childhood obesity, drawing together four established lines of research:

- 1) Specialist child obesity approaches that are known to be effective
- 2) Positive aspects of our previous child obesity prevention general practice trials
- 3) Computerised support and decision assistance in primary care
- 4) The effectiveness of shared-care approaches. Because all elements are already in place, it has a high degree of feasibility and, therefore, a high chance of success.

VicReN aims to ensure that all projects associated with it are ethical and support general practice. VicReN member Dr Cathy Hutton provides a GP advisor role to this project to ensure its methodology and intervention is appropriate to general practice, feasible and sustainable. The VicReN Coordinator will provide administrative and recruitment support.

Do you have an interest in child obesity? If so, and you would like to learn more about participating in this exciting trial, please contact the VicReN Coordinator via (03) 8344 3392 or via msoos@unimelb.edu.au

Website: http://www.rch.org.au/ccch/research.cfm?doc_id=12126

Email: hop.scotch@mcri.edu.au



VicReN Research Update

PTSD Clinical Treatment Algorithm

At any one time, 250,000 Australians have Post traumatic Stress Disorder. The Australian Centre for Post traumatic Mental Health has produced an easy-to-use algorithm outlining the treatment of adults with Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). Based on the recently National Health and Medical Research Council (NHMRC)-approved clinical practice guidelines for the treatment of adults with ASD and PTSD, the algorithm has been produced in collaboration with the RACGP and the RANZCP, and has been approved by NHMRC and endorsed by the RANZCP, RACGP, and APS.

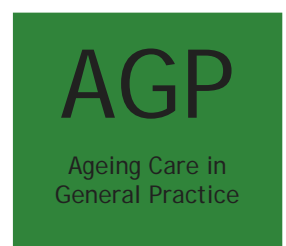
You can download a PDF version of the PTSD Clinical Treatment Algorithm directly from:

<http://www.acpmh.unimelb.edu.au/resources/resources-guidelines.html#1>

Ageing Care in General Practice Study

The Ageing Care in General Practice Study aims to improve the way GPs both screen and manage their patients with early dementia. It was established in 2007 in Newcastle, Sydney, Melbourne and Adelaide with the goal of recruiting 500 demented and non-demented patients over the age of 75 at each site. The *beyond blue* depression initiative has also funded a sub-study to this project investigating the health and wellbeing of those who support people with dementia, for which the sites are also currently recruiting.

Congratulations to the Melbourne and Adelaide sites for reaching the target of 500 patients. In recent news, the Melbourne site will be provided with more funding to recruit and visit up to 600 patients.



The 10 Steps of the Research Process

2. Conduct a review of the literature

In this second part of the 10-part series, we continue our consideration of the essential elements of reviewing literature: How do you critically appraise the literature? Here we discuss this questions, plus more...

How is literature critically appraised?

Depending on your topic of interest, there is potentially dozens of different pieces of information that can be sourced. Whilst you read, it is important to keep this question in mind: What contribution does this information make to answering my research question? It is also important to consider the context, strength, limitations and therefore impact of the information to answering your question.

Thus critical appraisal is the structured process of examining research to determine its strengths and limitations and the value the research has in answering the research question (Aveyard 2007). All authors who contribute weight to the arguments around your research question should be cited unless you are citing well-established lines of arguments at the beginning of your literature review which you will expand upon in the body of the review.

Firstly, class your sources of information; for instance, research article (quantitative, qualitative or mixed methods), discussion paper, opinion piece, newsletter, newspaper or magazine article. Once these sources are identified in classes, the appropriate method for appraising them can be selected.

Secondly, familiarize yourself with each piece of information by reading it several times over. This will help to draw out the main points and summarize the information. When considering qualitative and quantitative information, ask:

- Where has the information been sourced from?
- What is the journal of the publication?
- What is the research question?
- Why was the study conducted?
- Which method was chosen to undertake the research? Is the method appropriate for addressing the research question?
- Has the appropriate sample been obtained? What was the sample for the research? How big was the sample?
- How were the data collected?
- How were the data analysed?

Using a critical appraisal tool helps to develop a consistent approach to considering information including research data. The tool can help guide you through elements to consider. Once such tool is The Critical Appraisal Skills Program (CASP) available through the University of Oxford Public Health Resources Unit. This is able to be used across a wide variety of information sources such as qualitative research, randomised controlled trials, reviews, cohort and case control studies. It is easily accessible via the internet: www.phru.nhs.uk/casp/casp.htm

At times you will come across non-research based information that will also be relevant to your area of interest. They will also need to be critiqued considering the intended target audience, the credentials of the author, the publisher of the information, and the way in which the information was published. When reading the information, consider (Hek, 2000):

- Is the subject relevant to the research question?
- Is it accurate?
- Is it well written and credible?
- Is it peer reviewed in any form?
- Does it ring true?
- In what quality of publication is the information published?

At this stage in considering your literature, you should now be able to confidently summarise them and identify their main points. You should also be able to determine their strengths and weaknesses using a critical appraisal tool. In the next e-bulletin we consider how to combine your information sources and present the information.

Resources:

- Aveyard, H (2007) *Doing a Literature Review in Health and Social Care: A Practical Guide*. Open University Press, Great Britain.
- Hek G, Langton H, Blunden G (2000) *Systematically searching and reviewing literature*. Nurse Researcher 7(3) Spring.
- Hek G, Judd M and Moule P (2004) *Making Sense of Research: An Introduction for Health and Social Care Practitioners*. SAGE Publications Ltd, Great Britain.
- Sim, J and Wright C (2000) *Research in Health Care: Concepts, Designs and Methods*. Stanley Thornes Ltd, Great Britain.

7 Questions for Practice Nurse Lynne Walker

Lynne Walker, VicReN Committee Member, is a dynamic and caring practice nurse who is currently undertaking a Masters in Nursing Leadership. She also works in the Department of General Practice at the University of Melbourne as a tutor in Primary Care Nursing and is at the forefront of the promotion of the practice nurse role in primary health care.

Lynne Walker is the newest member of the VicReN Committee and we are delighted to receive her valuable contributions. Lynne has a background in midwifery and works as a practice nurse in Sunbury, Victoria. Lynne was instrumental in setting up the Australian Practice Nurses Association and was President from 2001- 2006. During this time Lynne has represented practice nurses in a variety of forums including the National Steering Committee for Nurses in General Practice, a Ministerial Advisory Committee. Promoting both the current role and the future role of the practice nurse is of strong interest to Lynne.

1) How long have you been a practice nurse for?

I have been working in general practice for just over 10 years.

2) What are the highlights of your job?

The variety of patients, the ability to learn new things every day, the opportunities that general practice presents to nurses - opportunities that will make a difference to patient care as well as the way health care is delivered.

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

I am studying a Masters in Nursing Leadership at the Australian Catholic University. I think it is very important to develop nurse leaders especially in the area of general practice. Nursing is going to become an even larger part of primary health care and we need nurses who will advocate for the profession.

4) and 5) What role do you see for a PBRN such as VicReN in general practice?

The potential for research in general practice is huge. We need a systematic way of teaching and supporting practices about research, alerting them to the usefulness of the data that they collect and applying new research findings to everyday practice.

6) Why are you interested in participating in VicReN?

I would like to learn more about research as well as promoting nurses and nursing as significant areas of interest for research. Practice nursing needs to build a knowledge base around the work that we do and being involved with VicReN is one way to support this aim.

7) What would you like VicReN to offer you?

More skills in conducting, interpreting and contributing to research, especially with general practice.

Lynne Walker is one of nine VicReN Committee Members. Meet each Committee Member in forthcoming newsletters!

“We need a systematic way of teaching and supporting practices about research, alerting them to the usefulness of the data that they collect and applying new research findings to everyday practice.”



Ms. Lynne Walker

General practitioners, practice nurses and practice 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 practitioners with a genuine research interest, don't hesitate to contact the VicReN Coordinator Melinda Soós for more information on (03) 8344 3392 or via msoos@unimelb.edu.au