Eighth Tasmanian Annual PHCRED Symposium

Making a Difference – Building the Health of Primary Health Research in Tasmania

11 November 2011

ABSTRACT BOOKLET

Funded by

Menzies Research Institute Tasmania

Australian Government Department of Health and Aging

UTAS Faculty of Health Sciences Department of Rural Health
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Opening Plenary

**Title**
*The Public Health Perspective*

**Author/s**
Dr Roscoe Taylor

**Institution**
Department of Health & Human Services

**Presenter:**
*Dr Roscoe Taylor*

**Discussion**
A strong primary health care system is always going to be essential to the success of a broad overarching public health strategy for improving population health outcomes. But the interaction of public health with our more narrowly-based primary care system in Australia remains challenging for all, particularly as we begin to increase our emphasis on addressing social determinants as the most fundamental requirement to reduce disadvantage and health inequities. Viewing Tasmania’s progress - and the opportunities and obstacles to that progress - through this population health lens, raises a number of challenges for researchers.
Discussion

A research career depends both on funding success and publication success in order to establish a competitive track record. The funding environment is becoming increasingly competitive with more grants being submitted and demand increasing for limited funding dollars. Success rates in major Australian competitive grant rounds is often low, therefore excellence in grantsmanship is needed to ensure your proposal is competitive. The process of applying for funding is daunting even for seasoned researchers. We will explore some of the key steps in improving your chance of success including targeting the right funding agency, meeting eligibility requirements, assembling the right team and demonstrating the novelty, significance and impact of your research.
Session 1

Title
Implementing self-management into chronic disease care: Mapping an organisational and systems approach through the North West Area Health Service (NWAHS), Tasmania

Author/s
Gleeson, M and Griffiths, S

Institution
Partnership between University of Tasmania (Cradle Coast Campus) and Department of Health and Human Services (DHHS)

Presenters: Maree Gleeson and Sharon Griffiths

Objectives
The aim of this presentation is to present results from a study undertaken to determine perceptions of senior managers and selected key staff to the preparedness (including perceived enablers and barriers) of the North West Area Health Service in implementing a chronic disease self management approach to health care.

Methods
The study was divided into 2 phases. Phase 1 involved managers/leaders to complete an anonymous survey based on the principles of chronic disease self management as indicated in the “Navigating self management manual: a practical approach to implementation for Australian health care agencies” (2007 DOHA). Phase 2 involved semi-structured interviews with managers/key staff to collect qualitative complementary data.

Results
Fifty percent (15) surveys were completed and 8 interviews were conducted. Strategic intent from the health service NWAHS was evident but there was no visible long term plan or direction to implement a CDSM approach. Of particular interest were the identified barriers of implementing a CDSM framework across all levels of the service. This related mostly to organisational culture and a perception of competing priorities, including health reform and the reorganisation of delivery of primary health and acute care services.

Conclusion/Discussion
The culture of a medical model of care was identified as an impediment to infiltrating all layers of the health system. This was translated in perceptions of the health service having “pockets” of focused CDSM approaches to care. Where these “pockets” existed, it was evident that a number of staff in these areas had been able to participate in CDSM, however feedback indicated there had not been enough investment made in training or how the outcomes of training would be translated into practice.

Key messages
This project opened the way for discussions with the local health service relating to the preparedness of the organisation to support health professionals to practice within a chronic disease self management framework. Health professionals in the study reported a good understanding of approaches to chronic disease self management and the importance of how this could facilitate change within the area health service.
# Research & Practice Evaluation for Occupational Therapists

**Author/s**  
May, J and Dorward, C  

**Institution**  
Southern Tasmania Area Health Service  

**Presenters:** Jolene May and Christy Dorward  

**Objectives**  
In recognising the need to build capacity to conduct and engage in clinical research and service evaluation, the three occupational therapy services of the Southern Tasmania Area Health Service (STAHS) applied for a PHCRED travel grant.  

The grant is to be used to support a visit from Dr Clare Wilding of Charles Sturt University. The aim of her visit is to assist occupational therapists to develop an action plan that will enable STAHS occupational therapy services to:  

- create a culture and system that supports research;  
- acquire or access the knowledge and skills required for research;  
- establish collaborative research relationships with universities; and  
- meet STAHS allied health professional research/publication performance indicators.  

**Results**  
The event, over one and half days, is titled 'Research and practice evaluation for occupational therapists' and has four components. Dr Wilding will:  

1. visit each of the three STAHS occupational therapy services to enable a greater understanding of their core business;  
2. present her research regarding the implementation of occupational therapy performance models, outcome measures in primary health, and strategies for research in the clinical setting. She will also discuss research possibilities and opportunities for collaboration with Charles Sturt University;  
3. provide advice on three possible research proposals currently being considered by the occupational therapy services: outcome measures for occupational therapy in primary health, use of mirror boxes, and measuring the effect of implementing an occupational performance model in a clinical setting; and  

This presentation will report on the outcomes of Dr Wilding's visit and discuss the future directions for research and evaluation in occupational therapy services in STAHS.
Title

‘Strengthening Nutrition in General Practice’ Short Course - Impact Evaluation

Author/s
Rubie, K and Saunders, C

Institution
Community Nutrition Unit, Population Health, DHHS

Presenters: Kacey Rubie and Caitlin Saunders

Objectives
The Community Nutrition Unit (CNU) developed an accredited short course, ‘Strengthening Nutrition in General Practice’ (SNGP), to meet the nutrition professional development needs of Tasmanian Practice Nurses (PNs). The course was delivered eleven times across Tasmania between 2008 and 2010. An impact evaluation was conducted in 2011 in order to:

- Gather feedback on the impact of the course on routine practice
- Examine the sustainability of changes to nurse’s practice since completion
- Determine PNs’ perceived value of the course
- Provide evidence regarding ongoing provision of nutrition support to this workforce

Methods
Data was gathered by surveys, collected from PNs who attended SNGP update sessions in 2011, as well as by post/fax from PNs who were unable to attend. Response rate for PNs still working in General Practice was 54%.

Results
- 91% of respondents stated that the SNGP course had been an extremely valuable professional development opportunity. The remaining stated that it had been moderately valuable.
- 66% of respondents stated that they mention or discuss with clients the key messages learnt from the course, every day or almost every day that they work. A further 31% stated that they do this at least once per week.

Conclusion/Discussion
Results strongly suggest that the SNGP course is meeting the needs of Practice Nurses. Changes to practice have been made and sustained in the time (1-3 years) since they completed the course. There is overwhelming support for the course to continue, as the only means of credible, ongoing nutrition professional development for this workforce in Tasmania. There is a strong partnership between GP Tasmania, the CNU, and the regional divisions, that supports the delivery of this course and update sessions to Practice Nurses.

Key messages
The SNGP short course, and the support provided with this, is a highly effective way of meeting the nutrition professional development needs of PNs across Tasmania.
Title

*Interviewing one’s peers: a brief review of the literature about qualitative interviews between General Practitioners*

Author/s
Hopper, DL

Institution
PHCRED, Menzies Research Institute Tasmania, University of Tasmania

Presenter: Diane Hopper

Objectives
I am currently involved in a qualitative research project in General Practice about cardiovascular risk assessment. This involves interviewing General Practitioners about their use of current risk tables.

As a GP myself I became interested in the effect that having a GP as the interviewer might have on the views obtained.

Methods
A brief review of the literature was performed using PubMed and Google Scholar. The keywords qualitative, general practice, interviewing and peers were used.

Results
The results of the literature search will be presented. To further illustrate some of the issues I shall use some examples from my current study.

Discussion/Implications
The professional role of the researcher and their relationship with the interviewee affects the information obtained. This must be taken into consideration when the results of the study are analysed.
Title

PRevention and Monitoring of the Cessation of Breastfeeding – pilot study (PRAM-COB)

Author/s
Ayton, J¹ Howes, F¹ Hansen, E¹,² and Nelson M¹

Institution
¹ Menzies Research Institute Tasmania, University of Tasmania
² School of Sociology and Social Work, University of Tasmania

Presenter: Jen Ayton

Aims & Rationale
It is estimated that only 28%-46% of Australian infants are exclusively breastfeeding by 4-5 months of age.¹

This pilot will provide necessary evidence to inform the development and implementation of a primary health care based intervention to prevent early cessation of breastfeeding for a proposed future randomized controlled trial.

Aims
1. To test the feasibility and timing of an infant feeding data collection tool
2. To evaluate the clinical acceptability of the tool to general practitioners (GPs)/practice nurses (PNs) in the general practice setting

Methods
This descriptive study used purposeful sampling to enrol 5 general practices from the Hobart region (Tasmania) that provided child immunisations. Participants trialled a data collection tool over a 6 week period and completed a paper-based 10-item evaluation questionnaire.

Ethics approval was obtained through the Tasmanian Human Research and Medical Ethics Committee [H11561]

Results
Twenty two (15 GPs and 7 PNs) trialled and evaluated the 54 data collection forms from April - June 2011. Both GPs and PNs felt that more time, an incentive payment and education are needed to facilitate the delivery of the intervention at this time.

Forty three (79.6%) infants initiated breastfeeding within the first 24 hours of birth. At the 2 month immunisation appointment 5 (9.2%) of all infants were exclusively breastfed.

Conclusion/Discussion
The child immunisation appointment is an opportune time to monitor infant feeding trends. A dramatic decline in exclusively breastfeeding occurs between birth and the first 2-4 months¹. What is an acceptable, affordable and appropriate intervention for the mothers and their infants during this critical window (0-2 months) needs be explored further.

Key message
The critical time period to intervene to prevent early cessation of breastfeeding appears to be between hospital discharge and the first immunisation (4-6 weeks).

Title

Plain cigarette packaging: can Australia stay ahead of the pack? Implications for primary health care

Author/s
Davies, L and Bell, E

Institution
University Department of Rural Health, University of Tasmania

Presenter: Lorraine Davies

Objectives/Aims & Rationale
In 2012, Australia will become the first country in the world to mandate plain cigarette packaging. The authors seized the opportunity afforded by the level of international interest in this reform to submit an article to an A ranked journal.

Methods
The paper briefly summarises the history of, and evidence for, plain packaging in the literature, as well as describing Australia's other tobacco control reforms. It questions whether plain packaging, together with the other measures adopted by Australia, will be sufficient to achieve the government's target of reducing daily smoking prevalence to 10% (or less) by 2020. It argues that general practice has a key role to play.

Results/Principal findings
Plain cigarette packaging was first proposed in Canada and New Zealand in the late 1980s. Since then, the evidence for the role played by cigarette packaging in attracting and misleading smokers has been mounting, but is still experimental. While plain packaging may eliminate some of the image connotations that draw young people to take up smoking, it is unclear what effect it will have on committed smokers. There is clear evidence for the effectiveness of brief smoking cessation advice from GPs, with or without nicotine replacement or pharmacotherapy, but a low percentage of smokers report receiving this advice.

Discussion/Implications
The paper argues that now is the time for general practice to tackle smoking cessation systematically, building on the momentum of the government's reforms. Practices are now well-equipped to identify smokers on their data-bases and offer all tailored support to quit. Even “treatment-resistant” smokers might be induced to cut down, reducing their health risk.

Key messages
The government's tobacco control reforms offer primary health care a potentially powerful new policy framework for more systematic approaches to smoking cessation support.
Title

Aboriginal Women, Pregnancy and Smoking Research Project

Author/s
Randriamahefa, N, Davey, M, Edwards, C and Sculthorpe, J

Institution
Tasmanian Aboriginal Centre

Presenter: Nicole Randriamahefa

Objectives
Smoking during pregnancy is considered to be the number one preventable factor for low birth weight, contributing to a wide range of adverse effects on the mother, fetus, developing child and grown adult. As a result of these lifelong effects, smoking during pregnancy is influencing the health and very structure of our community. Aboriginal women continue to smoke during pregnancy at a rate of up to three times that of non-Aboriginal pregnant women. This study seeks to explore the understandings, views and experiences of smoking among Aboriginal pregnant women in Tasmania. We hope to identify the factors which may motivate and enable pregnant women to quit smoking during pregnancy and explore the barriers which they face to quit. We will explore the protective factors which have led to those who have never smoked and seek to understand the experiences of smoking for pregnant women.

The findings of this study will inform the way we develop smoking cessation programs in our Health Services, both pregnancy specific and for integration into our other smoking cessation programs.

Methods
This study aims to recruit up to 20 Aboriginal women who are currently pregnant through the Aboriginal Health Service in Hobart, Launceston and Burnie for qualitative semi-structured in-depth interviews. We will interview smokers, ex-smokers and non-smokers. We are satisfied that this number will provide us with enough diversity and the numbers required for saturation.

Results
We will be interviewing women in October & November 2011 and hope to have preliminary findings to present at the symposium.
Pregnant Women’s perspectives on Alcohol Consumption in Pregnancy

Author/s
Gates, S and Thomas, V

Institution
Royal Hobart Hospital

PHCRED 2011 Seeding Grant for small research project

Presenter: Shona Gates

Objectives
The aim of this qualitative study is to seek women’s perspectives about drinking alcohol in pregnancy. The risks associated with prenatal exposure to alcohol are well documented and include a variety of long term cognitive, emotional and behavioural problems in individuals known collectively as Foetal Alcohol Spectrum Disorders (FASD). FASD is widely recognised in several western countries as the most common preventable cause of developmental disorders, including birth defects and brain damage in children.

Little is documented however, from women’s perspectives with regard to the enabling factors for continuation of drinking in pregnancy. The notion that women can ‘simply stop drinking’ fails to recognise the complexity of the issue, and the multiple psychosocial factors that may be at play in influencing alcohol use and misuse. These may not always be explored as part of routine antenatal care. This small, exploratory pilot study will ask women about their experiences of drinking in pregnancy, and start to address the paucity of research of this nature in Tasmania.

Methods
Semi-structured, face-to-face interviews with up to five pregnant women who report drinking alcohol in pregnancy. This study is underpinned by an interpretive, phenomenological approach and influenced feminist research principles.

Results
The project is currently in progress. It is expected that the qualitative approach will elicit rich insights into the issue of alcohol in the context of women’s lives.

Discussion/Implications
It is hoped that this pilot study will not only start to raise the profile of the negative effects of alcohol consumption in pregnancy, but also encourage the development of positive and effective interventions that are non-blaming and non-judgemental.

It is therefore hoped the findings will ultimately contribute to the implementation of strategies aimed at reducing alcohol exposed pregnancies in Tasmania, and help to determine further lines of enquiry.
Title

‘I just never would associate walking as exercise’: Perceptions of walking for exercise in young Australians

Author/s
Jose, K and Hansen, E

Institution
Menzies Research Institute Tasmania, University of Tasmania

Presenter: Kim Jose

Objectives
Walking is considered the most accessible form of physical activity as it is convenient, free, familiar, sustainable into old age and has low injury rates. In Australia, walking is the most prevalent form of exercise for adults over the age of 34 years. Reasons for the lower prevalence of walking among young people are unknown. This qualitative study explores young people’s views of walking, in particular walking for exercise.

Methods
Semi-structured interviews were conducted with young people aged 17-25 years (males = 10, females = 14) from a range of demographic backgrounds and varying activity levels (inactive to active). During the interviews, Australia’s physical activity recommendations for adults were summarised, highlighting the inclusion of moderate intensity physical activity such as walking. Participants were asked to comment on the recommendations and walking for exercise. Interviews were audio recorded and transcribed before being analysed using an iterative thematic form of analysis. Participants completed the International Physical Activity Questionnaire (IPAQ) and wore a pedometer for one week.

Results
Irrespective of demographic factors and classification by pedometer or IPAQ score, most participants did not identify walking as exercise. Three key themes: intensity and benefits; everydayness; not for me, not yet were identified that would help explain this. Walking was considered a functional everyday activity and of inadequate intensity to achieve any health benefits for young adults.

Discussion/Implications
Participants were aware of the benefits associated with regular physical activity. However, these benefits were associated with participation in high intensity physical activity. Public health campaigns promoting moderate intensity physical activity, such as walking may have failed to resonate with young adults.

Key message
Targeted and tailored campaigns promoting the benefits of walking to young people may be required. Sedentary young people, in particular, may benefit from targeted promotion of walking.
Title

What factors influence Tasmanian podiatrist in physical activity promotion?

Author/s
Crisford, P, Cleland, V, Winzenberg, T and Venn, A

Institution
Menzies Research Institute Tasmania, University of Tasmania

Presenter: Paul Crisford

Objectives/Aims & Rationale
Health professionals from all disciplines are encouraged to play a part in reducing the health risks and the financial cost of human physical inactivity. At present, little is known about the extent to which podiatrists incorporate physical activity promotion into their clinical practice. This study aims to explore Tasmanian podiatrists’ perceptions of the factors that influence them in providing physical activity promotion during clinical consultations.

Methods
This qualitative study will involve approximately 20 semi-structured interviews with purposefully selected Tasmanian podiatrists. The interview schedule has been developed within a behavioural theoretical framework to identify the beliefs, attitudes, knowledge and practice behaviours of practicing podiatrists in the private and public sector. Information on podiatrist demographic and physical activity characteristics will also be collected. Transcribed interviews will be analysed using an iterative thematic approach to identify major themes and salient beliefs.

Results
Data are currently being collected and analysed.

Discussion/Implications
This knowledge will be used to inform further studies of podiatrists’ physical activity promotion behaviour and may have implications in the development of targeted intervention strategies to assist podiatrists in effectively promoting physical activity during routine clinical practice.

Key messages
Podiatry consultations provide a good opportunity to promote physical activity.

Little is currently known about podiatrist’s attitudes, knowledge, and practice behaviour in regards to physical activity promotion.

This study will provide important foundational information to inform further work in in the promotion of physical activity by podiatrists.
Session 3

Title

How and when do bodily sensations become symptoms requiring GP assessment?

Author/s
Allen, P and Bell, E

Institution
University Department of Rural Health, University of Tasmania

Presenter: Penny Allen

Objectives/Aims & Rationale
To explore how individuals perceive and interpret bodily sensations as ‘symptoms’ and to describe the factors which prompt GP consultations after the onset of symptoms common in lung, colorectal or ovarian cancer. This attempted to fill the gap in knowledge on the process of symptom perception and interpretation in relation to cancer symptoms.

Methods
Face-to-face in-depth interviews with 12 persons who had recently consulted their doctor, or had booked an appointment to discuss symptoms which are also common in lung, colorectal or ovarian cancer.

Results
All participants were interviewed prior to receiving a definitive diagnosis for their symptoms and one participant was subsequently diagnosed with bowel cancer. Psychological variables, socio-cultural illness schemas, pre-existing health beliefs and the concurrent onset of multiple sensations or physical changes were important factors which led individuals to interpret bodily sensations as symptoms of illness. Where sensations fitted with individuals’ perceived vulnerabilities, exceed expectations of severity, frequency and duration, or interfered with daily activities they were more readily interpreted as symptoms of illnesses. Factors which prompted GP consultations included the onset of novel symptoms, symptoms fitting with perceived vulnerabilities, social legitimation of the need for medical advice, and symptoms exceeding expected severity or duration. A key finding was the importance of the internet to assess symptoms and determine whether they required GP advice. A change in longstanding symptoms, such as increased severity or frequency, was also an important for prompting GP consultations.

Discussion/Implications
The findings built upon existing psycho-social models of symptom perception, identifying new factors which shape attention to bodily sensations and the processes through which individuals interpret these as symptoms of illness. Surprisingly, few participants were aware that their symptoms are also commonly found in lung, colorectal or ovarian cancer.

Key message
There is a need to assess awareness of cancer symptoms in the wider community and to investigate levels of knowledge about appropriate GP visits.
Title

GPs’ perceptions of the usefulness of absolute fracture risk assessment in their practice: barriers, facilitators and other issues to consider in future implementation

Author/s
Winzenberg, T¹ Reid, P² Jones, G¹, Hansen, E¹ and Shaw K¹

Institution
¹Menzies Research Institute Tasmania, University of Tasmania
²General Practice South

Presenter: Pam Reid

Aims/Rationale
There is an emerging role for absolute fracture risk (AFR) assessment in guiding osteoporosis prevention and management. However, to ensure its successful implementation, it is important to understand how AFR assessment tools (AFRAT) might be used by GPs. This study aims to investigate GPs’ perceptions of using AFRAT.

Methods
We performed semi-structured interviews exploring GPs’ views on using AFR in clinical practice, preferences for AFRAT format and potential barriers to and enablers of using AFRAT. We recruited GPs using purposive sampling from the GP South Database. Recorded interviews were transcribed in full and analysed independently by two people using an iterative interpretive technique.

Results
Preliminary findings come from 22 interviews. GPs’ knowledge of the concept of absolute risk was limited. Few GPs were aware of the availability of AFRAT. Many felt that using AFRAT would reinforce their decision to initiate osteoporosis therapy though PBS eligibility was seen as a potential issue.

Nearly all GPs identified the main potential advantage of using AFRAT as assisting with patient education, e.g. by:
- making risk reduction comparisons through hypothetical patient lifestyle changes; and
- reinforcing reasons behind treatment decisions.

Most GPs (2/3) preferred a computer-based tool; the remainder preferred a printed version. An easily accessed, simple tool that provides visual representation of risk and accompanying patient handouts was generally identified as being useful.

Discussion
GPs are receptive to using AFR to guide management and for patient education. A variety of formats may be needed, with supporting materials, for implementation into practice to be successful and for maximum benefits for patient care to be gained. These issues need to be considered in the design of AFRAT and their dissemination to GPs.

Key message
AFRAT are likely to be accepted into clinical practice by GPs but implementation needs address issues raised by GPs to maximise their usefulness.
Title

Audit of compliance with national and international guidelines on the management of non-specific low back pain among physiotherapists in the Southern Tasmania Area Health Service (STAHS)

Author/s
Cuellar, WA

Institution
Southern Tasmania Area Health Service

Presenter: William Cuellar

Objectives/Aims & Rationale
Approximately 80% of adults in Australia will suffer from lower back pain (LBP) at some point in their lives. The majority of these people will make a full recovery. However, up to 10% of people will develop chronic pain, which is associated with increased burden on the health care system, disability and employment.

Essential to preventing chronic pain (and recommended in numerous guidelines) is early assessment of risk factors and appropriate education, particularly in regard to staying active. This project undertook an audit of STAHS physiotherapists' documentation of the above recommendations. Documentation of patient’s consent to assessment and treatment was also included opportunistically in this audit.

Methods
Up to 52010 files from patients treated by STAHS physiotherapists working in the outpatients services were randomly selected for auditing. The inclusion criteria were newly referred patients presenting with non-specific low back pain, with no history of diagnosed spinal disorders, previous spinal surgery, and no associated distal or neurological symptoms. Auditing for documented compliance with national and international guidelines was completed for 160 files.

Results
1- There is an inconsistent approach to assessment and poor documentation of red flags.
2- Yellow flags are only rarely assessed and a YF questionnaire is only used in the SAC
3- Patients are not consistently educated about their conditions and the need to remain active.
4- Consent was very poorly documented.
5- No evidence was found of patient's being given written information on their condition and advice to promote self-management.
6- Consistent assessment and documentation of risk factors was found only in workplaces where these factors were part of the initial assessment form.

Discussion/Implications
The results from this project have provided baseline data for current physiotherapy practice against national and international treatment guidelines and recommendations for the management of LBP. This audit has identified areas requiring improvement in documentation, assessment and education.
Key messages

1. There is a clear need for education among STAHS physiotherapist on the Guidelines’ recommendations for the assessment and treatment of LBP.

2. There is a need for the development and implementation of an appropriate tool for the screening of red and yellow flags.

3. Since consistent high compliance with guidelines’ recommendations was related to an appropriate initial assessment form, there is a need to review currently used assessments forms.

4. Information packages for patients will need to be developed.

5. There is a need for education on the rationale for obtaining and documenting informed consent from patients.
Session 4

Title

How do Australian Regional Training Providers address the learning needs of underperforming GP registrars within a GP training setting? An identification of current perceptions and approaches

Author/s
Cooling, NB1, Stone, L, Meumann, M and Hansen, E

Institution
1 Menzies Research Institute Tasmania, University of Tasmania

Presenter: Nick Cooling

Objectives
Underperforming general practice trainees are becoming more prevalent, challenging to manage, and require significant resources from regional training providers. Despite this, there are no studies describing or demonstrating the most effective support system to achieve effective remediation. Most interventions, while being individualised and documented are ad hoc, not based on proven educational tools or programs, and poorly evaluated.

The aim of this study is to describe some of the current practices adopted by Australian Regional Training Providers (RTPs) in order to identify the needs and gaps in each system. Additionally the aim is to collate perceptions towards current methods of managing and supporting underperforming registrars from the perspective of the registrar, supervisor and educator.

Methods
We have used a multi-case, descriptive case study approach with the purpose being to define current practices. The predominant method for collecting data has been interviews in focus groups and individual key informants, as well as selective review of remediation learning plans and reports. In depth interviews with participants, including GP trainees, involved in individual cases of remediation will been undertaken in the field.

The methodology chosen for qualitative data analysis was "situational analysis" - a form of grounded theory employing a traditional iterative /thematic approach.

Results
Initial analysis of the focus groups and questionnaires yielded 30 themes. A core theory of the detection and support processes was postulated. Key themes identified included the importance of early detection, the pros and cons of 'labelling' an underperforming trainee and the variable confidence of supervisors /educators in determining underperformance. While there were significant differences in the approaches in the detection, support and remediation of underperforming GP registrars, successful outcomes were often underpinned by certain ingredients. Variations in approaches related to size of the RTP, rural pathway registrar number and International Medical Graduate numbers in a training program.

Discussion/Implications
Many challenges remain including benchmarking levels of performance, the value of a systems vs registrar centred approach, and resource allocation from funders and within training providers. This study will inform a national survey of all RTPs and
ultimately the most effective approach to achieving a successful outcome in underperforming trainees.

**Key messages**

- There is considerable variation in the approach to assisting underperforming GP trainees in Australian RTPs but there are common elements that contribute to effective outcomes.

- Guidelines for RTPs on supporting underperforming GP trainees based on effective models & resource sharing between RTPs would improve the process and outcomes.
Developing Interprofessional Practice in an Allied Health Outpatient Team

Author/s
Barnett, T, Brodie, JL and Hodgson, J

Institution
University Department of Rural Health, University of Tasmania

Presenter: Jane Brodie

Objectives/Aims & Rationale
It is widely recognised that interprofessional practice (IPP) is important to maximise health outcomes, service efficiency and productivity. A new service has been established to operate as a dedicated team of allied health practitioners to provide a sub-acute outpatient rehabilitation service. It has been established on principles of IPP and patient centred care. Observation of initial development of IPP within the team and outcomes will be discussed.

Methods
Observation of team practices with feedback, education on IPP and interprofessional learning and facilitated discussion of IPP, progression and impacts have been commenced. Refinement of team processes, reflection on practice and identification of areas requiring further development are evolving.

Discussion/Implications
On observation there is demonstrated teamwork and examples of IPP occurring within practice. There are examples of developed coordination, collaboration, communication, breakdown of barriers between professions and developed understanding of other professional roles. Interprofessional Learning (IPL) has been identified by the team as strengthening IPP with developing understanding of other professions and sharing care. Further team development is identified around processes, learning and reflection.

Semi-structured interviews are planned to gain further insight into enablers and barriers to IPP within the team, changes to practice since, working in the team, impact on staff satisfaction and perceived outcomes for patients and other stakeholders.

Key messages
Evolution of the IPP team is an ongoing process, facilitated by IPL and team development.
Staff identify changes in practice and perceive improved outcomes for patients and efficiency in practice through working in an Interprofessional framework.
Title

Coordinating Neuro-Oncology Care: A Primary Health Care Framework

Author/s
Nichols, LJ

Institution
School of Nursing and Midwifery, University of Tasmania

Presenter: Linda Nichols

Objectives
The following presentation explores cancer care coordination; specifically focusing on neuro-oncology. For patients diagnosed with a brain tumour a selective PHC framework offers a more inclusive approach to care that recognises the social determinants of health, working towards prevention or early recognition of health issues, health promotion and a system focused on attainable goals.

Methods
Improved nursing management of patients diagnosed with a primary brain tumour is explored through the five interconnecting principles of PHC (appropriate technology; multidisciplinary collaboration; accessibility; increased emphasis on health promotion; and public participation). Practical, scientifically sound and socially acceptable neuro-oncological nursing activities and roles are discussed during the presentation, drawing on National and International literature and models of care.

Discussion/Implications
In Australia there are more than 1400 primary brain tumours diagnosed each year. Despite being one of the less common forms of cancer, primary brain tumours are one of the most aggressive and devastating cancers. Primary brain tumours pose a unique concern for health professionals, as they generally present with a rapid and poor prognosis associated with the development of functional and cognitive deficiencies which creates a profound psychosocial impact. Considering the majority of patients diagnosed with a high-grade brain tumour succumb within 14 months of diagnosis, the most important outcome of patient care is to insure that care is comprehensive and individually focused.

Key messages
Nurses play a vital role in the outcome of patient care, providing constancy and continuity as patients and families attempt to negotiate their way through the multifaceted and complex treatment regimes. The management of primary brain tumour patients by specialist neuro-oncological nurses and cancer care coordinators has resulted in an increased focus on cancer care reform. Despite the aim of reforms to provide seamless patient journeys, there needs to be an increased emphasis on PHC as a strategy for achieving co-ordination of care.
Session 5

Title

*Asian migrants’ lived experience and acculturation to western health care in rural Tasmania*

Author/s

Terry, D, Ali, M and Lê, Q

Institution

Centre for International Health, Curtin University and University Department of Rural Health, University of Tasmania

Presenter: Daniel Terry

Objectives

The study was designed to explore the lived experience of Asian migrants’ health care seeking behaviour in Tasmania, to discern the acculturation process by which Asian migrants are enabled to use the health system, and to identify strategies which assist migrants to understand and use the health system better.

Methods

Qualitative research was adopted. Semi-structured interviews were conducted with 36 Asian migrants residing in North, South and North West Tasmania which were recruited through purposive sampling.

Results

Six main themes emerged from the interviews: the acculturation process, interactions with the health care system, access issues, culturally appropriate health care, positive health care in Tasmania, and suggestions for improving health care.

Discussion/Implications

The findings indicated that Asian migrants’ views affected their health care seeking behaviours due to the lack of information, poor communication, limited access and choices in Tasmania. Interestingly, those married to local Tasmanians had the shortest trajectory to health system acculturation. The study recommended developing health and wellbeing for Asian migrants by increasing access to information regarding navigating the health system and improving access to and awareness of language services. In addition, ensuring adequate, appropriately written, culturally specific and congruent information should be available to assist migrants’ transition into a new health care system. Lastly, greater cultural awareness within the health profession to meet the needs of culturally specific individuals and communities is required when they seek care.
Title

Data about disabilities

Author/s
Hetherington, R and Bell, E

Institution
Primary Health Care Research, Evaluation and Development Program, University Department of Rural Health, University of Tasmania

Presenter: Rose Hetherington

Objectives
According to the Australian Bureau of Statistics 18.5% of Australian’s have a disability. Tasmania has the highest rate of disability of all states in Australia (22.7%). The primary aim of the project is to identify what publicly available data exists about people with disabilities in Tasmania. The secondary aim of the project is to identify how their health and well-being needs and outcomes compare with those in other states.

Methods
The first part of the project will consist of a review of the currently available indicators of disability in Australia. The data available at the Australian Bureau of Statistics and the Australian Institute of Health and Welfare will be targeted.

The second part of the project will use Qualitative Comparative Analysis to further analyse the interplay of indicators on outcomes such as self-rated health status and psychological distress.

Discussion/Implications
We know that the most commonly reported chronic health conditions for people under 65 years with severe or profound disability are mental health problems, back problems, arthritis, cardiovascular disease and asthma. People with a disability experience chronic health conditions at far higher levels than people without a disability and tend to develop these conditions earlier in life. In addition people with a disability face other socio-economic factors that contribute to disadvantage and limit full participation in the community. This has important policy implications.

Key messages
Tasmania has the highest rate of profound or severe core activity limitation (6.8%) of all Australian states.

Tasmania has the second highest level of fair/poor self-assessed health status and the highest level of very high psychological distress amongst people with profound or severe activity limitation of all states.
Rural oral health and access to dental care

Author/s
Crocombe, LA1,2 Stewart, JF1 Brennan, DS1 Slade GD3 Spencer, AJ1

Institution
1 Australian Research Centre for Population Oral Health, School of Dentistry, The University of Adelaide, Adelaide, Australia
2 Menzies Research Institute Tasmania, University of Tasmania, Hobart, Australia
3 Department of Dental Ecology, UNC School of Dentistry, The University of North Carolina, Chapel Hill, North Carolina, United States of America

Presenter: Len Crocombe

Background
Why the oral health status of rural Australian adults is poorer than that of metropolitan adults has not been satisfactorily explained.

Objectives
To determine if the reason was poorer access to dental care

Methods
Data were obtained from the Australian National Survey of Adult Oral Health (2004–06), a clustered stratified random sample of people aged 15+ years using telephone interviews, oral epidemiological examinations, and questionnaires. Postcodes were used to create three ARIA+ regional groups: major city, inner and outer regional areas. Oral health status was measured by the DMFT Index, and the numbers of decayed, missing and filled permanent teeth. Six variables were used to indicate access to dental care. A two-step analysis was undertaken: comparing the dependent variables by regional location, socio-demographic confounders and preventive dental behaviours, and then including access to dental care variables, to investigate if there were significant regional effects in the first, but not in the second modelling step.

Results
Of the 14,123 people interviewed, 5,505 (43.7%) were examined, and 4,170 completed the questionnaire. With socio-economic and preventive dental parameters in the first regression model, inner regional people had higher DMFT (Regression coefficient=1.30, 95%CI=0.55,2.06), more decayed (0.30, 0.02,0.59) and missing teeth (0.64, 0.17,1.10), but not filled teeth (-0.36, -0.28,1.00), than major city-based people. In the second step analysis, inner regional people still had a greater DMFT (1.16, 0.40,1.92), but not decayed (0.17, -0.13,0.46), missing teeth (0.46, -0.03,0.96), or filled teeth (0.53, -0.15,1.21) than major city-based people.

Conclusion
Inner regional areas have a higher dental caries experience, more decayed and missing teeth than major city areas. This was maintained after controlling for sociodemographic status, but not for decayed and missing teeth when also controlling for access to dental care. Dental care access was one factor in poorer oral health in inner regional areas.
Title

Climate change and rural primary healthcare: How research by and for medical practitioners could contribute to regional health impact and risk assessments

Author/s
Towle, NJ and Bell, E

Institution
Rural Clinical School, University of Tasmania

Presenter: Nick Towle

Objectives
This presentation to our Tasmanian practitioners provides the results of a paper we gave earlier this year at the 2011 Perth National Rural Health Alliance conference, however, it is presented by our PHCRED practitioner researcher Dr Nick Towle who gives his particular insights into the data. Over 1000 papers have been written about the health effects of climate change, which is recognised as one of the greatest health threats of the 21st Century.(1) Australia is one of the world's most climate-vulnerable developed countries, facing drought and major flooding events. The research to date has principally focussed on the population health of entire regions or countries. This study was designed to explore the experiences and clinical practice of primary health care practitioners (GPs) working in regional and rural Tasmania and the potential for these practitioners to support regional-level assessments of health risks, impacts and appropriate adaptations to a changing climate.

Methods
Practices across rural and regional Tasmania were contacted with an invitation to participate. Telephone interviews using a standard questionnaire were conducted by the medical practitioner researcher with 6 GP's across regional and rural Tasmania. Interviews were transcribed and assessed for key themes.

Results
Those interviewed demonstrated a sophisticated level of understanding of direct and indirect health effects of climate change on rural communities, gained through direct experience and knowledge of the regions in which they serve.

Discussion/Implications
This pilot study suggests that GPs could play an important role in regional-level Health Impact Assessment studies led by councils (or other broader collaborations), serving as regional climate change witnesses. The use of a practitioner researcher as interviewer adds much to the quality of interviews and insights from interview data, as well as processes of recruitment for such a study.

Key message
Climate Change is the biggest global health threat of the 21st Century. GPs in rural areas may have a key role to play in understanding regional level risks, contributing to Health Impact Assessments and serving as climate change witnesses. Health practitioners have an important role to play as practitioner researchers in these research endeavours.
Session 6

Title

*Can Interprofessional Practice (IPP) improve discharge planning for patients with complex medical histories in the acute setting at the Launceston General Hospital?*

Author/s

Bond, A and Barnett, T

Institution

University Department of Rural Health, University of Tasmania

Presenter: Annabelle Bond

Objectives

Interprofessional Practice (IPP) is important in effectively managing complex patient situations by ensuring systematic and informed collaboration across professional boundaries within a multi-disciplinary team. Patients admitted to the acute wards at the Launceston General Hospital (LGH) in Northern Tasmania have been increasingly identified as complex by healthcare professionals as a result of their medical and or social histories. These patients are typically at risk of an extended duration of hospital admission, and it is hypothesised that current discharge planning processes within the multi-disciplinary team could be a contributing factor. The aim of this research project is to investigate if IPP can have a positive impact on discharge planning processes for patients with complex medical histories the acute setting at the LGH.

Methods

Case study analyses of 3-4 patients will be used to examine how multi-disciplinary teams at LGH currently manage complex medical inpatients from admission through to discharge in the acute setting. Observations of multi-disciplinary team collaboration and discharge planning will be recorded; semi-structured interviews will be conducted with the participants at the time of patient discharge.

Discussion/Implications

Investigation of current multi-disciplinary team practices for discharge planning maybe valuable in understanding and identifying barriers and enablers for the implementation of IPP principles within the acute hospital setting. This will assist the development of more structured discharge planning pathways for patients with complex medical histories. Possible benefits include positively impacting upon outcomes such as length of stay, cost effectiveness, service efficiency and role satisfaction for healthcare professionals.
Title

*Hand Scrub Antisepsis from a Water Perspective*

**Author/s**
Ling, FKH, Narayanasamy, N and Prisell, P

**Institution**
North West Regional Hospital, Burnie

**Presenter:** Ferraby Ling

**Objectives**
Our study aims to look into a safe and more water friendly alternative to Traditional Surgical hand Antisepsis (TSA).

Most TSA techniques recommend an initial scrub followed by a final scrub. In this study, we are introducing a new concept of surgical hand antisepsis using minimal water, Minimal Water Antisepsis (MWA). This is achieved by an initial water rinse, followed by a thorough scrub with the antimicrobial agent followed by a final rinse.

We hypothesize that our suggested scrub protocol will result in less water consumption as well as antiseptic solution usage, and still provide a safe level of preoperative hand antisepsis.

**Methods**
Each participant will scrub twice, once when performing the TSA, and once again on a separate occasion when performing the presented MWA. After each scrub, the hands will be dried with a sterile towel.

Microbiological samples will be obtained and a comparison of the efficacy of the scrub method can then be made based on the colony count.

Both water and antiseptic agent consumption will also be measured.

**Results**
Not finalised

**Discussion/Implications**
Our hypothesis, if proven, will serve as a preamble to a study at a larger scale to better define our recommended protocol to achieve a more economical water and antiseptic solution usage. Our protocol is kind to the environment and also more economical – both of which are very favourable in light of our current affairs
Title

**Improving the management of hypertension in general practice: A qualitative needs assessment of Australian general practitioners**

Author/s
Howes, FS and Nelson, MR

Institution
Menzies Research Institute Tasmania, University of Tasmania, Hobart, Australia

Presenter: **Prof. Mark Nelson on behalf of Faline Howes**

Objectives
This study aimed to identify strategies to improve the management of hypertension in general practice.

Methods
Four focus groups (twenty-five GPs and GP registrars) were conducted, recorded and transcribed. Common emerging themes were analysed by an iterative thematic process.

Results
Four main themes were identified: uncertainty about blood pressure (BP) measurement, achieving consensus in practice, accommodating patient differences and addressing systematic barriers. GPs want a more standardised approach to measuring and interpreting BP with consistent, valid readings taken on one device that accurately measures the patients’ BP in the ‘real world’. GPs want to be up-skilled in specific areas related to hypertension management.

Discussion/Implications
To facilitate improvements in BP management, the most pressing needs of this group of GPs is to reduce the uncertainty surrounding the measurement and interpretation of BP readings. This study has identified that sections of existing hypertension guidelines need to be reviewed and implemented. However, there are other contextual issues that also need to be addressed in efforts to strengthen a systematic approach to the management of blood pressure and cardiovascular risk.

Key messages
- The GPs in this study suggest that greater standardisation of BP measurement, recording and interpretation is needed.
- Effectively and efficiently implementing this vital information and translating it into routine clinical care remains the great challenge.
- However, identifying knowledge gaps and important contextual issues that need to be addressed in efforts to strengthen a systematic approach to the management of blood pressure and cardiovascular risk is an important first step.
Title

Gender: an elephant in the rural health workforce room?

Author/s
Spinaze, A

Institution
University Department of Rural Health & School of Sociology and Social Work, University of Tasmania

Presenter: Anna Spinaze

Background
Anna’s research looks at what it is like to be a rural health professional and do chronic conditions-related work.

Aims
This paper explores some findings & relevant literature, for feedback during thesis writing.

Methods
Qualitative multi-method project (interviews, observations, video-triggered interviews), involving 25-30 rural & remote clinicians from major health professions within the Tasmanian rural health workforce.

Results
84% of respondents are female, and two-thirds of respondents were part-time at the time of observation and/or interview. Organisational workforce literature consistently correlates part-time work with being female. Healthcare work is also traditionally female dominated. Are we ignoring an elephant in the rural health workforce room?

Discussion/Implications
Gender affects both how much people work, and in what style they work. This paper explores such issues for the rural health workforce doing chronic conditions work.
Title

“FRiScED” – Falls Risk Screen in Emergency Department

Author/s
Parry, J, Dobbyn, E and Lendvay, L

Institution
Launceston General Hospital

Presenter: Joanne Parry

Objectives
There is no falls risk screen or falls management plan currently undertaken in the Department of Emergency Medicine (DEM) at Launceston General Hospital (LGH). Clients discharged back into the community frequently represent to DEM as a result of falling.

The Hospital and Aged Care Liaison Team (HALT) aims to address this gap through a pilot project that implements Best Practice Guidelines¹ as a service to older clients through a number of measures including the introduction of falls risk screening, the development of a falls management pathway (including feedback to primary care providers) and staff education.

Methods
HALT will develop procedures that include:

- Use of the FROP-Com² falls risk screen with clients in DEM
- A full FROP-Com assessment for clients identified as high falls risk upon screening
- Identification of falls risks with primary care providers and allied health intervention as indicated
- Provision of education to patient and carers regarding risk factors and a falls prevention education package
- Referral to community agencies for follow up services

Discussion/Implications
Potential health benefits for clients are:

- Reduced risk of falls and injury, reduced hospitalisation or entry into supported care secondary to falls and reduced re-presentations to DEM
- Retained quality of life, improved strength, balance and function
- Decreased fear of falling, leading to better community participation and integration
- Increased communication between acute services and primary care providers

Service implications:

- Implementation of best practice recommendations with clients presenting to DEM with falls or at high risk of falls
- Collection of statistics for presentations to DEM following a fall or fall related injury
- A clear process for follow up of patients at high risk of falling after they are discharged from DEM
- Evidence that demonstrates the benefits of the project to LGH and primary care services and the need for resource investment to sustain the service in the Northern Area Health Service (NAHS)
Key messages

- Implementation of identified best practice
- Improved service provision for clients of the NAHS
- Identification of service gaps
Title

Cardiovascular Risk Assessment in Younger People: a literature review

Author/s
Hopper, D, Bentley M, and Nelson, M

Institution
PHCRED, Menzies Research Institute

Presenter: Diane Hopper

Objectives
International guidelines for Primary Prevention recommend that risk factors such as blood pressure and cholesterol levels should not be managed in isolation but according to the likelihood of a cardiovascular event within a certain time period, the absolute cardiovascular risk.

Current risk tables and calculators see all cardiovascular events as equal. Events in younger people may result in more life years lost or years of disability.

We propose a modification to the current risk tables to be used in younger people that makes an adjustment for life years lost and years of disability resulting from a cardiovascular event.

A study is underway into the implementation of such tables to determine the acceptability of this approach to General Practitioners.

Methods
An initial literature review was conducted and a summary is presented.

Discussion/Implications
Despite large reductions in mortality in the last 40 years CVD is still a major cause of death and disability. Rates may be increasing amongst younger people.

Most GPs prefer to use individual risk factors or ‘clinical judgement’ rather than risk tables when managing hypertension or raised cholesterol.

Treatment of individual risk factors or those at increased relative risk leads is not cost effective and leads to unnecessary exposure to the risks of medication.
Ask the Audience - an infection prevention and control learning needs assessment for primary health nurses

Author/s
Turnbull, K

Institution
Northern Area Health Service

Presenter: Karen Turnbull

Aim
To identify the infection prevention and control (IP&C) learning and support needs of nurses working in Primary Health North (PHN) sites and services.

Rationale
Learning needs assessment is an important stage of educational processes that aim to inform changes in practice and policy for continuing professional development. To guide the development of IP&C educational interventions a needs assessment will be conducted to determine current knowledge, discover potential gaps between knowledge and practice, and identify perceived training needs amongst primary health care nurses. The results of this assessment will be used to guide the development of IP&C educational strategy for PHN and furthered in state wide initiatives.

Methods
Eleven PHN sites and services were selected for the administration of an online survey to identify priority areas, perceived need and suitable delivery methods for IP&C education. Data collection includes elucidation of current knowledge in IP&C practice, previous training, self-identified needs, preferred delivery method, and participant demographics. Descriptive and inferential statistics will be used to identify gaps across the domains represented by the data.

Results
TBA

Discussion/Implications
Upon successful completion it is suggested that the project will: Contextualise training needs in line with state wide priorities for IP&C. Provide evidence to inform training content and delivery. Identify potential systemic or non-training issues influencing practice. Establish the relevance and appropriateness of the education program. Establish a foundation for post-training evaluation.

Key messages
Effective educational strategies to improve patient care are best informed using assessment and consultation with clinicians. IP&C education for primary health nurses should be explicitly tailored to be accessible, relevant and appropriate to diverse care environments.
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Australian Government
Department of Health and Ageing

Funded by the Australian Government Department of Health and Ageing