Research questions from PHC and FM: how to use them in master programs

Workshop Primafamed conference – Kampala Uganda

Let’s present myself

- Starting with myself
- My family
- My practice
- My university
- My international contacts

EUROPEAN GENERAL PRACTICE
EGPRN
RESEARCH NETWORK

EGPRN is a network organisation within WONCA Region Europe - ESGP/FM

Aim of the workshop

To explore how to use research questions from FM/PHC within master programs in countries with low capacity

Menu for this workshop

- Your expectations ?

- What has been done in other countries?
  - The master projects in Belgium
  - SWOT analysis

- Questions for this workshop?
  - How to start or not to start a project?
  - What are the requirements?
  - What are classical errors to avoid?

Experience in Flanders (Belgium)

- Since 10 years, practice projects within vocational training → quality assurance + portfolio
- In Master program: developed as master thesis – quality assurance/research project in their own teaching practice

Swot analysis

Swot analysis: Strenghts

- Research close to practice
- Continuity and sustainability
- Collaboration

Swot analysis: Weaknesses

- Lack of finances/funding and financial difficulties;
- Loss of motivation/ time availibility (because of high workload in primary care)
- Too much research and less quality assurance
- Not enough support to students

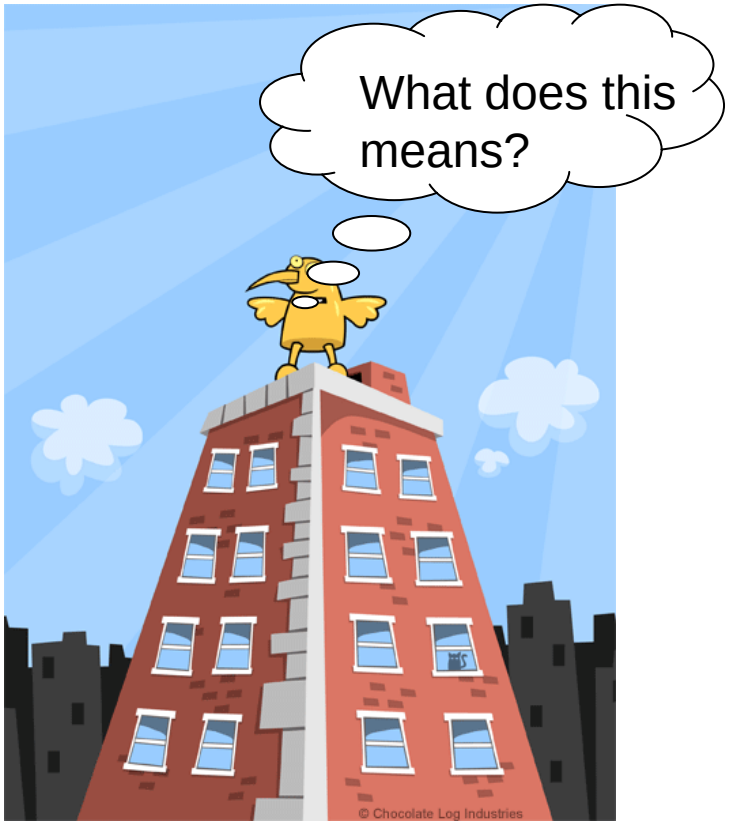
Swot analysis: Opportunities

- Involving more GPs in research
- Attracting more students to general practice
- Increasing networking and collaboration between practice and academics

Swot analysis:Threats

- Lack of time because increasing administration
- Research is getting more and more academic, linkage to practice weaker; more full time researchers
- Conflict of interest by drug companies, because of funding by farmaceutical industry

Research capacity building



Research capacity building

- ‘ A process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research’

  Trostle J, 1992

- ‘An approach to the development of sustainable skills, organizational structures, resources and commitment to health improvement …’

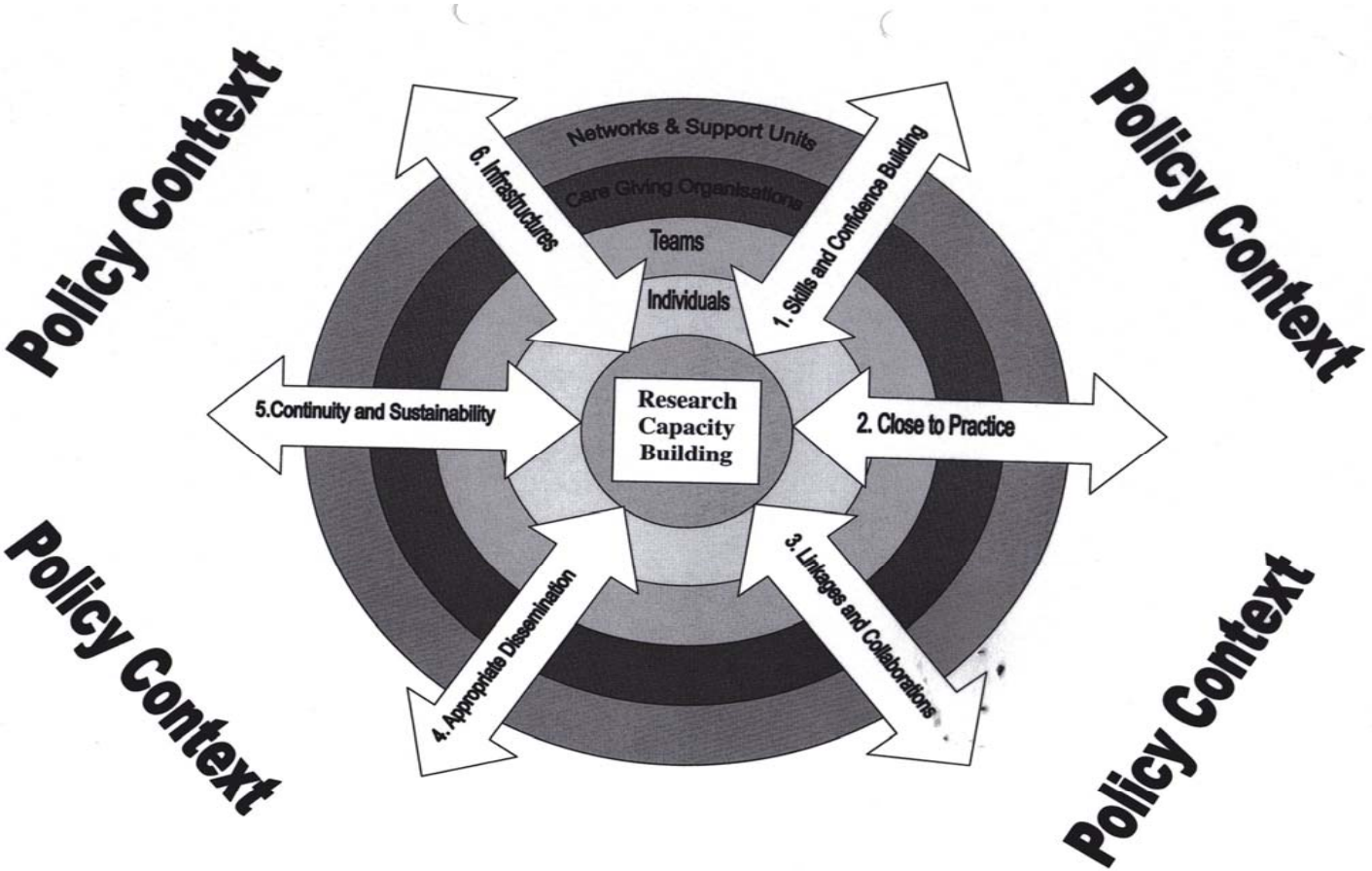
  Albert E, Mickan 2002

Six principles of capacity building

Cooke JM 2005

- develop skills and confidence
- support linkages and partnerships
- ensure the research is close to practice
- develop appropriate dissemination
- invest in infrastructure
- build elements of sustainability and continuity

Principles of capacity building



What is Research in Primary Care – General Practice? How to start new research?

- What are the ground rules to start a new project?

How to start new research?

- What are the ground rules to start a new research program?

  - Identify the research needs in your country
  - Is the subject relevant for primary care/general practice? For your country?
  - What is the objective of your project, research program?
  - Is the project original?
  - Is the project feasible? (time, resources, access to data)

What are the ground rules to start a new research program?

- Relevance
  - Primary care topic?
  - Patient related: diagnostic, therapeutic?
  - GP working conditions
  - Medical education, continous professional development
  - Results useful for practice?
  - Context-specific: cultural?
  - Where the largest improvement?

What are the ground rules to start a new research program?

- Original, not repetitive
  - Not research for research, clair aim
  - Repeat a study in a local cultural context or with a context specific research question
  - Don’t repeat a research without an original touch

What are the ground rules to start a new research program?

- Feasibility
  - Where is the money?
  - Where can you team up?
  - Is there sufficient manpower?
  - Can you diffuse, publish later?
  - Research marketing
  - What are your skills?

Research agenda for PC/FM

- Little evidence on comprehensive/holistic/community care Need for better, “researchable” definitions, instruments, outcomes
- A lot of clinical research – but not in primary care
- Strong focus on quality issues - but not on the benefits
- (Too) many cross-sectional attitude surveys
- Blank spots:
  - Longitudinal research
  - Multimorbidity
  - Primary care diagnostics

Research needs

- Is general practice care good (enough)?
- How can it be measured?
- Does it make people healthy (not just happy)?
- What is an appropriate diagnostic approach and best care for GP patients
  – on the long run?

How to start new research?

What are the needs? (infrastructure, people, education....)

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- Determine the nature of your question
  - Not too complex research questions!
  - Quantitative or qualitative?
  - Not too complex design for the first projects

What are the needs? (infrastructure, people, education....)

- Qualtitative research, pitfalls
  - No good research question
  - No good study aim, perspective and method
  - Not enough money, time and manpower
  - No good purposeful sampling
  - Being too superficial in analysis

What are the needs? (infrastructure, people, education....)

- Quantitative research
  - Wrong/surrogate outcomes
  - Invalid instruments like home made questionnaires
  - Neglecting selection bias
  - Neglecting other bias
  - Wrong statistics
  - No further implementation

What are the needs? (infrastructure, people, education....)

- Be aware of:
  - Improving quality has to be the main goal of every research
  - Questionnaires which measure attitudes
    - Better direct observation (qualitative research)
    - Using existing real life data
  - Complex or interventional designs to start
    - Case control and RCTs very difficult

What is quality ?

“Quality of care means the ability to achieve the highest possible net benefit according to the valuations of individuals and society .”

(Donabedian, 1980)

Valuations of individuals and society

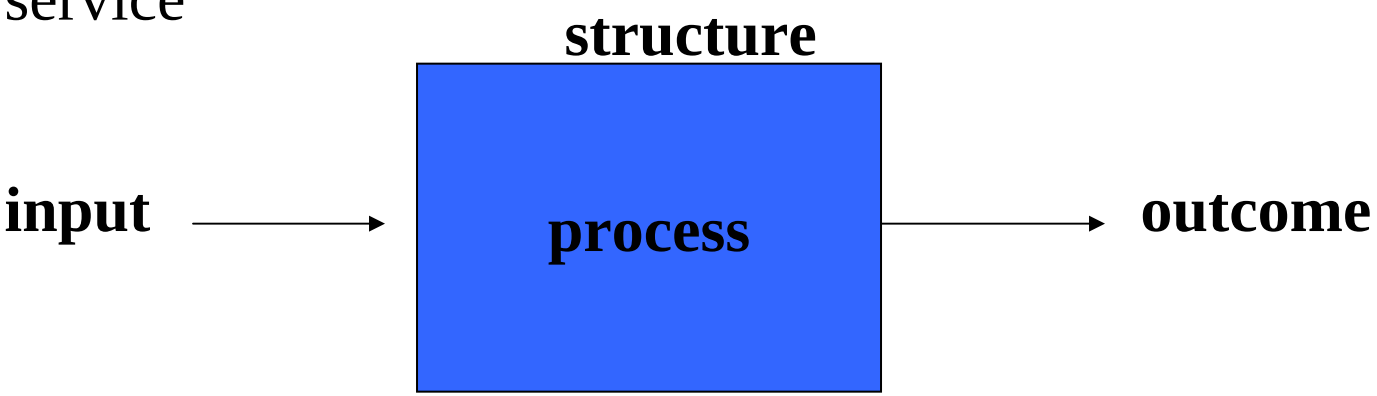
- Physicians — professional quality
- Patients — patient centered quality
- Policy makers — health policy quality

Conflicts and choices between these three actors

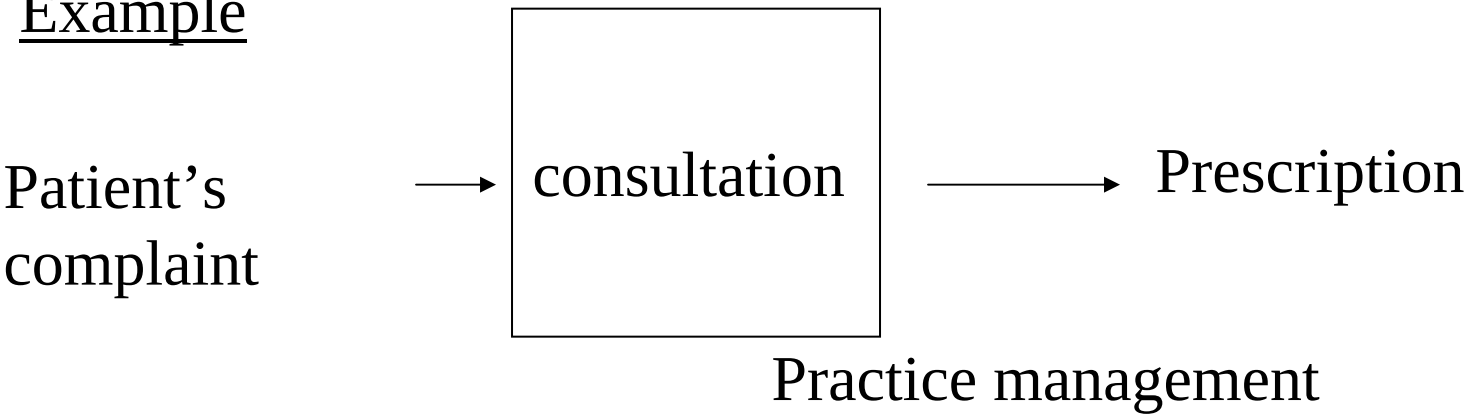
Quality is NOT ABSOLUTE, but subjective

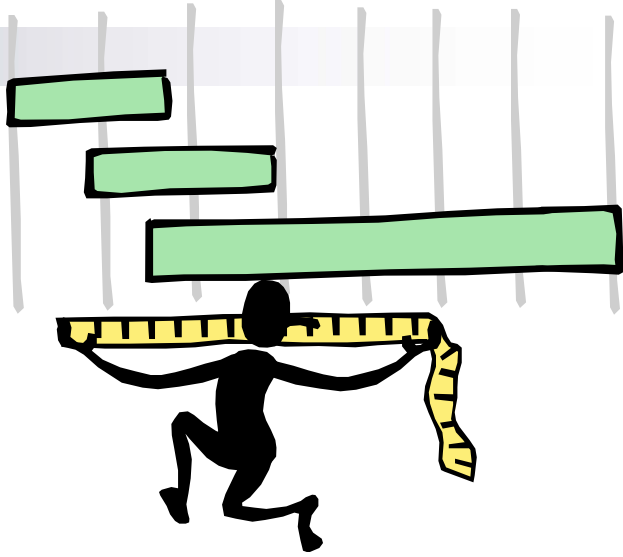
The actual care

Result of a process of health service



Example

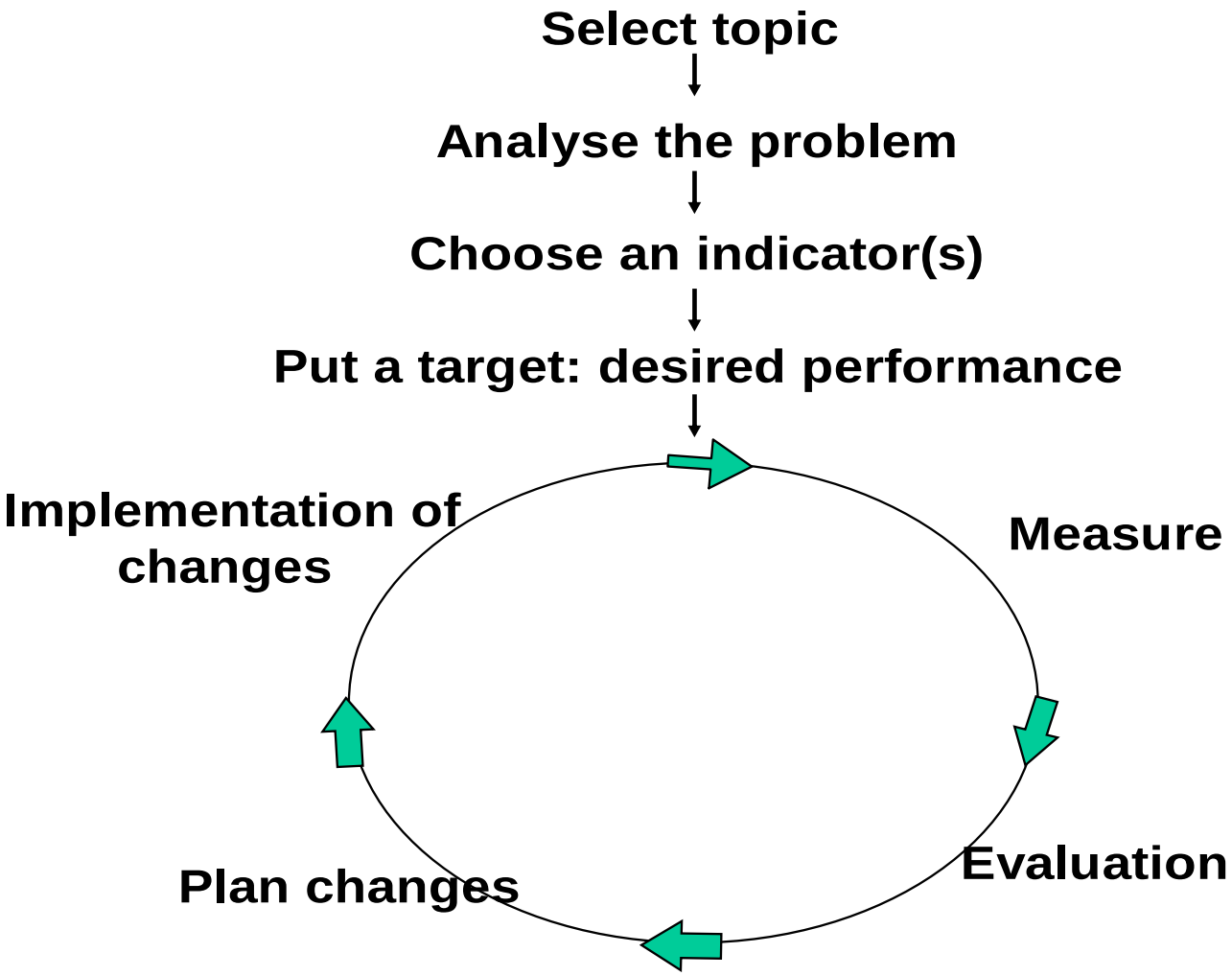




Measuring is knowing

Levels of quality problems:

- Structure
- Process
- Outcomes


Select topic
Analyse the problem
Choose an indicator(s)
Put a target: desired performance
Measure
Evaluation
Plan changes
Implementation of changes

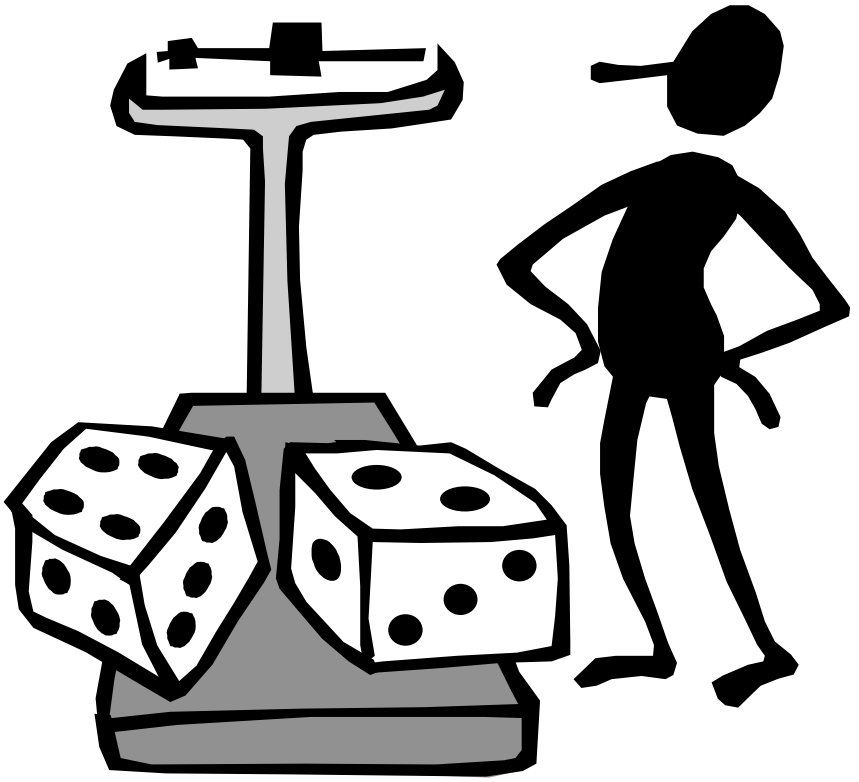
Sources for aspects of care which should be measured

- Patients : spontaneous remarks, complaints, ideas, surveys patient groups
- Practice : clinical incidents, daily practical problems of obstacles, data on practice management and audit, new research, guidelines, implementation of new data
- intervision : education teacher/student, portfolio
- policy : epidemiology, health data, …

Selection of a topic

Is it

- Measurable ?
- Focused ?
- Important ?
- Improvable ?



KISS

- Keep it
- Small: focused, feasible and relevant
- Simple: not a heavy study !!!
  But practice relevant and quality assurance!