Academic Unit of General Practice

2021 Newsletter – Semester 1

DIRECTOR'S MESSAGE



Thank you all for your hard work, your willingness to step up for your patients despite the challenges of the last 18 months and especially for your willingness to still engage with us at the Medical School. We are truly appreciative! I feel very proud of the role GPs continue to play in delivering high quality health care in the ACT despite everything the pandemic has thrown at us and the subsequent government requirements of our profession!

I have chaired the ACT Primary Care Emergency Response to Covid 19 taskforce for the last 18 months and have been heartened about the collaborative engagement from PHN, RACGP and AMA GP representatives. The group has been able to get

good engagement from ACT Health Directorate public health and Canberra Health Services and believe we have been able to work effectively together to deliver informative webinars, keep consistent messaging and keep feeding back information from the coalface to Territory and Commonwealth Governments. If you have particular needs or concerns please contact me, Dr Anne-Marie Svoboda, Dr Jess Tidemann, Dr Julie Carr or Stacey Leavens at the PHN to discuss. We will shortly be sending out a questionnaire to assess the vaccination status of GPs, nurses and administrators in ACT General practices. We were somewhat stunned at the low uptake of health care workers in the RACF and now want to clearly document the current status of our own GP workforce.

Today I had the pleasure of presenting data about 2019 Afterhours primary care in the ACT study to the Minister for Health, Rachel Stephen-Smith. We highlighted that GPs (through GP and CALMS) manage more patient encounters than ED and the WIC combined in all time periods of the weekends except midnight to 6am on Sat night. The data illustrate just how large the contribution of GP is to the health system outside of normal hours and the fact that we are working hard and responding to need. The Minister and her advisor engaged and seemed genuinely interested and knowledgeable. That data was only collected through the goodwill of GPs and their patients. I do believe that too often the contributions of general practice are ignored or devalued through lack of data and knowledge, and I hope that our unit's research and advocacy can help address some of these issues.

On the University front, it has now been formally announced that the Medical School will be merged with the Research School of Psychology to form the School of Medicine and Psychology. This was a result of significant cost cutting due to the loss of university revenue from COVID. While it is not something we imagined 2 years ago, nor perhaps would have chosen in different times, it will provide new opportunities for the future. Both Medicine and Psychology will continue to deliver their clinical degrees (MChD and MClinPsych) as they always have but there will be greater administrative links and future research collaborative opportunities. The AUGP is well placed to maximise these opportunities in the future.





I am sure you are all weary — I hope you will find some time to take a break in some form or another soon. I am writing this missive just prior to taking 2 weeks leave. I am hoping I return with a smile on my face that is as big and relaxed as the one I had after enjoying watching the sun rise over Uluru from the back of a camel.

Many thanks

Kirsty

Prof Kirsty Douglas MBBS Dip RACOG MD FRACGP

Professor of General Practice | Australian National University Medical School Director Academic Unit of General Practice | ACT Health Directorate





TEACHING AND LEARNING

The year of course for all of us continues to be changeable. Last Monday, our new group of students for semester two gathered in the auditorium for our introductory week of seminars and workshops. It was quite bizarre to wear a mask and face 30 students also all in masks in the auditorium. We had some students who were on zoom because they have been in Greater Sydney and were unable to enter the hospital campus. After my two-hour introductory lecture, we decided to move the rest of intro week to an online format to reduce the risk of COVID transmission by gathering in a group. It also led me to some reflecting about face-to-face teaching.



It is part of the human condition that we do not value things properly until we lose them. Last year, at the beginning of the pandemic, there was great excitement and novelty as teaching went online for students everywhere. Students got used to online interactions through zoom and other modalities and particularly enjoyed hanging out at home in their "uggies". However, very quickly the novelty wore off as the year went on and students discovered that the learning wasn't as good for them as they

expected. By early this year, our students were demanding that they be allowed to come back to face-to-face learning as much as possible. The irony is that only three years before, students had been asking that we put as much as possible online so they could watch everything in their own time. I have personally found zoom very convenient, but what I have noticed about my own memory and my own learning is that I do not remember things nearly as well if someone tells me them to me on zoom. We all have different preferences for how we like to learn. I often say to students I am a visual and aural learner — I need to see a picture or a diagram or a person to remember something. I like to learn by listening rather than reading; however, I need the visual anchor to that listening. Podcasts are okay for me for background listening, but I won't remember most of what is said unless the person is in front of me. I find a face-to-face lecture or small group learning will be the most effective because I am present with the person/people visually.

When I gave the introductory lecture to the students who were all in masks last week, it was like looking at blank faces. Despite being able to see their eyes, I could not really tell how engaged they were or connect to them with the normal visual cues. I wondered to myself: is it better to be present and face-to-face with a mask on, or on zoom seeing peoples' faces on a small screen. It led me to reflect yet again on what makes learning effective and engaging. In medicine, our students do need to absorb so much information that they need to retain for the future but as we know, to be a clinician demands so much more than just knowledge. Once they are in third year, in clinical placements, they are learning so much more than medical knowledge – they are learning how to listen to people, how to be present and how to process a patient's history as it is presented to them, and apply clinical reasoning. Most of my GP colleagues have told me that they do not really like telehealth except for simple, uncomplicated consultations and follow-up. Like zoom learning for students, most of us as GPs have recognised that it is second rate compared to an interaction with the patient in front of you. My experience of using





telehealth was that I could not remember what the patients had said to me and relied heavily on my notes. Whereas when I see a patient face-to-face, my notes remind me of our previous conversation but as soon as the patient is present in the room, most of the story comes back into my mind. I am not sure whether it is like this for everyone, but I have noticed that our medical students over the last year do not seem to remember as much when the conversation is online. This all reinforces to me that the best place for a student to learn the art of medicine is in a real consulting room with real people.

Good education is about stimulating both the learner and the teacher. In 2021, we have introduced a new session into our Friday consultation skills teaching that gets students to reflect on the conversations that built trust within the doctor patient relationship. As it is very topical, we have asked students to reflect on conversations around vaccine hesitancy and what communication skills are needed to inform and explore the issues with patients. I suspect most of us as GP supervisors are doing this day in day out now, and so the students are getting plenty of exposure to the various ways in which GPs have these conversations. During our recent Teach the Teacher evening, we also explored how we as supervisors are modelling this for students. The discussion was rich and varied around peoples' approaches and I personally learnt lots of tips from my colleagues during the discussion about different approaches to vaccine hesitancy. In these times of uncertainty and anxiety, it is important for our students to see GP clinicians modelling patient centred medicine with humility and compassion. I want to thank all GP supervisors again for having students in your practice during these still stressful and changeable times.

This year, we have decided to continue our Teach the Teacher sessions on zoom with a plan to return to face-to-face next year — rather ironic in view of my words above! Please let me know if you have any ideas or suggestions for topics for our next session.

Best wishes

Katrina

A/Prof Katrina Anderson

Academic Unit of General Practice, ACT Health Australian National University Medical School Chair, Canberra Region Medical Education Council





RESEARCH

PracNet

We aim for PracNet to become a vibrant community of practice contributing to General Practice Research. If you are not yet a member, please email us and we will add you to our communications.

We have a new email address for PracNet! To make sure you don't miss out on all the exciting research news and opportunities, please add pracnet.medicalschool@anu.edu.au to your contact list. Otherwise, our emails may get lumped in with your spam!

Experiences of Practitioners receiving Adverse Childhood Experiences (ACEs) screening results in the Kindergarten Health Check

If you receive Kindergarten Health Check (KHC) results, we need to hear from you!

We are interested in talking with GPs and general practice nurses about experiences of receiving, interpreting and actioning health summary results, specifically the ACEs screening results. We have talked with a handful of GPs so far, but we need more interviews to



confirm findings! Interviews range from 15-25 minutes, and you will be compensated for your time with a \$75 gift card for personal use.

The experiences and opinions expressed in interviews will inform future KHC processes, including how results are delivered, what information is available for GPs, and if information supporting ACEs interpretation and management is appropriate, or requires further development. Please contact Katelyn.barnes@anu.edu.au for more information or to arrange a time for interview.

How is COVID-19 impacting general practice?

We have been regularly releasing and analysing surveys looking at how COVID-19 has impacted Australian general practice over time. Unique responses to surveys have been collected from 564 participants around Australia, with ~20% completing more than one survey. Results from each survey have been published online with <u>Annals of Family Medicine</u>, in the COVID-19 collection on global primary care. If you would like to contribute to surveys coming in July, August and December, please <u>sign up here</u> or email <u>Kirsty.a.douglas@anu.edu.au</u>.

Our next survey will look at vaccine access and hesitancy – keep an eye out for it in your inbox soon! Publications looking at experiences overtime are planned for later this year -- we will share results with you when we can.





CONFERENCES

Canberra Health Annual Research Meeting (CHARM), 27-30 July 2021



Dr Kathleen O'Brien will be presenting findings from the Kindergarten Health Check, focusing on parental perceptions of children's weight and how

these compare with observed measures.

Dr Katelyn Barnes will be presenting findings from the Afterhours Project conducted in 2019. Free virtual attendance will be available. Check out the <u>CHARM website</u> online to find out more!

GP21 Melbourne, 10-12 September 2021



Sally Hall Dykgraaf's abstract has been accepted for presentation at GP21. Title: *Primary Care and COVID-19: A comparison of international responses*.

Success in MRFF - Research Grants

Study title: Optimising primary health care in Australia: a multi-method whole-of-population investigation of the impact of telehealth on uptake and quality of care. Grant value \$1,520,220

Congratulations to the ANU Chief Investigator team led by **A/Prof Rosemary Korda** at the Research School of Population Health, ANU (RSPH) and including **Christine Phillips, Kirsty Douglas, Jason Agostino and Sally Hall** - all from the ANU Medical School as well as Danielle Butler, Emily Banks, Grace Joshy, Emily Lancsar, Jane Desborough and Anne Parkinson from RSPH.

The project will investigate the effect of whole-of-population telehealth on uptake and key elements of quality of PHC — accessibility, safety, continuity, acceptability, appropriateness, and coordination — with a particular focus on at-risk and medically-underserved populations.





NEWS IN BRIEF

GP Forum 2021

The ACT Health Directorate (ACTHD) GP Forum was held on 31 March 2021. Over sixty GPs from the greater Canberra region gathered along with the Ministers for Health and Mental Health, policymakers from ACTHD, Canberra Health Services, Calvary Public Hospital Bruce and representatives from other key stakeholder organisations. Under a new format for the evening, three brief formal presentations were held on Outpatients, Integrated Care Reform and Territory-wide Health Services Planning, followed by an open question-and-answer session with the presenters and both Ministers.

The second part of the evening included two mini breakout sessions, where GPs in small groups spoke with policy makers to answer specific questions and offer their perspectives and feedback on various ACT policies. Topics included: Integrated Care Reform; Caring for Patients from Vulnerable Groups; Canberra Script; Palliative Care and GPs; Digital Health Record; Caring for Trans and Gender Diverse People and Adult Community Mental Health Services.

Summaries from each table have been sent to all participants (GPs and policy makers) who attended the forum to "close the loop" on the communication. It is hoped the summaries will aid communication with GPs but also allow broader dissemination about the range of issues interfacing with primary care within the ACT Health Directorate. Policy teams will be asked to report on progress on these areas prior to the next GP Forum.

The Kindergarten Health Check



It has been a challenging but worthwhile time incorporating Adverse Childhood Experiences (ACEs) into the Kindy Health Check program. ACEs screening commenced in 2020 and has been interlaced with the extra stressors of bushfires in the Black Summer and COVID-19 pandemic responses. In 2020, we conducted well-

being checks by phone, with over 70 parents/carers who had indicated significant concerns in the ACEs and/or PEDS sections of the questionnaire and had not necessarily nominated a 'usual' GP. Many of those parents specifically indicated family stress related to the bushfires and enforced work-from-home and schooling. The phone call gave them an opportunity to talk and ask questions if they wished, and all were grateful for the contact. ACEs screening provides an opportunity for GPs to be informed about a possible layer of adversity that may add another perspective to overall assessment of a parents' concerns about their child. Raising and discussing ACEs scores in the context of a GP consultation can allow the sensitive information to be discussed and the right advice, support and follow-up to be provided.





Academic Registrar – AUGP 2021



Dr Seren Ovington hit the ground running in 2021 and was like a duck to water when it came to teaching at the medical school. "Teaching the medical students has been a real highlight. It doesn't feel that long ago when I was a student at the ANU medical school, and being on the other side of the student-teacher dynamic has been a great new challenge. While I always enjoyed being a student, I think I am learning more and having more fun as a teacher!"

On the research side, Seren's project "Experiences of Australian GPs during the COVID-19 pandemic: A Qualitative Study" is well underway with the help of A/Prof Katrina Anderson and the team. Seren is currently conducting Zoom interviews with GPs from across Australia to discuss their experiences during the pandemic. The interviews are providing great new insights into the various impacts of the pandemic on GPs. Seren will be presenting some preliminary findings from her research at the AAAPC conference in August 2021.

Mel and Josh continue to make milestones



How time flies!! Back in December 2019 **Mel Choy** and **Josh Hickson** married. Fast forward to April 2021, Mel and Josh are celebrating the birth of Naomi
King Won Hickson.

Congratulations!

Welcome Dr Melanie Dorrington



Dr Melanie Dorrington has commenced in the GP Policy Advisor role while Dr Mel Choy is on maternity leave.

Mel D works at Bungendore Medical Centre as well as the Women's Health Service. She trained through Canberra Hospital as a junior/resident medical officer, and undertook her GP training in a city practice and at Winnunga Nimmityjah Aboriginal

Health Service, as well as an academic placement in the ANU's Academic Unit of General Practice. She has also worked as a GP Clinical Editor with ACT/SNSW HealthPathways through Capital Health Network and as GP Liaison Officer for the Monaro region in the SNSW LHD.

Mel D knows the ACT Health and SENSW Health systems well and will provide excellent contextual advice and policy advice. I would encourage you to reach out to Mel and draw on her expertise during her time with us.





STAFF RECOGNITION

PhD Milestones

Over the last few months, we've witnessed three PhD candidates all linked to AUGP/ANUMS who have either submitted and or presented their PhD thesis. Congratulations to Pip, Sally and Penny who have worked tirelessly to reach major milestones with their PhDs. Below is a snapshot on each candidate's subject —

Dr Pip Dossetor

Health service use and needs of Aboriginal children in the remote Fitzroy Valley

The thesis comprehensively reviews the access and utilisation of health services for children in the Lillilwan Project cohort over a decade from 2002-2013 inclusive. It demonstrates the significant challenges that children with complex chronic and acute health needs in remote Australia face. This has significant implications for informing future health services and workforce

planning in remote Australia. Future work in this area is key to ensure the health and wellbeing needs of this particularly vulnerable group of children are met.

Sally Hall

Ecology and emergence: Making sense of clinical variation in general practice

This thesis employs routinely collected electronic medical record data to understand factors that drive variation in process quality and clinical outcomes in general practice. Focusing on management of diabetes and coronary heart disease, it explores development of an ecological theoretical framework and uses Qualitative Comparative Analysis to build case-based explanations for observed clinical practice variation.

Dr Penelope Burns

The role of family doctors in disaster health management

Employing a constructivist grounded theory approach, this thesis explored the scope of involvement of family doctors in disasters. My findings led to the creation of a conceptual representation for future integration and involvement of family doctors, utilising the All Hazards, All Agencies Comprehensive Prevention Preparedness Response Recovery framework.

The thesis begins with a literature review utilising PRISMA guidelines to categorise the epidemiology of health consequences of disasters relevant to family doctors.





Following this, it reports a series of qualitative studies which used interviews with family doctors who have experienced disasters and disaster managers. These interviews explored barriers and facilitators to inclusion of family doctors and investigates current and future roles.

AMA (ACT) President's Award

At the recent Annual General Meeting of the Australian Medical Association (ACT) held on 26 May 2021, **Prof Kirsty Douglas** was presented with the 2021 President's Award by the outgoing AMA (ACT) President Dr Antonio Di Dio.

Professor Douglas' award is in recognition of a fine and longstanding contribution to the health services of the ACT. Her roles have ranged

through the full spectrum, from general practice medicine to research and teaching and on to executive leadership.

Professor Douglas' work has encompassed vital roles in almost every aspect of clinical and executive practice. Her long-term contribution has been made with great strength and enthusiasm that continues to this day, in a diverse range of often challenging roles. Regardless of the task she has been called upon to perform, it has been undertaken with her trademark excellence, enthusiasm and good humour.

Professor Douglas' passion and commitment to the practice of medicine, roles in policy, education and leadership combined with her abiding interest in social justice, make her an outstanding contributor to our profession.

Courtesy of AMA (ACT)





Recently published articles: 2021

Desborough, J., Hall Dykgraaf, S., Davis, S., & Kidd, M. (2021). Reflecting on Australia's five principles for pandemic response in primary care. *Australian Journal for General Practitioners*. Retrieved from https://www1.racgp.org.au/ajgp/coronavirus/reflecting-on-australias-five-principles-for-pande

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Looi, J.C.L., & Anderson, K. (2021). COVID-19 isolated-academic logorrhoea: an emergent debilitating disorder afflicting medical academics. *Australasian Psychiatry, Sage Journals - Correspondence, 29,* (1). https://doi.org/10.1177/1039856220968397





Stone, L. (2021). **Webinar**: "Doctors health and wellbeing: Managing the burden of care in general practice". In Webinar (Ed.). GP Synergy.

Douglas, K., O'Brien, K., Hall Dykgraaf, S., & Barnes, K. (2021). Quick COVID clinician survey summary (Australia), series 1-4. *Annals of Family Medicine, Covid - 19 collection*. doi.org/10.7302/383

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