



# Older Patients' Attitudes to General Practice Registrars Study

*Centre for Health Initiatives – University of Wollongong*

## CoastCityCountry Training

### Chief investigators

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### Timeframe

1<sup>st</sup> July 2009 – 30<sup>th</sup> June 2010

### Introduction and background

Over the last ten years Australian data has shown a significant trend to an increasing proportion of GPs' consultations being for older patients and for chronic disease management (Britt et al., 2008). However there is evidence from both the UK and Australia that registrars see fewer older patients, and fewer patients with chronic illnesses, than established GPs (Stubbings and Gowers, 1979, Carney, 1979, Spike and Britt, 2005). Encouraging registrar involvement with these patients has been recommended (Spike and Britt, 2005), but will need to be handled thoughtfully if the needs of these patients are to be met and registrars are to gain appropriate experience (Murphy, 1995).

In relation to the extent of general practice training undertaken worldwide there is a paucity of research into the attitudes of patients towards general practice registrars. A comprehensive search of the literature identified just fifteen papers published on this topic from 1980 onwards. The available literature indicates that enquiry into patient understandings of trust, continuity of care and having a personal doctor and how these are affected by GPRs has the potential to improve patient acceptance of GPRs, especially amongst older patients. Practice dynamics and communication policies as well as the attitudes and communication skills of the GPRs also may affect patient attitudes and offer other avenues for research. Multi-method research design has been recommended for investigation of complex phenomena such as these (Stange et al., 2001), although the majority of the studies undertaken thus far have been single centre, cross-sectional surveys. There have been no multi-method studies, and no research undertaken in Australia.

Thus there is a need for Australian research to investigate and describe older patients' attitudes to GPRs, taking a multi-centre and multi-methods approach.





The proposed study, a multi-centre, cross-sectional attitude survey, forms part of such an investigation.

## The research thus far

In 2008 the investigators undertook a qualitative study of older patients' attitudes to GPRs. Thirty-eight patients aged 60 years and over from three CCCT training practices were interviewed regarding their attitudes to GPRs and their medical care in general. The interviews were transcribed and systematically analysed using a template approach to text analysis.

The pervasive theme of the responses was the patients' trusting relationships with their usual GP, whom they firmly preferred to see for chronic conditions or perceived significant medical problems. Patients valued seeing GPRs as a means of gaining access to medical care for minor or urgent problems, but wished to maintain a relational link and long-term continuity with their usual GP. Patients were generally unaware of a formal training program for GPRs and unsure of the GPRs' role in the practices. These findings were consistent with previous research. Papers arising from the study have been accepted for publication in the journals *Education for Primary Care* and *Australian Family Physician*.

The authors recommended that the findings of this qualitative research be confirmed with quantitative research and that any new training models be subjected to evaluation. Thus in late 2008 the investigators conducted a pilot cross-sectional attitude survey of patients from 10 CCCT training practices, utilising a stratified randomised cluster sampling design. The data (N=233) confirmed the findings of the qualitative study and indicated that relatively simple interventions by GP supervisors can significantly improve older patient acceptance of GPRs. The data from this study will be used to validate the survey instrument, in preparation for a more definitive, large-scale study.

## The proposed research

### Survey instrument

The survey instrument from the pilot study will be used as the basis for the instrument for the interstate survey. The current questionnaire consists of 40 items that include demographic categorical items, Likert scale attitude items and open response items. The items address patient preferences for the management of acute and chronic conditions, continuity of provider and attitudes to GPRs especially concerning trust and communication.



## Ethics approval

Approval from the HREC of the University of Wollongong has been obtained (HE08/106) for all phases of the research.

## Recruitment and sampling

The target population is patients aged 60 years and over that attend GP training practices in Australia. A two stage sampling process is proposed, applied across training providers in different states. The lists of training practices on the public websites of these providers will be accessed. Practices from each provider will be randomly selected and invited to participate until a total of 40 practices consent to be included.

Staff in each practice will be asked to offer to 50 sequential patients aged 60 and over an information sheet, questionnaire and return stamped-addressed envelope post-consultation. Recruitment of patients will occur over a specified one-week period. Completed questionnaires will be returned by mail directly to the university by the patients.

Practice staff will receive instruction in the collection process by phone, in writing, and hopefully also in a brief video presentation. Participating practices that complete the distribution and data collection processes in the specified period will receive \$100 to compensate for the time involved.

## Data analysis

The SPSS software program will be used for data management. It is intended to use descriptive statistics of the sample characteristics and major results. Final choice of tests for statistical significance will depend upon the distribution of the data. Statistical significance will be set at  $p < 0.05$  (Guyatt et al., 1995a) and the confidence interval set at 95% (Guyatt et al., 1995b). This should give a margin of error of  $\pm 5\%$  for proportions for a sample size of 390 and  $\pm 3\%$  for a sample size of 1000. The characteristics of the sample will be compared with the BEACH data. Recommendations will be made concerning the practical implications of the results.

## Results – presentation and publication

The research will be presented in a report to CoastCityCountry Training and also in journal format using the IMRAD structure. It is intended that the paper will have a total word count, not including tables, of 2500-3000 words and will be submitted for publication in a peer-reviewed, Medline-listed journal. The data will also be used as part of a project for a PhD thesis by Dr Bonney.



## References:

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