

## EDSPACE

There's another attractive calendar of HEARNet events ahead of us -workshops to improve research skills; Journal Club meetings which aim to up skill our appraisal of journal articles; a Writing Retreat in July, and so the list of formalised support to Primary Health Care workers goes on (see page 5 of HEARNet News for details). Often, we want to do things in life but are faced with challenges that make it seemingly impossible to do the possible. A wish to conduct research may be in that category. However, there are opportunities to 'test the research waters'. Attending our workshops and other educational activities provides insight into the research process. However, for some people, attending also has its challenges - for example, 'I'm too busy to leave the workplace'. If you are faced with barriers such as this, and would still like to pursue your research interests..... 'Where there is a will, there is a way'.

In this Newsletter issue we present a profile of this year's participants in the Researcher Development Program (RDP). The RDP pathway may be the 'way' for you.

Watch this space for information on the 2009 RDP application.

Terry.

### RESEARCHER DEVELOPMENT PROGRAM

The Researcher Development Program (RDP) at the University of Newcastle is a Commonwealth-funded program run in conjunction with the Primary Health Care Research and Evaluation Development (PHCRED) program. The RDP is designed to provide primary health care practitioners (who are inexperienced in research) with protected paid time away from their clinical practice to obtain research training and experience and, possibly, embark on a research career.

The RDP positions enable PHC practitioners to commence a Research Higher Degree or undertake a small research project part-time for 10-12 months. Supervision, mentorship, access to infrastructure, specialist advice, and group/individual training are part of the RDP. Participants are able to extend and develop their research skills, explore possibilities of further qualifications and potential career options as primary health care researchers.

In this edition we introduce our 2008 RDP participants. We will be offering several more RDP positions in 2009 with expressions of interest being requested later this year.

#### Inside this issue:

|                       |   |
|-----------------------|---|
| Edspace               | 1 |
| Feature               | 2 |
| Quant.& Qual. Columns | 3 |
| Tamworth Happenings   | 4 |
| News & Events         | 5 |

#### HEARNet Tip

If you have issues with the Ethics Committee's response to your research proposal, contact the 'relevant' Ethics Committee member to seek direction.

## Introducing our RDPs for 2008.....

### Jeremy Bramston.



Currently I'm a general practitioner in Woy Woy in charge of a large multidisciplinary team that delivers health care to about 2000 patients a week. I've been in Woy Woy for 20 years and am almost

considered a local. I've done a little research in the past in varying areas from the design of an auditory synthesizer to working out why rats wiggle their whiskers.

This time around I'm focusing on what I have experience in, that is general practice. In particular I'm interested in skill mixing in general practice and how to delegate and or replace doctor tasks with nursing tasks. This is quite a topical area at the moment and politicians, and some academics are looking for a quick fix. I believe that this issue will only be properly dealt with by a large RCT which is expensive and methodologically difficult. This is a long term project which will encompass more than a PhD.

### Bernard Goldman



Bernard has a background in law and psychology. During his early career he worked as a lawyer in the area of constitutional law and advisings. For over ten years he has held management positions in law and program delivery. Bernard has a long standing involvement in Indigenous issues particularly in relation to culture and economic development.

Bernard's wife, Mary Price, is a GP. It may explain why Bernard's main research interest to date relates to the personality of the GP. (He says he is still trying to understand his wife.)

Bernard and Mary have two children, Josephine and Mirima, with another on the way.

Bernard's research topic is whether remote GPs differ significantly in hardiness compared to GPs living in the city.

### Jacqui Trinne



My name is Jacqui Trinne (pronounced Trinneeeee....). I have been living in Newcastle since March 2007 following my relocation from the remote north of South Australia. I was employed by the South Australian Health Commission to procure funding to develop and implement the "Building Healthy Communities in remote Australia" inaugural health promotion project.

As a RhD candidate with the University of Newcastle's School of Nursing and Midwifery looking to work in partnership with Hunter New England Health, I have been fortunate enough to gain a 12 month RDP Fellowship with the Discipline of General Practice.

With the Discipline's valuable support, my intention is to prepare a research project proposal. The aim of the project is to identify a structure to progress implementation of proposed Standards. These Standards are to enhance capacity in mainstream services and strengthen partnerships with Aboriginal Community controlled organisations.

It is a very broad statement because at this stage, a lot of ground work is taking place and it is my anticipated intention that I will be honoured to be involved with future work.

## QUALITATIVE

### What is a Clinical Audit (CA)? ...

It's a quality improvement process (a review) but, it's not research. Therefore Ethical approval is not usually necessary for a CA.

- CA answers the question 'are we following best practice'?
- CA project group is usually 6-8 people who 'own' the audit i.e. they conduct audit; discuss audit results and improve practice.
- CA is a process by which health professionals use to determine whether clinical practice is 'right'. If practice is found to be 'not right' i.e. doesn't meet the profession's performance indicators or outcomes, it can be expected measures will be developed to change patient/client/resident/consumer care, in so doing, enhancing practice.

### Conducting a Clinical Audit

- Collect baseline data as soon as you've developed your monitoring tool
- Data are collected 'on' patients
- May be conducted retrospectively (historical data) or prospectively (current data)
- Initially, bring together data from current practice to reveal the problem
- Use of existing data sources to ascertain an overview current health 'care' under review. Data sources include: Project team meeting summary; letters of complaint and critical incident reports.

### Analysis

- The results of the data collection are compared with criteria and Standards
- Final analysis is concluding how well the Standards were met and, if applicable, identifying reasons why the standards weren't met in all cases.

### Post CA

A repeat CA to be conducted after a designated period to check sustainability of new practice.

For more information go to the following address:  
[http://www.swindonpct.nhs.uk/about\\_the\\_pct/Clinical\\_governance/clinical\\_audit.htm](http://www.swindonpct.nhs.uk/about_the_pct/Clinical_governance/clinical_audit.htm)

## QUANTITATIVE

The December 2007 HEARNet News Quantitative Column introduced the concept of Power and Sample Size. We now explore how the required sample-size for a study using one type of analysis (t-tests) is calculated.

Suppose you are planning a cross-sectional study of the association of gender and psychiatric morbidity in final-year high-school students. You need to know how many students to recruit.

As the previous column suggested, there is a reciprocal relationship between power of the study, specified significance level, standard deviation of scores on the outcome measure, the clinically significant difference in outcome that you wish to detect, and required sample-size.

In our study we may choose the GHQ-12 as a measure of psychiatric morbidity. We set the significance level at the accepted 0.05 level. We choose to set a power for the study of 80% (an 80% power to detect a difference). A literature search tells us the standard deviation of the GHQ-12 is 4.7. We think a difference in scores of 2 would be clinically significant. Entering these figures in the "P&S" program for t-tests of independent samples (the appropriate statistical test of differences in GHQ-12 scores) we arrive at a sample-size of 88 male and 88 female subjects.

Free power and sample size calculation software can be downloaded from:

<http://biostat.mc.vanderbilt.edu/twiki/bin/view/Main/PowerSampleSize>

# Tamworth PHCRED

## Researcher Development Program



University Department of Rural Health  
& Rural Clinical School  
Northern New South Wales

Two Hunter New England Area Health Service midwives have started different research projects as the UDRH Northern NSW's latest RDP research fellows.

Jo Blake, a Midwife/Child and Family Health Nurse with the Tamworth Aboriginal Mothers and Babies Service, joined the RDP research program last year. Jo is researching the specific barriers that Aboriginal families have in accessing antenatal and Child and Family health services in the Tamworth Area. The primary goal of the Tamworth Aboriginal Mothers and Babies Service is to provide culturally sensitive, evidence based, antenatal and postnatal care for Aboriginal families. Women are provided with support to make informed decisions in relation to their own and their baby's well being. This research project is being conducted in close partnership with local Aboriginal organisations and it is hoped that the findings will lead to better health outcomes and more culturally responsive services. Jo has obtained ethics approval and is currently data collecting.



Robin Skewes, a Clinical Midwife Consultant based in Tamworth and longstanding Lactation Consultant has a strong interest in promoting and supporting breastfeeding. The health benefits to infants and mothers of exclusive breastfeeding to six months are well established with the promotion of breastfeeding an action area in the prevention of obesity in children. However, whilst breastfeeding is a natural function it is also a learned technique that sometimes requires effort and assistance to establish and maintain with some mothers needing timely appropriate support, advice and assistance in order to sustain breastfeeding. Anecdotal evidence suggests that for many rural women, such support and assistance is not available resulting in cessation of breastfeeding. Robin will use her RDP fellowship to develop her research project into rural mothers' reasons for weaning within the first 3 months postpartum. Local population data will hopefully assist in tailoring services to better provide the support needed to increase breastfeeding duration within the community.



### UDRH Writers Group Update

The writer's group established in early 2006 as a PHCRED supported initiative is open to rural practitioners involved in health related activity who share an interest in improving their writing skills. Members meet monthly in Tamworth with the broad aim of supporting and encouraging professional writing through constructive peer critique of members' submitted written work.

To date, members have submitted 21 manuscripts to the writer's group for review. Of these manuscripts, 6 have been published, 4 accepted for publication and 7 are currently being rewritten with the intention to submit. Reviewed manuscripts reflect the multidisciplinary and the diverse interests of the group membership. Preparing a manuscript for publication is a slow and at times daunting process for the novice writer.

As part of the process of developing an open group, guidelines were determined to ensure that members were able to contribute writing to the group in good faith with the expectation of honest and constructive peer feedback.

**Contact Us**

Newsletter of the Health Evaluation Research Network

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**Spreading the Word**

In 2007, HEARNet members from the Tamworth and Newcastle regions delivered oral and poster presentations at various venues. For example:

9th National Rural Health Conference, Albury. 7-10 March, 2007. (Poster)  
Dietitians Association of Australia 25th National Conference, Hobart, 24-26 May 2007.

Also, publications in local, national and international peer reviewed journals demonstrate our commitment to disseminate knowledge of PHC issues.

Remember, you don't need to be employed by the University to conduct research. If you've thought about 'doing' research but don't know where to start, feel free to contact us. Our role includes assisting PHC workers to develop and conduct research.

For more information visit our website;  
<http://www.newcastle.edu.au/school/medprac-pop/phcred.html>

**2008 Journal Club Meetings**

|                       |   |
|-----------------------|---|
| <b>Venue:</b>         | Meeting Room, Disc General Practice<br>Newbolds Building, Gavey St Mayfield |
| <b>Time:</b>          | Thursdays 9.30 - 10.30am  |
| <b>Meeting Dates:</b> | 3 Apr, 1 May, 3 Jul, 7 Aug, 4 Sep, 2 Oct,<br>6 Nov, 4 Dec                   |

**2008 HEARNet Workshops**

|               |   |
|---------------|---|
| <b>Venue:</b> | Meeting Room, Disc General Practice<br>Newbolds Building, Gavey St Mayfield |
| <b>Time:</b>  | Thursdays 10.00 - 12 midday   |
| <b>17 Apr</b> | Critical Appraisal  |
| <b>15 May</b> | How to Conduct Literature Reviews   |
| <b>19 Jun</b> | How to Prepare an Ethics Application  |

**Local Events****Hunter ACMHN conference**

'Curiosity Matters -Improving Recovery Through Research'

When: Friday 16 May 2008

Where: Noahs on the Beach, Newcastle NSW

For more info: <http://www.acmhn.org/nsw>  
or telephone: 4954 6655

**National Events****GP & PHC Research Conference 'Health for All'**

Hobart Convention Centre

3-6 June

Early bird registration closes 18 April 2008.

Further details <http://www.phcris.org/>

For a list of 2008 Primary Health Care conferences with rural or remote focus:

<http://www.nrhn.org.au/site/index.cfm?display=39664>.

Scroll down to events calendar.