ABSTRACTS

FRIDAY
15 MAY 2009
13.30 – 15.00

NM01 PARTNERS IN PRACTICE – ESTABLISHING AN INTERNATIONAL DEVELOPMENT PROGRAMME OF THE DANISH COLLEGE OF GENERAL PRACTICE

Per Kallestrup (1)
(1) Skødstrup General Practice, Denmark

WHO and other health-related international organizations increasingly advocate that the best health care system consists of an efficient, free and accessible Primary Care level sustained by integrated and mutually supportive referral systems to a highly specialised Secondary Care level securing cost-effective comprehensive care. Recently the importance of the primary care was emphasized by the WHO Health Report 2008: "Primary Health Care: Now More than Ever". This organization of comprehensive health care is self-evident in our Nordic setting. That is, however, not the case in the majority of other areas of the world. Despite immense accomplishments in global health over the last 30 years, differences in health parameters have increased. Progress has enlarged the gap between the rich and healthy and the poor and ill. Nordic general practice has an obligation to contribute to improvements in global health and the Nordic Colleges have a special interest and position to lead in this aspect through the extensive traditions of international collaboration in research, education and quality development. It is proposed to establish an organisation within the Danish College of General Practice – Partners in Practice – which will facilitate international projects of development support. A programme dedicated to improve global Primary Health Care by engaging in committed partnerships with General Practice partners and institutions in need. During this workshop a schematic model will be presented and participants will be invited to discuss ways to realize this important task.

Keywords: Primary health care, international development, global health.

S17 DEVELOPING AND EVALUATING COMPLEX INTERVENTIONS. WHAT TO CAUTION? SYMPOSIUM

Annelli Sandbæk (1), F Bro (2), Y de Boer (3), H Terkildsen (1), M Rosendal (1)
(1) University of Aarhus, Institute of Public Health, Department of General Practice, Denmark
(2) Research Unit of General Practice, University of Aarhus, Denmark
(3) KvEAP, Region Hovedstaden, Denmark

Introduction: Gaps between evidence based medicine incorporated into clinical guidelines and real world exist. How to construct interventions that works has been a crucial topic for all partners interested in developing patient care. Lots of different strategies have been tried out, but often initiators are sitting back with limited knowledge of what worked, why it worked and how much did it work. Traditionally RCT has been the method of first choice for getting the evidence of the effect of the intervention. This kind of design can be very hard to carry through and other designs might be reasonable to use instead. Strategies in how to develop complex interventions and how to evaluate and translate interventions have to be focused on. In UK MRC has been into this discussion for years and has presently published new guidelines

Aim: To discuss the challenges in developing interventions for use at patient or GP/practice staff level aiming a better health of patients. Furthermore to discuss how to evaluate complex interventions and how to translate the results into real life. Content: A short presentation of the MRC frame of developing complex interventions will open the workshop. We will work with participants own projects. The questions for further discussion in smaller groups and plenum will among others be:

1. Do you know your intervention?
2. Do you know your target group?
3. How to evaluate the intervention?
4. Which outcomes correlate to the intervention?
5. How to translate the results into the real world?

S18 HOW CAN WE PREPARE THE FUTURE GP TO COPE WITH THE COMPLEXITY AND UNCERTAINTY OF A CHANGING HEALTH CARE SYSTEM?

Helena Galina Nielsen (4), M Torppa (1), K Fjeldsted (2), J Salinsky (3), AS Davidsen (4), D Kjeldmand (5), M Schie (6), J Nessa (7), H Kamps (8)
(1) University of Helsinki, Faculty of Medicine, Department of General Practice and Primary Health Care, Finland
(2) University of Reykjavik, Iceland
(3) GP education at Whittington Hospital, University of London, United Kingdom
(4) Copenhagen University, Research Unit for General Practice, Denmark
(5) University of Uppsala, Department of Health and Caring Services, Section of Health Services Research, and Eksjö primary Health care centre, Sweden
(6) General Practitioner, Leiden, The Netherlands
(7) University of Bergen, Norway
(8) General Practitioner, Berlin, Germany

Aim: The aim of the symposium is to discuss how Balint groups in the Nordic countries and internationally may contribute in different ways to continuing medical education and the wellbeing of the professional starting up in medical school. But it is also an opportunity to discuss strength and limits of this sort of group work. Torppa from Finland will present a research study on student Balint groups and how they touch on professional growth and future professional identity as doctors. From long experience with Balint groups in vocational training Fjeldsted from Iceland and Salinsky from UK will talk about how the groups promote better understanding of the doctor patient relationship and promote lasting career satisfaction and better adaptation to change. Based on her PhD thesis about mentalisation in GPs' psychological interventions Davidsen will focus on training of mentalisation and empathic skills in supervision groups. Kjeldmand shows based on her PhD thesis how participation in Balint groups enhances dealing with complex encounters and gives the GP a higher job satisfaction. Schie from Holland will focus on how the groups may contribute to the prevention of burnout. Kamps and Nessa will perform a dialogue about Balint groups as reflecting teams and discuss strengths and limits of this sort of group work.

Keywords: Continuing medical education, professional burnout, job satisfaction.

S19 REHABILITATION OF CANCER PATIENTS AND SURVIVORS: IS GENERAL PRACTICE IN OR OUT?

Dorte Gilså Hansen (1), L Holm (1), M Thygesen (1), SH Bergholdt (1), AD Guassora (2), R Dalsted (2), C Wulff (3), P Vedsted (3)
(1) Researh Unit for General Practice, University of Southern Denmark, Odense, Denmark
(2) Research Unit for General Practice, University of Copenhagen, Copenhagen, Denmark
(3) Research Unit for General Practice, Aarhus University, Aarhus, Denmark

Background: Many patients live with a cancer disease for several years and many others get healthy after treatment and live for years as survivors. Patients, politicians and clinicians have increasing focus on the needs for physical, mental and social rehabilitation during and after cancer treatment. Rehabilitation is, however, not an integrated part of the services provided by the healthcare systems. The general practitioner could play a central role bringing up the subject during consultations and thus facilitate both the beginning and the progression of rehabilitation. Different models are to be tested and discussed.

Objective: Based on a presentation of knowledge from the literature and several projects carried out by the authors we are going to discuss when, how and to what degree the GP is going to play a central role in rehabilitation of cancer patients in future primary care.

Content: This symposium presents an overview of the evidence of case management and patients' needs and expectations to supportive rehabilitation and cooperation between therapists. Focus will be on the role of general practice. Knowledge about obstacles and facilitating conditions for a successful rehabilitation process is to be presented including some simple but useful techniques. Bearing in mind the busy working days in the daily clinic we may, however, put into question whether every patient need the general practitioner for his or her rehabilitation and whether the general practitioners have the resources?

Keywords: Cancer, cancer care facilities, rehabilitation, shared care.

S20 EDUCATING GPS THE DANISH WAY, FIVE YEARS OF EXPERIENCE

Niels Kristian Kjær (1), R Maagaard (2), E Mouritsen (3), J Isaksen (4), M Munk (5), S Wied (6), Anni Nielsen (7)
(1) University of Southern Denmark, General Practice V Sottrup, Denmark
(2) University of Aarhus, General Practice, Skødstrup, Denmark
(3) University of Aarhus, General Practice, Skjern, Denmark
(4) University of Southern Denmark, General Practice, Svendborg, Denmark
(5) General Practice Otterup, Denmark
(6) Danish Association of Junior Hospital Doctors, Denmark
(7) Research unit for General Practice, Copenhagen, Denmark

A new education in family medicine started in Denmark in 2003. In this process we have explored why young doctors chooses family medicine, examined the benefits of structural interviews in the selection of future family physicians, evaluated the benefits of family medicine in basic medical training, evaluated the use of training in reflective groups, tested the usability of an online portfolio and constructed the model for appraisal of trainer practices. We have also analyzed the impact of training in research. The implementation of new elements in the family medicine education, have yielded experience in how education can be improved, insight in why future GP chooses our specialty and why use of structural interviews may optimize the selection and recruitment of coming colleagues. In this symposium we will present: 1) Why do trainees choose family medicine? Wied S 2) The use of structured interviews in the selection of future family physicians. Isaksen J, Kjær NK, Schødit A, Rossen R 3) The role of family medicine in basic medical training. Kjær NK, Kodal T, Mouritsen E 4) Training in Critical Appraisal as a Mandatory Element of GP Specialist Training. Nielsen A, Tulinius C, Hermann C, hansen LJ 5) The use of reflective groups in specialist training. Munk M 6) The use of an online portfolio – 5 years of experience. Kjær NK, Maagaard R, Wied S. 7) Appraisal of trainer practices. Worth implementing?

Keywords: Education, general practice, specialist training.

S21 EQUITY IN PRIMARY CARE? CHALLENGES, DIFFERENCES AND SIMILIARITIES IN THE NORDIC COUNTRY

Lise Dyhr (1), M Löfwander (2), S Kokko (3), A Kasemo (4), N Kolstrup (5), P Vedsted (6)
(1) Research Unit for General Practice/KvEAP Center for Quality Development, Copenhagen, Denmark
(2) Center for Clinical Research, Dalarna Falun, Sweden
(3) National Institute for Health and Welfare, Kupio, Finland
(4) Center for Clinical Research, Dalarna Falun, Sweden
(5) Institute of Community Medicine, Faculcy of Medicine, Tromsø, Norway
(6) Research Unit for General Practice, Aarhus, Denmark

There is a trend towards an extended role of primary care in most Nordic countries for example concerning care of patients with chronic diseases. There is a lack of GP`s too. The ability of general practice to provide equal and easy 'close to the patient' access to care might be threatened in different ways. In Sweden and Denmark a risk to equity in care might be the reimbursement system, that may disadvantages a good quality of health care in socio-economic deprived areas. In Sweden, the 'free choice' systems differ countrywide but poor people use less care from economical, educational and cultural reasons. In Norway the state sponsored 'privatization' is worrying although the Norwegian system has relatively good provisions to hinder socially deprived areas to get inferior primary health care. The threat to the system is more a lack of recruitment to primary health care in certain areas and an inferior gatekeeper function. In Finland, the first line of services consist of municipal health centers but also workplace health and private direct-access specialist services, which both usually operate on a profit basis. A relatively new phenomenon shaking the fields is the strong emergence of workforce rental companies which have already got a strong grip of the young medical students` and doctors`soul. In this symposium we will outline some similarities and differences between the Nordic Countries related to the aspect of equity in care and present some possible solutions.

Keywords: Equity in primary care, social deprivation, primary care.

S22 CHALLENGES WHEN COMMUNICATING WITH CHILDREN AND THEIR PARENTS IN GENERAL PRACTICE

Anette Hauskov Graungaard (1), R Ertman (1), K Lykke (1), M Hafting (2)
(1) University of Copenhagen, Department of General Practice, Denmark
(2) University of Bergen, Norway

Communicating with parents' in general practice is an important task when the child is sick and in routine health checks as well. The physician-parent-child triad is a unique situation compared to all other doctor-patient encounters. Getting the right information, knowing when to get extra alert about the child's well-being and informing parents about their child's condition are all crucial in securing the child's health and well-being and in preventing future diseases and unhealthy life circumstances for the child. Addressing parents' serious concerns and fears regarding their child's health and future is a difficult task and relating to older children's and adolescents' health problems may course new and unforeseen problems. The symposium will present results from different studies that elucidate this challenge in different clinical situations. Presentations: Communicating with parents of chronically ill children. Parents' experience with their sick child and us – the doctors' The Child Consultation in General Practice: – getting insights into the child's well-being. 'You may wade through them without seeing them.' Children and adolescents with mental health problems and their general practitioner.

Keywords: Parents, communication, children.

W17 PATIENT SAFETY AND ADVERSE EVENTS IN GENERAL PRACTICE

Torben Hellebek (1,2), P Simonsen (1,3), L Gehlert (1,4), J Rubak (1),
(1) Danish College of General Practitioners, Copenhagen, Denmark
(2) Quality Unit for general practice in Capital Region Denmark
(3) Quality Unit for general practice in North Denmark Region
(4) Quality and Education unit for general practice in Region of Southern Denmark

Patient safety and risk management have become familiar terms in Denmark. Since the Act on Patient Safety was adopted in January 2004, it has been compulsory to report adverse events on private and public hospitals. 10. March this year the law was extended to general practice. The law extension will take effect when the planned web-based reporting system is functioning; this is expected to be the case in mid-2010. The intention of the law is to draw learning from the mistakes that inevitably occur in every workplace – including health care. For the same reason there is no sanction of law, but only incentive for learning. Several projects have over the years tried different options for reporting of adverse events from general practice. The symposium provides an insight into the background and intent of the legislation. Some of the pilot projects which contributed to the decision on the extension of the law are reviewed, and there will be examples of reported adverse events. We shall be analyzing them and presenting the resulting action plans. Working with the patient safety angle is not very much / not at all used in the primary sector in the other Nordic countries. It is envisaged that the symposium will be the beginning of a joint Nordic cooperation on patient safety in general practice.

Keywords: Patient safety, adverse events.

W18 WORKING IN GENERAL PRACTICE IN THE NORDIC COUNTRIES – EXHIBITING AND DISCUSSING WHAT IT MEANS TO WORK IN GENERAL PRACTICE IN THE NORDIC COUNTRIES

Charlotte Tulinius (1,2), P Stensland (3), CE Rudebeck (3,4), A Hibble (5,2)
(1) Copenhagen University, Denmark
(2) University of Cambridge, United Kingdom
(3) University of Tromsö, Norway
(4) Västervik, Sweden
(5) East of England Deanery, United Kingdom

Aim: Through photographs, paintings, drawings, videos, poems, short essays or other kinds of narratives to discuss and develop the understanding of what it means to work in general practice in the Nordic Countries today.

Background: What does it mean to work in general practice today? We are gaining still more scientific descriptions of the work in general practice, but the formats of journal articles and short presentations often restrict language and other expressions present in our everyday lives working in general practice.

Methods: We are therefore inviting GPs, GP trainees, and general practice staff to submit all kinds of narratives to visualize what it means to work in general practice today. The exhibition of photographs, videos, poems or other creative ways of describing the work in general practice will be linked to a workshop where we will explore the themes of the exhibition. Some of the contributors will be invited to present their submissions in depth at this workshop, leaving time to discuss and develop the understanding of what it means to work in general practice today. Before the conference the planning group will go through all submissions, analyze and work out the themes of the contributions, from which we will lead and facilitate the linked workshop. If sufficient contributions, the plan is to publish a book about working lives in general practice in the Nordic Countries. For further information, please see the conference website.

Keywords: Narratives, professional development.

W19 A FRAMEWORK OF UNCERTAINTY IN MEDICAL DECISION MAKING

Laurel Austin (1,2), J Brodersen (3), S Reventlow (2), P Sandøe (3)
(1) Copenhagen Business School,Copenhagen, Denmark
(2) Department and Research Unit of General Practice, Institute of Public Health, University of Copenhagen, Denmark
(3) University of Copenhagen, Copenhagen, Denmark

Seemingly healthy people can, in a growing variety of ways, find themselves diagnosed as "unhealthy" or "at risk" of becoming unhealthy. They may find themselves considering medical treatment for asymptomatic conditions, or treatment to reduce the risk of future conditions, or termination of pregnancy to avoid genetic conditions in children. There is growing concern related to treatment of asymptomatic conditions and risk factors and to the practice of population-based medicine. We argue that at the heart of this concern is the fact that there are more potential sources of uncertainty in primary and secondary preventive medicine than in tertiary preventive medicine. Assessing this uncertainty is important, because the likelihood that treatment offers benefits depends on how certain we are about a person's current and future health states. Further, people can vary greatly in how they want to handle uncertainties related to their own lives; such differences should be taken seriously by health professionals. The objective of this workshop is to present and discuss a conceptual framework of uncertainty in five distinct types of medical decision making situations. These are: 1) diagnosing the symptomatic condition; 2) diagnosing asymptomatic conditions; 3) diagnosing a risk of a future condition; 4) simultaneously testing for multiple risks factors; and 5) diagnosis of a population. Using the framework we show how potential sources of uncertainty vary systematically in the five situations. Workshop participants will be asked to discuss the framework and reflect on its potential implications for their own work.

Keywords: Uncertainty, preventive medicine, risk factors.

W20 'JUNKIE' IN THE EMERGENCY ROOM – EXPLORATIONS WITH FORUM THEATRE

Janecke Thesen (1), MB Lyngstad (2)
(1) Unifob Helse, University of Bergen, Norway
(2) Drama, Faculty of Education, Bergen University College, Norway

Objectives: This workshop will convey and explore user experiences with out-of-hours (OOH) primary care services, from the perspective of people who have substance abuse problems. The majority of the stories tell about intimidations, humiliations and disempowerment to a degree that prevents people from using the services.

Methods: We will use methods from 'Forum theatre'. A web-based research project conducted by The National Centre for Emergency Primary Health Care (Nklm) has resulted in stories told by people with substance abuse problems. The stories have been used to construct a forum play. In this technique, the spectators are invited into the play as actors. The intention is that people by acting in different ways can achieve a better, i.e. a more empowering result of the interaction between the health professional and the user.

Results: This workshop will result in a different kind of learning for the conference attendees – using their emotions and bodies as well as their cognitions. Hopefully, these learning experiences will contribute to different and more empowering meetings of higher quality between users and professionals in the future – from both perspectives.

Conclusions: Meetings between users with substance abuse problems and health professionals should be improved – from low-quality disempowering meetings to empowering meetings of high professional quality. Forum Theatre is one way of working towards that goal.

Keywords: Substance-related disorders, emergency medical services, communication barriers.