‘IF MY ARMS AND LEGS AREN’T DROPPING OFF I’LL WAIT TO SEE MY USUAL GP!’ AN ANALYSIS OF OLDER PATIENTS’ ATTITUDES TO REGISTRARS INFORMED BY AGENCY THEORY

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Background
Continuity of care for older and chronically ill patients is imperative, but in training practices requires careful management to ensure adequate clinical exposure for registrars whilst acknowledging older patients’ reluctance to have registrars manage chronic problems. The literature provides limited theory-based guidance to inform appropriate systems.

Aims / Objectives
To explore older patients’ attitudes to GP registrars and assess the utility of Agency Theory to inform patient-centred chronic disease care in training practices.

Methods
The data were derived from a cross sectional survey distributed to 1900 patients aged 60 and over from 38 training practices from five Australian states. Factor analysis, sensitised by Agency Theory, was used to identify underlying constructs of patients’ attitudes to registrars and their regular GP.

Results
The response rate was 47.9% (n=911). Factor analysis identified four constructs which described attitudes to registrars as ‘poorly-trusted agents’ (α=0.83), registrars as ‘unknown agents’ (α=0.70) or registrars as ‘trusted in the system’ (α=0.70); compared with their GP as the ‘preferred agent’ (α=0.75). Subscale scores predicted comfort with registrar chronic disease care congruently with the underlying constructs (p<0.05).

Discussion
Agency Theory suggests continuity of care enables patients to reduce information asymmetry and develop goal alignment with their doctors. Using this framework, older patients’ attitudes can be conceptualised as concerns regarding inadequately shared knowledge and goals with registrars (poorly-trusted and unknown agents), ameliorated by the practice structure (trusted in system) and contact with their usual GP (trusted agent). Thus, Agency Theory appears a promising framework for designing systems of care for older patients in training practices.
UP CLOSE: REASONS WHY PARENTS ATTEND THEIR GENERAL PRACTITIONER WHEN THEIR CHILD IS SICK

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Background
Approximately 12% consultations in general practice are for children attending with their parents, yet not all childhood illnesses are brought to medical attention. The reasons prompting parents of sick children to visit the general practitioner are not entirely clear from present literature which consists mostly of international studies.

Objectives
This is a qualitative research project aimed at exploring these reasons in an Australian setting and will attempt to define the factors influencing the decision by parents to seek medical advice from their general practitioner.

Method
Data will be collected using semi-structured interviews following informed consent from the parents of children waiting to see their local doctor in a number of general practices within the western Sydney area. The questions will address topics detailing the nature and circumstances surrounding the child’s illness including patient demographics, parental concerns, beliefs and social expectations and actions undertaken prior to a medical consultation.

The interviews will be tape-recorded, transcribed, de-identified, analysed using the Theory of Planned Behaviour. Data collection will cease upon reaching theoretical saturation which is expected to be after 15-20 interviews.

Results and Discussion
Findings from this research will add an Australian perspective to the current available literature and shed further light on the background to our patients’ general practice consultations. It will contribute significantly to the improved quality of patient care within general practice and also towards the training of new registrars and medical students.
Background
A journey of learning is undertaken by patients diagnosed with chronic conditions. Self-management is central to Wagner’s Chronic Disease Model requiring patients to understand their condition and the impact of their actions. An initial hurdle is when the patient is unaware of their diagnoses.

Aims and objectives
The study aims to determine which demographic, socioeconomic and burden of disease factors are associated with patient’s knowledge or lack of knowledge of their chronic disease, specifically diabetes, hyperlipidaemia and those prescribed anticoagulant therapy. A second aim is to establish the impact patient’s awareness has on adherence to medications and lifestyle changes.

Methods
Data was analysed from 4968 patients who participated in the Australian PoCT in GP trial. Patient self-report of their condition was compared with their GPs’ assessment to gauge their awareness of their condition. Socio-demographic factors and adherence to medications and lifestyle advice were obtained from the questionnaires.

Multiple logistic regression analysis was used to determine associations between socio-demographic factors, adherence to self-management and awareness of condition.

Results
28% of patients with hyperlipidaemia and 23% of patient's prescribed anticoagulants were unaware of their diagnosis. Only 6% of diabetics were unaware of their diagnosis.

Associations with socio-demographic factors and with adherence to self-management are presented.

Discussion
The study will provide insight into how socio-demographic factors influence patients’ awareness of their chronic condition and how awareness affects self-management. The results can assist GPs to recognise which patients may misunderstand their chronic conditions and inform the design of patient education and self-management programs.
RISK-TAKING BEHAVIOUR IN ADOLESCENTS WITH A BACKGROUND OF ABUSE OR BULLYING IN THE AUSTRALIAN GENERAL PRACTICE CONTEXT

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Background
The PARTY (Prevention, Access and Risk Taking in Young People) project is a stratified cluster randomised trial assessing the effectiveness and acceptability of a health risk screening and counseling intervention for young people presenting to General Practice. 902 patients aged 14-24 years were recruited from 40 General Practices around Victoria.

Aim
To study the association between abuse or bullying and risk-taking behaviour in young people presenting to General Practice.

Method
A literature review is being conducted and PARTY project data, already cleaned and coded, will be analysed using descriptive statistics, logistic regression and odds ratios as appropriate and directed by the Department statistician.

Measures of abuse include bullying, fear of partner, fear of family member and forced to have sex. Measures of risky behaviour include alcohol use, smoking, unprotected sex, unsafe driving and delinquent behaviour. Demographic characteristics including age, gender, ethnicity, employment and education status will also be described.

Implications
There are very few data sets worldwide describing the primary care presentation of young people with a history of abuse, bullying and associated risk taking behaviours and engagement with the primary care they receive from general practice. Findings will enhance understanding of how primary care may best recognize these vulnerable young people and will highlight associated risk factors needing to be factored into the primary care response.