EGPRN is a network organisation within WONCA Region Europe - ESGP/FM

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European General Practice Research Network

Zürich – Switzerland

14th – 17th October, 2010

SCIENTIFIC and SOCIAL PROGRAMME

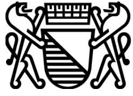
THEME: "Motivation in Medical Education and Patient Communication"

Pre-Conference Workshops
Theme Papers
Freestanding Papers
One slide/Five minutes Presentations
Posters

Place

University Hospital
Rämistrasse 100, CH-8091 Zürich - Switzerland
Website: http://www.en.usz.ch/AboutUs/Howtofindus/Pages/default.aspx

This EGPRN Meeting has been made possible thanks to the unconditional support of the following sponsors:



City of Zürich

Sanofi

The meetings of the European General Practice Research Network (EGPRN) have earned accreditation as official postgraduate medical education activities by the Norwegian, Slovenian, Irish and Dutch College of General Practitioners.
Those participants who need a certificate can contact Mrs. Hanny Prick at the EGPRN-Coordinating Office in Maastricht, The Netherlands.

“Motivation in Medical Education and Patient Communication”

Dear colleagues and friends

On behalf of the host organizing committee I would like to express how honoured and glad we feel to organize the 71st EGPRN-meeting which at the same time will be the first one held in Switzerland. We welcome you to Zurich, the largest city of Switzerland and well known for its historical, cultural, scientific and economical merits. Human settlements in this place date back to the new stone age about 5000 yeas ago, long before the roman fortress ″Turicum″ at the lake was built.

The theme is ″motivation in medical education and patient communication″. We intended to organize a common congress together with the colleagues of EURACT. Unfortunately this was not possible, but all the colleagues involved in medical education are sincerely invited to participate in workshops and presentations.
For many clinical questions in General Practice we are still lacking evidence WHAT to do best. But even in fields with clear evidence there is often considerable uncertainity HOW to do it best, how to implement tools and especially how to motivate patients and physicians to reach best results by using them. There is a performance gap, and in many ways it has to do with motivation. How to improve the relation between extrinisc and intrinsic motivation in patients, medical students and GPs? How to explore and support readiness to change in patients with lifestyle factors menacing their health in a serious way? How to improve and assess communication skills? Many of these important questions in primary care will be addressed in key note lectures, presentations, posters and workshops. This is truly an interdisciplinary challenge.
We are convinced that Zurich offers an attractive location. You find direct flights from most of European capitals to this town in the heart of Europe, reach the main railway station within 10 Minutes from the Airport and will find the Hotels as well as the University Hospital as congress venue within walking distance, close to the historic centre of the City.
We warmly welcome you to Zurich. Enjoy besides of the congress as well some of the cultural or gastronomic treasures that the city and its lovely environment with lake, river and mountains offer to you.
We are looking forward meeting you in Zurich,

Yours sincerely,
Marco Zoller, National Representative of EGPRN Switzerland

On behalf of the Host Organising Committee
. **Prof. Dr. Thomas Rosemann**, Institut für Hausarztmedizin Universität Zürich
. **Dr. Lilli Herzig**, Institut Universitaire de Médicine Génerale, Université de Lausanne
. **Dr. Peter Frey**, Institut für Hausarztmedizin der Universität Bern
. **Dr. Dagmar Haller-Hester**, PhD, cheffe de clinique scientifique, Dép.de Médecine communautaire et de premier recours, Université de Genève
. **Prof. Dr. Peter Tschudi**, Institut für Hausarztmedizin Universität Basel

MEETING EXECUTIVE BOARD
GENERAL COUNCIL MEETING

Executive Boardmeeting
Thursday 14th October, 2010

09.30 - 10.00: Welcome and Coffee for Executive Board
10.00 - 12.30: Executive Board members
Location: Conference Venue University Hospital Zürich
Room: BUZ U13 / BUZ A3

General Council meeting with the National Representatives
Thursday 14th October, 2010

14.00 - 17.00 : Executive Board members and National Representatives
-Research Strategy Committee
-PR and Communication Committee
-Educational Commitee

Location: Conference Venue University Hospital Zürich
Room: BUZ A13

REGISTRATION

► Thursday 14 October 2010

REGISTRATION FOR PARTICIPANTS OF PRE-CONFERENCE WORKSHOPS ONLY

Location: **- Bildungszentrum Universitätsspital Zürich BUZ, Gloriastrasse 19, Entrance**

On arrival, every participant, who has not paid by electronic bank transfer, pays €25,= (or €50,= if a non-member) per person for each pre-conference workshop

► Friday 15 October 2010

REGISTRATION FOR ALL PARTICIPANTS
Time: **08.00 – 08.30 h.**

Location: **University Hospital Zürich, Entrance East (Gloriastrasse 29)**

On arrival, every participant, who has not paid by electronic bank transfer, pays €100,= (or €200,= if a non-member) per person.

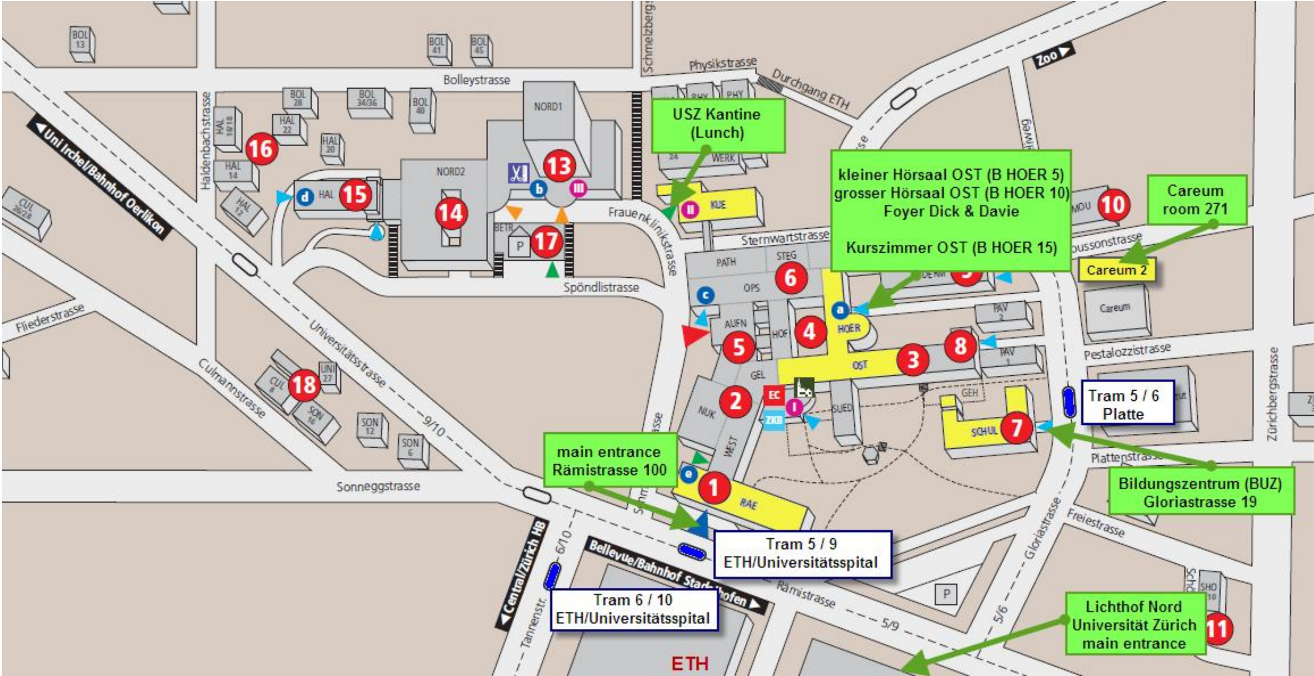
FOR ALL EGPRN PARTICIPANTS

Social night on Saturday 16th October 2010
(Dinner, speeches and party)
at Hotel Uto Kulm
Address: http://www.utokulm.ch
Entrance Fee: €30,= per person.
Please address to EGPRN Registration Desk.

Unfortunately, we have **NO** facility for electronic payments (credit card, Maestro) on the spot. We only accept **EUROS**.
We do **NOT** prefer pay cheques, given the extra costs. If you have no other option we will charge € 25 extra.

University Hospital, Rämistrasse 100, CH-8091 Zürich

Map of the Hospital site with all buildings, locations and trams.



PROGRAMME OF THE EUROPEAN GENERAL PRACTICE RESEARCH NETWORK IN ZÜRICH-SWITZERLAND

WEDNESDAY 13th OCTOBER, 2010:

Location : **Careum and University Hospital Zurich, see plan.**
(It is room GEL B 120 (B means the floor))

15.00 – 19.00 : **"WoMan Power"**
in: Careum room 271

15.00 – 19.00 : **"Cogita"**
in: USZ Gel 120

THURSDAY 14th OCTOBER, 2010:

Location : **Careum and Bildungszentrum Universitätsspital (BZU)**

09.00 - 12.00 : **"WoMan Power"**
in: Careum room 271

09.00 – 12.00 : **"Cogita"**
in: BUZ A13

09.30 - 12.30 : **Executive Board Meeting**
(only for Executive Board Members)
in: room BUZ U13 (coffee)
in: room BUZ A3 (meeting)

10.00 - 12.30 : **Pre-Conference Workshop (participants may have registered beforehand)**
10.00 - 12.30 : **1 EGPRN Pre-Conference Morning Workshop**; €25 (€50) each p.p.
Parallel workshops:

a. Workshop on "Scoring Communication Skills".
Chairs: Kai Schnabel / Ulrich Woermann (Bern, Switzerland) / Jean-Yves Le Reste (Brest, France).
in: room BUZ B23

12.30 - 13.00 : **Lunch (price not included in fee pre-conference workshops)**

Afternoon: **2 EGPRN Pre-Conference Afternoon Workshops** €25 (€50) each p.p
Parallel workshops:

13.00 - 17.00 : ***b. Workshop on*** **"Standardized Patients in Medical Education".**
Chairs: Jan-Joost Rethans (Maastricht, NL) / Anne Simmenroth (Göttingen, Germany) .
in: room BUZ B23

13.30 – 16.00 : ***c. Workshop on*** **"Risk Communication in Consultation: How to explore readiness of change and how to address best the resulting groups".**
Chairs: Attila Altiner (Rostock, Germany).
in: room BUZ Aufenthaltsraum

14.00 – 16.00 : Collaborative European general practice study on : "Depression and Loneliness in Late Life".
Chair: Jean Yves Le Reste (Brest-France)
in: room SON 6 B2

14.00 - 17.00 : **EGPRN General Council Meeting.**
Meeting of the Executive Board Members with National Representatives (only for Council Members).
As part of the Council meeting, the EGPRN Committees will take place as well : -Educational Committee, PR & Communication Committee, Research Strategy Committee.

Meeting of EGPRN Working Groups (part of the Council meeting)

- **Research Strategy Committee**
- **Educational Committee**
- **Communication and PR Committee**

in: room BUZ A13

Social Program: **For ALL EGPRN-participants of this meeting who are present in**
18.30 – 20.30 : **Zürich at this time. (Entrance Free)**
Welcome Reception and Opening Cocktail for all participants.
Location: "Lichthof" – Main building of the Zürich University

FRIDAY 15th OCTOBER, 2010:

Location : University Hospital Zürich
in: GHO (grosser Hörsaal Ost, B HOER 10)

08.00 - 08.30 : Registration at EGPRN Registration Desk.

08.30 - 09.00 : Welcome.
Opening of the EGPRN-meeting by the Chairperson of the EGPRN, Prof. Dr. Eva Hummers-Pradier

09.00 - 09.20: 1st Keynote Speaker: *Dr. Jan-Joost Rethans, PhD* – Maastricht, The Netherlands.
Theme: "Use of Simulated or Standardized Patients to motivate learning".

09.20 – 10.50 : 3 Theme Papers (plenary)
in: GHO (grosser Hörsaal Ost)

1. **Zoe Paskins (United Kingdom)**
   Using videotaped consultations in primary care to unpick issues within the osteoarthritis consultation.

2. **Marcel Kremer (Germany)**
   Pharmaceutical advertisement: Medical students' exposure and attitudes.

3. **Heidemarie Keller (Germany)**
   Reliability and validity of the German version of the OPTION scale.

10.50 - 11.20 : Coffee Break

11.20 – 12.50 : 3 Theme Papers (parallel session)
in: GHO (grosser Hörsaal Ost)

4. **Katrien Bombeke (Belgium)**
   Communication skills training: (de)motivation for patient-centredness? Experiences and attitude scores of medical students.

5. **Klaus Bally (Switzerland)**
   One-on-one tutorials in private practices and clinics – a path to improving medical students' professional motivation and relationships with patients.

6. **Thibaut Raginel (France)**
   Place of general practitioners in sex education for teenagers in countryside areas.

11.20 – 12.50 : 5 Theme Papers (parallel session)

'Motivation of medical students to study family medicine: an international comparison'

in: University Hospital, Kurszimmer Ost HOER B 15

7. Sofia Lopez-Roig (Spain)
Understanding reputation and professional identification with family medicine practice among medical students: A Spanish Case Study.

8. Sandrine Hugé (France)
A declining interest for family médecine or a rejection of a practice model?

9. Charo Rodriguez (Canada)
Exploring the professional identification and reputation of family medicine among medical students and educators: A Canadian case study.

10. Teresa Pawlikowska (United Kingdom)
General Practice: A qualitative study into the motivation of medical students in the UK when making their career choice.

11. Charo Rodriguez (Canada)
Reputation of and professional identification with family medicine among medical students: An international cross-case analysis

12.50 - 14.00 : Lunch

in: USZ Restaurant

After lunch, the meeting continues with parallel sessions till 16.00 h.

14.00 – 16.00 : A. Parallel session - 4 Freestanding Papers

"Methodology"

in: GHO

12. Marija Petek Šter (Slovenia)
Development and validation of a questionnaire for assessment of attitudes regarding family medicine.

13. Karen Smets (Belgium)
Delphi methodology as research strategy to improve primary mental health care.

14. Margje van de Wiel (The Netherlands)
Validation of a GP's gut feelings questionnaire.

15. Berend Terluin (The Netherlands)
Cross-cultural validation of the Polish 4DSQ using DIF analysis.

14.00 – 16.00 : A. Parallel session - 4 Freestanding Papers

"Qol"

in: Methodology KHO

16. **Selin Bozdag (Turkey)**
Why teens don't start smoking?

17. **Kailash Bahadoor (France)**
Adolescents consumers of cannabis and general practioners(GP) : how to communicate?

18. **Cláudia Bulhões (Portugal)**
Depressive symptoms among 13-year-old adolescents: prevalence and associated characteristics.

19. **Ozlem Ilbi (Turkey)**
How can washout need be curtailed in patients with earwax?

16.00 – 16.20 : Coffee/Tea Break
in: Foyer

16.20 – 17.20 : 6 One-Slide/Five Minutes Presentations
in: GHO (grosser Hörsaal Ost)

20. **Nicole Jaunin-Stalder (Switzerland)**
When Patient-Centered Care is Perceived as a Lack of Physician Competence: Are Patients more Severe with female Physicians?

21. **Patrice Nabbe (France)**
The FPDM (family practice depression and Multimorbidity) Study: Project for multimorbidity and depression after 50. Back draft.

22. **Amelie Calvez (France)**
Serious pathologies are always addressed to emergencies with serious criteria, aren't they?

23. **Aleksandra Visnovic Poredos (Slovenia)**
Evaluation of efficacy of a web based intervention for drinking reduction.

24. **Thanh Duc Hua (Germany)**
Video-assisted education program for patients under oral anticoagulant treatment in the primary care – a cluster randomized controlled study.

25. **Thierry Gomis (France)**
EchoSin: pragmatic cluster randomized comparative study.

17.20 – 17.40 : **Plenary Session in: GHO**
Closing of the day by *Dr. Jan-Joost Rethans, PhD,* keynote speaker, who will summarize on today's theme papers.

<u>Social Programme :</u>
18.00 – : Practice Visits to local Health Centres in Zürich.
Meeting point: **Foyer - colleagues will be waiting for you.**

SATURDAY 16th OCTOBER, 2010:

Location : University Hospital Zürich
in: GHO (grosser Hörsaal Ost)

08.30 – 08.50: 2nd Keynote Speakers: *Dr. Klaus Bally, MD / Dr. Andreas Zeller, MD* – Basel, Switzerland
Theme: "Research in primary care - the Swiss cheese challenge"

08.50 – 09.10: 3rd Keynote Speaker: *Professor Norbert Donner-Banzhoff, MD, PhD,* – Marburg am Lahn, Germany.
Theme: "Motivation or manipulation"

09.10 – 10.40 : 3 Theme Papers (plenary)
in: GHO (grosser Hörsaal Ost)

26. Claudia Steurer-Stey (Switzerland)
Motivational training improves self-efficacy but not short-term adherence with asthma self-management behavior: a randomized controlled trial.

27. Giulio Rigon (Italy)
The vediclis project: the impact of a multidimentional intervention on the performance of GPs in the management of type II diabetes.

28. Nina Badertscher (Switzerland)
Does a multifaceted intervention increase the rate of detection of skin cancer by general practitioners? A randomised controlled trial.

10.40 - 11.00 : Coffee Break
in: Foyer

11.00 – 12.30 : 3 Theme Papers (plenary)
in: GHO (grosser Hörsaal Ost)

29. Anneli Rätsep (Estonia)
Transcultural validation of the Diabetes Obstacle Questionnaire.

30. Liina Pilv (Estonia)
Is There an Association Between Relationships with Health Care Professionals and Coping with Living with type-2 diabetes? Does it Influence the Clinical Outcomes?

31. Anja Frei (Switzerland)
The Chronic CARe for diAbeTes study (CARAT): a cluster randomized controlled trial.

12.30 - 13.45 : **Lunch**
After lunch, the meeting continues with 6 parallel Poster sessions till 14.50 h.

13.45 - 14.50 : Posters
In six parallel sessions (6 groups)
in: Foyer

13.45 - 14.50 : Parallel group 1: Posters *“Integration tools and Services”* (5)

32. **Francesco Chiumeo (Italy)**
Integrated medical care for elderly patients affected by chronic obstructive pulmonary disease and heart failure.

33. **Oliver Hirsch (Germany)**
Arriba-lib- electronic library of decision aids: results of a feasibility study.

34. **Sofia Esquível (Portugal)**
The primary care frequent attender profile.

35. **Johannes Hauswaldt (Germany)**
Advisory and technical services requested by frequent contacting or chronic patients of different age groups – a secondary data analysis from routine GPs’ HER.

36. **Marije Koelewijn - van Loon (The Netherlands)**
The role and power of nurses in cardiovascular risk management: a qualitative study in primary care.

13.45 - 14.50: Parallel group 2: Posters *“Prevention and Diagnosis”* (5)

37. **Christian Dupraz (France)**
Prevalence and risks factors of vitamin D deficiency in an adult male population in primary care.

38. **Marie France Le Gaoziou (France)**
Vitamin D Status of post menopausal women in general practice.

39. **Miguel Azevedo (Portugal)**
Referral Study in ACES Gondomar.

40. **Jean-Pierre Lebeau (France)**
ABPMS-2 : resurgence of end-digit preference in blood pressure measurement.

41. **Kim Kavanagh (Ireland)**
A feasibility study of the use of near patient CRP to guide prescribing for respiratory tract infections.

13.45 - 14.50: Parallel group 3: Posters *"Risk and Communication"* (5)

42. Meike Müller-Engelmann (Germany)
When should medical decisions be shared? – using a factorial survey design to study social norms in medical decision making.

43. Aline Ramond (France)
Psychosocial risk factors for transition from acute to chronic low back pain in primary health care - review of the literature.

44. Miguel Muñoz (Spain)
Variability in cardiovascular risk profile between spanish and immigrant population.

45. Gergana Foreva (Bulgaria)
Palliative care program – students' willingness to participate.

46. Mette Damborg Hansen (Denmark)
Risk communication between general practitioners and patients with hypercholesterolemia.

13.45 - 14.50: Parallel group 4: Posters *"Education and professional motivation"* (5)

47. Tolga Gunvar (Turkey)
The Perspective of Peer Educators: What are their experiences, feelings and thoughts?

48. Peter Burggraeve (Belgium)
Using web service support to communicate and improve quality of care in family practice: a pilot project.

49. Katja Hermann (Germany)
Job perspectives on general practice as perceived by medical students – a cross sectional study.

50. Miriam Schöni (Switzerland)
When and why do young physicians decide to become GPs? A self administered survey.

51. Claire Collins (Ireland)
Incentives and Motivation of Irish GPs in respect of CME.

13.45 - 14.50: Parallel group 5: Posters *"Adolescents"* (5)

52. Marie Barais (France)
Teenager's contraception, How French GPs miss it?

53. Benoit Cambon (France)
Why do parents consult GP for their child with ORL infectious symptoms.

54. Philippe Binder (France)

Adolescents consulting a GP accompanied by a third party: comparative analysis of representations and how they evolve through consultation.

55. Catherine Laporte (France)
CANABIC : CANnabis and Adolescents, a Brief Intervention to reduce their consumption.

56. Andreas Loh (Germany)
Participation preferences and self-reported participation in medical decision making among patients with arterial hypertension.

13.45 - 14.50: Parallel group 6: Posters *"Clinical Topics and Motivation"* (5)

57. Bernard Le Floch (France)
Determinants of opiate intake among fishermen.

58. Pemra C. Ünalan (Turkey)
A Randomized, Controlled Clinical Trial About the Effect of Exercise Education on the Knee Osteoarthritis patients.

59. Péter Torzsa (Hungary)
Hungarian Family physicians' and residents' knowledge of and attitude towards OSAS (obstructive sleep apnea syndrome).

60. Patricia Castro (Spain)
Motivational interviewing and dietary compliance in patients with type 2 diabetes (clinical trial).

61. Jean Yves Le Reste (France)
Evaluation of general practitioners' motivation to learn motivational interviewing for obesity treatment.

14.50 - 15.10 : Coffee Break
in: Foyer

After Coffee Break, the meeting continues with a Plenary session till 17.50 h.
Plenary Session in: GHO

15.10 - 15.40 : ●● Chairperson's report by Prof. Eva Hummers-Pradier. Report of Executive Board and Council Meeting.

15.40 - 15.50 : ●● Introduction on the next EGPRN-meeting in Nice-France by the French national representative.

15.50 – 17.20 : 3 Freestanding Papers
in: GHO (grosser Hörsaal Ost)

62. Sophia Eilat-Tsanani (Israel)
Life after radical prostatectomy for localized prostate cancer.

63. Hulya Yikilkan (Belgium)
EGPRN and TRANSFoRm: assessing the capacity and readiness of European primary care networks, electronic health records' systems and clinical data repositories.

64. Emma Wallace (Ireland)
Register of Clinical Prediction Rules, methodological quality assessment and implentation strategies.

17.20 – 17.50 : Plenary Closing Session in: GHO

- **Closing of the day by *Prof. Norbert Donner-Banzhoff,*** keynote speaker, who will summarize on today's theme papers and posters.
- **Presentation of the EGPRN Poster prize by *Dr. Harm van Marwijk*.**
- **Closing of the conference by *Prof. Eva Hummers-Pradier*, EGPRN chairperson.**

Social Program :

19.30 - : Social Night – Gala Dinner, speeches and Party with live band "Hitsköpfe"
In: Uto Kulm
Entrance Fee: €30,= per person.

The Hotel Uto Kulm on Uetliberg can only be reached by a short trip by train. Train leaves at 19.35 h. on platform two at main railway station Zurich.

Meetingpoint is DIRECTLY ON PLATFORM 2 at 19.30 hrs.

You will get a map of the university hospital region which makes clear all buildings with abbreviations, tram stops and entrances.

SUNDAY 17th OCTOBER, 2010:

Location : University Hospital Zürich
in: Room GEL B 120

09.30 - 11.30 : 2nd Meeting of the EGPRN Executive Board.

FRIDAY 7th MAY, 2010:

Location : University Hospital Zürich

09.00 - 09.20: 1st Keynote Speaker: ***Dr. Jan-Joost Rethans, PhD*** **– The Netherlands.**

Theme: "Use of Simulated or Standardized Patients to motivate learning"

More than 45 years ago Barrows and Abrahamson introduced the use of simulated patients. A simulated patient (SP) is defined as a 'normal person who has been carefully coached to accurately portray the characteristics of a specific patient'.
Originally SPs were exclusively used in medicine but nowadays they are used in many other areas as for example in nursing, physiotherapy, dentistry, pharmacy, dietetics and veterinary medicine.

Despite SPs long history and its widespread use, there are still many issues to be clarified or resolved in the use of SPs. Ignorance about the use of SPs leads to myths and fantasies about SPs, sometimes resulting in skepticism about the use of SP, whereas in modern teaching one should focus on facts.
Amongst the issues to be clarified or resolved in the use of SPs are: -what is the difference between simulated and standardized patients?, -Are SPs only useful in the teaching of communication?, -Is feedback by SPs really useful?, -How does the use of SPs compare to the use of real patients?, -Can all medical diseases be simulated?,
In this presentation I will try to get rid of the myths, while beholding some fantasies, but foremost I will focus on the facts and experiences about the use of SPs.
I hope I can inspire those of you who are in doubt about introducing SPs to start with them and to show others who are in a dead end with SPs there always is a way out to other uses of SPs. Finally I hope to show you all that working with SPs and students in an inspiring educational atmosphere is great fun for all.
And we know for sure: there is no better motivator for learning than having fun!

Jan-Joost Rethans MD, PhD,
Dept. Skillslab director of Simulated Patient - and Communication Skills programme at the Maastricht Medical School (Skillslab, Maastricht University, The Netherlands).

SATURDAY 16th OCTOBER, 2010:

Location : University Hospital Zürich

08.30 – 08.50: **2nd Keynote Speakers:** ***Dr. Klaus Bally, MD / Dr. Andreas Zeller, MD*** **– Switzerland**

Theme: "Research in primary care - the Swiss cheese challenge".

Knowledge of the Swiss federal system of primary care is necessary to appreciate the challenge of primary care research in Switzerland. On the one hand high standards of continuing education should facilitate high-quality research, on the other hand institutional conditions for primary care research are still unsatisfactory. Government and its health agencies are very reluctant to sponsor primary care research. Despite these adverse conditions, primary care research is thriving.
The Swiss Academy of Medical Sciences is an exception and supports primary care research in our country with an annual amount of 200000 Swiss Franks. With these funds about six small research projects per year are funded. We would like to give you some insight into current primary care research in Switzerland by presenting some research projects, which applied for grants.
Following are some of the topics, which are of interest to Swiss general practitioners:
- **Epidemiological research**: incidence and prevalence of acute und chronic diseases in primary care (epidemiology in the out-patient versus in-patient setting, e.g. community acquired pneumonias, hypertension cohort study)
- **Diagnostic research**: value benefit analysis and validity assessment of screening measures, especially in low-prevalence situations
- **Quality control research**: maintenance of standards for diagnostic and therapeutic measures, control of guidelines in private practices, development of therapeutic measures and control of efficacy
- **Doctor-patient relationship**: patients' risk perception and doctors' risk communication. Development of instruments to assess primary care quality, including soft factors. Documenting the importance of the narrative in primary care consultations
- **Health services research**: development of procedures to improve health care of patients with chronic diseases by means of teaching nurses/attendants, research concerning treatment quality of marginal groups
- **Education research**: evaluation of teaching, e.g. one-on-one tutorials, patients' burden by being part of teaching students

In the last 10 years a multitude of such projects have managed to wake up primary care research from its slumber. Just like all other fields of medicine primary care needs a scientific base. Its significance needs to be marked with research projects. The results are promising. They enhance scientific knowledge of general practitioners in Switzerland and abroad. The results can be put into practice. Swiss cheese is still riddled with holes. Emergency situations, acute diseases, rehabilitation medicine and palliative care are some fields, which have been underrepresented in research. Limited personal and financial resources are responsible. In addition it is not easy to introduce research projects into the relationship of trust that has grown during many years between doctor and patient. A national research project in primary

care needs to be called for. This project will help establish begun activities. In the medium term efficient high-quality primary care work will only be possible if it is based on research.

Allgemeine Medizin FMH
Institut für Hausarztmedizin IHAMB
Universität Basel
CH 4056 Basel - Switzerland

SATURDAY 16th OCTOBER, 2010:

Location : University Hospital Zürich

08.30 – 08.50: **3rd Keynote Speaker:** ***Professor Norbert Donner-Banzhoff MD, PhD*** **– Germany**

Theme: “Motivation or Manipulation?”

Motivating patients to adopt healthy behaviours is seen by many as a core contribution of general practitioners to prevent future disease.
Already more than 20 years ago psychologists and therapist in addiction have developed sophisticated techniques to achieve this aim. „Motivational interviewing“ (MI), „Stages of Change“ and the „Transtheoretical Model“ stand for a conceptual model of behavioural change that postulates distinct stages. Behavioural support interventions have to be tailored to the stage the patient is currently in. This approach has been particularly useful for primary care clinicians since their patients are not selected regarding their motivation to behavioural change.
Since then Shared Decision-Making (SDM) has entered the field. SDM takes us one step further away from the old paternalist model. Patients and doctors negotiate decisions regarding diagnosis, prevention and treatment. Decision support technologies are expected to enable the patient to take part in a dialogue of two partners at, wherever possible, equal level. Against this background behavioural interventions seem to undermine the encounter of patients and doctors as equal partners.
SDM requires us to redefine the role of motivational techniques. The distinction between decision-making and problem-solving [i] can provide a key for a new understanding of the two approaches. Decision-making implies the definition of goals. Here behavioural techniques have only a very limited role. However, goals that patient and clinician have agreed upon will be achieved easier if motivational and/or behavioural techniques are used in a skilful manner.

Abt. Allgemeinmedizin - Philipps University of Marburg
Marburg/Lahn - Germany

PRESENTATION 1: Friday 15th October, 2010 **THEME PAPER**
09.20–09.50 h. **Ongoing study, no results yet**

TITLE: Using videotaped consultations in primary care to unpick issues within the osteoarthritis consultation.

AUTHOR(S): Zoe Paskins, P.R. Croft, A.B. Hassell

ADDRESS: Dept. Primary Care Sciences, Arthritis Research UK Primary Care Centre
Primary Care Sciences Keele University Staffordshire, Keele ST5 5BG, UK
Phone: 01782 733975; Fax: 01782 733911
Email: z.paskins@cphc.keele.ac.uk

Background:
Osteoarthritis (OA) is a common cause of pain and disability. In the UK, comprehensive guidelines exist regarding its optimal treatment, and these are based on principles of self-management. Current research suggests patients with osteoarthritis have significant unmet needs; however, little is known about what currently happens in the consultation between GP and patient when joint pain is discussed. In particular, little is known about the extent to which GPs engender self management with patients.

The Arthritis Research UK Primary Care Centre is currently undertaking research concerned with implementing OA guidance, including a training package for GPs; however, GPs' current educational needs regarding OA are also not clearly established.

Research questions:
The aims of the study are to explore in depth the content of the patient-GP consultation when a patient presents with OA; to determine to what extent self management is fostered and to determine the areas within the consultation for educational intervention.

Method:
Consecutive consultations of consenting patients in primary care will be videotaped, and consultations including discussion of joint pain will be selected. The patients and GPs involved will then be invited for an interview where they will be shown the video clips of their own consultation. The interviews will provide contextual information for the consultations as well as gathering further information about GPs attitudes regarding OA consultations in general and patients' views of the consultation and their interpretation of language used by the doctor. It will also allow for exploration of any differences between GP rhetoric and practice.
The video and interview data will be subject to qualitative and quantitative analysis and an analytical framework will be presented.

Results:
No results as yet.

Conclusions:
By videoing consultations, we hope to gain a rich data set that will be of interest to practising clinicians and educationalists alike.

Points for discussion:
Analytical frameworks for medical dialogue

PRESENTATION 2: Friday 15th October, 2010 **THEME PAPER**
09.50–10.20 h.

TITLE: Pharmaceutical advertisement: Medical students' exposure and attitudes.

AUTHOR(S): Marcel S. Kremer, Michael M. Kochen, Jean-François Chenot

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Background:
As future doctors medical students represent potentially valuable customers for the pharmaceutical industry. Only few studies have examined the subject of pharmaceutical industry–medical student relationship. Early exposure to drug sale representatives and gifts is the first step to gain influence and might foster the sense of entitlement.

Research question:
What is the attitude of medical students towards pharmaceutical advertisement and how frequent is their exposure?

Method:
We conducted a survey of all medical students in the 3rd, 4th and 5th year of the University of Göttingen Medical School in Germany. The questionnaire contained questions about exposure, gifts and attitudes toward pharmaceutical advertisements.

Results:
At total of 641 questionnaires from 961 medical students (response rate 67%) were returned. 34% reported having had contact with a drug sale representative and 76% have accepted gifts. 93% stated that accepting gifts is acceptable. Although 44% assumed that gifts influence prescribing, however most students (85%) stated that gifts would not influence themselves. Only 10% felt well prepared to deal with pharmaceutical advertisements, but only 60% of them expressed a wish for further training on the subject.

Conclusions:
There is a lack of awareness of medical students about the effectiveness of pharmaceutical advertisement and associated ethical problems. Training and role models are needed to prepare medical students to develop an appropriate and critical attitude towards pharmaceutical advertisement.

Points for discussion:
1. Should dealing with pharmaceutical advertisement be part of the curriculum in medical school?
2. Should medical students contact with drug sale representatives be restricted by faculties?

PRESENTATION 3: Friday 15th October, 2010 10.20–10.50 h. **THEME PAPER**

TITLE: Reliability and validity of the German version of the OPTION scale

AUTHOR(S): Heidemarie Keller, M. Müller-Engelmann, O. Hirsch
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Background:
Elwyn et al. have developed a the OPTION scale (acronym for “observing patient involvement”) which assesses the extent to which clinicians involve patients in decisions across a range of situations in clinical practice. A German version of the OPTION scale was used in the study of Loh et al. in the context of depression. Apart from an inter-rater-concordance of 67%, a Kappa coefficient .5 and an intra-class coefficient (ICC) of .7 no further psychometric characteristics were reported. Consequently there is a lack of such data concerning the German version of the OPTION scale

Research question:
Our study is the first to examine the instrument in detail and is part of an extensive phase 4 study investigating patient participation in the shared decision-making (sdm) process in cardiovascular prevention.

Method:
15 GPs were asked to recruit 3 patients each in whom discussion of cardiovascular risk and of preventive measures seemed indicated. The OPTION ratings on the basis of videotapes were done by four experienced raters, using a crossover design. These data were then compared with a reference standard for ‘shared decision making’ (sdm took place [yes/no]) rated by two experts of the shared decision-making field (SDM).

Results:
Cronbach-a of the whole scale based on the data of all four raters was .90 and therefore on a high level. The Kaiser-Meyer-Olkin criterion with .88 was high and a factor analysis was therefore feasible. The correlations between the total scores of the raters and the dichotomized SDM expert ratings were satisfactorily.

Conclusions:
We conclude that the OPTION instrument is a useful tool to measure the concept of SDM in the consultation. The German version is reliable and valid at total score level. Some items need further revision in the direction of more concrete, observable behaviour.

Points for discussion:
In contrast to other international reliability studies we used videotaped consultations so that the raters had additional information in the form of nonverbal behaviour (e.g. gestures, facial expressions) which might have led to increased variance between

PRESENTATION 4: Friday 15th October, 2010 THEME PAPER
11.20–11.50 h. Ongoing study with preliminary results

TITLE: Communication skills training: (de)motivation for patient-centredness? Experiences and attitude scores of medical students.

AUTHOR(S): Katrien Bombeke, L. Symons, E. Vermeire, B. De Winter, S. Schol L. Debaene, P. Van Royen

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Background:
In Dubrovnik (EGPRN'09), we presented the unexpected results of a cohort study investigating the impact of communication skills training on the evolution of patient-centred attitudes during clinical clerkships. Remarkably, students trained for 5 years declined in attitude scores, whereas untrained students remained stable. This study explores the intentions and experiences of the trained students to find answers to the following research questions:
What explanations do the participants themselves offer for these unexpected findings?
How do participants experience the impact of communication skills training on the development of patient-centredness?
Are participants' personal reflections on their development of patient-centredness in line with their attitude scores on 4 different scales?

Method:
Data-gathering: We conduct 20 in-depth interviews with students from the cohort with declining scores(n=37). We purposively select participants based on attitude scores (extreme scores, specific changes during clerkships). Before the interview, participants complete the attitude scales again. Interview topics: personal evolution in patient-centredness, confrontation with own and group scores, explanations for the cohort study findings.

Analysis:
Two researchers independently perform open and axial coding on audio (Nvivo8). All coding results are compared and discussed. Qualitative findings are compared with answers on specific scale items and participant's scores.

Results:
10 interviews have already been conducted and 3 of them coded (June 2010). Participants offer well-reflected explanations based on specific experiences, providing new insight into how medical education can motivate students better to become patient-centred doctors. The most prominent preliminary hypothesis concerns the huge gap between the ideal, protected training ground and medical practice reality. The more 'experienced' these trained young doctors get, the more differentiated and nuanced their reflections on patient care. These results, contradictory, in more neutral (lower) scale scores - if not in an angry vote of protest.

Conclusions:
Completed findings will be presented at the conference.

Points for discussion:
- Does the audience have experience with 'mixed method' studies, combining qualitative and quantitative findings in one analysis?
- Do you have other suggestions to implement these findings in medical education?
- How can we raise the validity of attitude.

PRESENTATION 5: Friday 15th October, 2010 **THEME PAPER**
11.50–12.20 h.

TITLE: One-on-one tutorials in private practices and clinics – a path to improving medical students' professional motivation and relationships with patients.

AUTHOR(S): Ruedi Isler, Silvana Romerio, Ursina Halter, Simon Heiniger
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Background:
Since 1997 all University of Basel medical students participate in one-on-one tutorials. Until 2009 they spent a total of 30 half days over the course of two years with their personal tutor in a general practitioner's office, in a specialist's practice or in a clinic. Since 2010 tutorials are only offered in general practitioners' offices. Attendance is required for all fourth-year students.

Research question:
This study compared general practice tutorials with tutorials in specialists' practices, analyzing the development of professional motivation, awareness of patients' social environments, trust in patient-doctor relationships and an empathic approach to patients' fears.

Method:
The survey is based on a questionnaire, which was given to 236 third and fourth year students in the course of the 2005 academic year. Students could answer the questions on a Lickert scale with a range of answers from 1 (strongly disagree) to 7 (strongly agree).

Results:
Professional motivation increased/partly increased in 81%, remained unchanged in 17% and decreased in 2% of all students. Students who had their tutorials in a clinic had their awareness of patients' social environment raised significantly less than those tutored in general practitioner's offices and in specialists' practices. In addition students on general practice were better capable of constructing a trusting relationship with their patients than those tutored on specialists' practices and in clinics. Students learned an empathic approach to patients' fears equally well in general practices and specialists' practices. However, nearly one third of all students tutored in specialists' practices were tutored with paediatricians.

Conclusions:
One-on-one tutorials in practices and clinics improve medical students' professional motivation. General practitioners' and perhaps paediatricians' practices are suited for acquainting students with patients' social environment, constructing a trusting relationship and learning an empathic approach to patients' fears.

Points for discussion:
Should teaching medical students in general practitioners' offices focus mainly on motivation to become a medical professional, on improving social and communicative skilss ore one increasing knowledge and practical skills?

PRESENTATION 6: Friday 15th October, 2010 **THEME PAPER**
12.20–12.50 h. **Ongoing study with preliminary results**

TITLE: Place of general practitioners in sex education for teenagers in countryside areas.

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Background:
Sex education is a legal obligation in schools as part of child welfare. It was strengthened in 2007's French law. During sex educational campaigns in countryside schools, we had the feeling of deficiencies. There were difficulties for the concerned teenagers to find acute information and resources. All works on the subject are done mainly in troubled suburbs.

Research question:
What is the place of general practitioners among healthcare professionals and among other professionals in charge of sex education and teenagers' welfare in this domain in rural areas?

Method:
Descriptive observational study using forms with 51 to 54 questions according to the type of people pooled. After an inventory of fixtures of the resources proposed by the institutions in the domain, we realized a sample of needs with teenagers in rural schools of Basse-Normandie (France) with forms. A sample of professionals is in progress using two methods: forms for the GPs with a direct collection and a collection by interviews or semi structured interviews for the other professionals.

Results:
Ongoing study further results will be available in Zurich. The collection with institutions shows an important lack of means. There is a need for working professionals. We are currently processing the analysis of the data collected by the 291 teenagers' forms. We are still collecting the data concerning the other professionals of whom 41 general practitioners and 22 chemists. On a first glance GPs are left outside sex education in schools.

Conclusions:
GPs are left outside sex education in school. Our first results confirm a recent report of the "Cour des Comptes" on the deficiencies on this subject pointing bigger deficiencies in rural areas.

Points for discussion:
- The data collection with institutions is finished and the first detailed results will be presented in Zurich meeting.
- The first results of the data analysis concerning the needs of the interviewed teenagers will be available for Zurich meeting

PRESENTATION 7: Friday 15th October, 2010 THEME PAPER
11.20–12.50 h. total time - Group Reputation

TITLE: Understanding reputation and professional identification with family medicine practice among medical students: A Spanish Case Study.

AUTHOR(S): Sofia Lopez-Roig, Maria Angeles Pastor-Mira, Charo Rodriguez

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Background:
For the last decade, family medicine has been progressively discarded by medical students as a career choice in many developed countries. The objective of this investigation has been to contribute to a better understanding of this phenomenon by examining reputation and identification processes with family medicine by medical trainees in a Spanish medical school.
Research questions: What do medical students think about family medicine practice? What are the reasons why medical students stick on or separate from family medicine as a career choice?
Methods: This a qualitative case study in which focus groups and documentary analysis are the techniques used for generating data. Participants have been 2nd and 6th year undergraduate medical students trained in a 25-year old faculty of medicine of a Spanish university. Six focus groups were conducted in 2008 and 2009. Transcribed verbatim was submitted to a thematic analysis.

Results:
Among medical students, family medicine appears largely devaluated as professional activity, being viewed as a monotonous and non-technological medical practice without intellectual challenge. Such a negative view, which already appears in early stages of medical training, encourage trainees' de-identification with this medical practice.

Conclusion:
Misconceptions about what the practice of family medicine is are created and reproduced in health care system and societal contexts that privilege the practice of specialized medicine, as well as in an academic context that foster organ- and disease-based medical knowledge. In order to improve family medicine reputation, and then its consideration as attractive career path, not only the development of family medicine as academic medical field should be encouraged, but also the conditions of the practice in the health care system had to be improved.

Points for discussion:
1. Importance of professional identity formation during medical training.
2. Decisions and actions to implement in academic institutions in order to improve the prestige of the discipline of family medicine.
3. Family medicine and

PRESENTATION 8: Friday 15th October, 2010 **THEME PAPER**
11.20–12.50 h. **total time - Group Reputation**

TITLE: A declining interest for family médecine or a rejection of a practice model?

AUTHOR(S): François-Xavier Schweyer, Gwénola Levasseur, Sandrine Hugé

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Background:
Only 50 % of French GPs practice family medicine. GPs are invisible during medical training's 6 first years and family medicine is mostly less chosen than other specialties. There are significant geographical disparities and a shared feeling of an unattractive discipline.

Research question:
Is in France, the declining interest for general practice so obvious?

Method:
3 Focus Groups involving 29 students were conducted and 12 face-to-face interviews with lecturers and teaching staff.

Results:
An ambiguous attitude towards family medicine, which is rarely the first choice. Medical students look for a job compatible with a good way of life. Contact with patient is appreciated but also seen as demanding with many constraints. The symbolic medical hierarchy is seen as an arguably unjustified fact but is sustained by society and families. Students reject hospital work, its hierarchy and an overspecialized activity. They are not attracted to GP while numerous GPs complain about their job. The absence of hierarchy, initiative and autonomous decision-making are seen as the great advantage of general practice.
General practice: Family medicine suffers from an absence of image compared with the more technical specialties. Newly qualified GPs have a wide choice of practice, independent practice being only one of them. Feminization has altered the professional ethos; work is no longer the core of life for the younger generations. The best students from the well-off, urban areas are not tempted by the rural, working class areas

Conclusions:
An alternative way of working? Is it the end of the liberal model? Maybe not but it is the rejection of independent practice and permanent availability; salaried practice does appeal. The key questions on the agenda are those concerning the division of work and relationship with health professionals.

Points for discussion:
1. family medicine: a choice or a compromise?
2. independant practice is only an option among many possibilities.
3. The medical occupation need to be redefined.

PRESENTATION 9: Friday 15th October, 2010 THEME PAPER
11.20–12.50 h. total time - Group Reputation

TITLE: Exploring the professional identification and reputation of family medicine among medical students and educators: A Canadian case study.

AUTHOR(S): Charo Rodriguez, Pierre-Paul Tellier, Emmanuelle Belanger

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Background:
Canadian students' interest in family medicine as a career choice has been declining. Many factors have been considered to explain this decrease, e.g. the gap between the incomes of family physicians and other specialists. This research addresses the process of professional identity formation occurring in medical schools as an under-explored and potentially important contributing factor.

Research Questions:
What do medical students and educators think about the discipline of family medicine? What is the influence of these views on medical students' career choice?

Methods:
A case study research design was adopted, the case being one medical academic institution. Data was generated through 6 focus groups with second and fourth year medical students (total 36 students), 15 individual semi-structured interviews with educators, and documents about the context of research. The material was transcribed verbatim and analysed using a discursive thematic approach, considering four different contextual levels.

Results:
Four themes were identified as motivating students' career choices: the practice of family medicine, the knowledge and skills necessary to be a family doctor, the prestige of the profession, and finally the attitudes that they hold toward family medicine. Unless students have a strong personal preference for the practice of family medicine or the values that it upholds, students report not choosing family medicine because of its low prestige in academic institution. Educators attribute the decline of interest to the shortage of family doctors and regulations imposed on them by the health care system, as well as to the lack of competitiveness of the residency programme.

Conclusion:
Family medicine practice exhibits a bad professional reputation, which prevents medical students from identifying with this career path. Recommendations are made in order to promote a better reputation for the discipline, both in academic (e.g. accurate selection criteria) and health care contexts (e.g. improved working conditions).

Points for discussion:
1. Importance of professional identity formation during medical training.
2. Decisions and actions to implement in academic institutions in order to improve the prestige of the discipline of family medicine.
3. Family medicine and the professionalism me

PRESENTATION 10: Friday 15th October, 2010 THEME PAPER
11.20–12.50 h. total time - Group Reputation

TITLE: General Practice: A qualitative study into the motivation of medical students in the UK when making their career choice.

AUTHOR(S): Sarah Spencer, Ian Whitehead, Teresa Pawlikowska

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Background:
Family medicine is described as integral to the efficient running of healthcare systems by the World Health Organisation. In many countries however, family medicine is significantly undersubscribed. The United Kingdom by contrast has seen interest in General Practice as a career increase markedly. An understanding of the factors influencing this phenomenon have yet to be explored and will aide worldwide workforce planning.

Research question:
What are the origins of students' attitudes towards general practice and the motivation behind career choice?

Methods:
This study used a qualitative approach. Nineteen final year students were recruited from Warwick Medical School to participate in three focus group discussions. Twenty one members of teaching staff were selected at random for semi-structured interviews. Both focus groups and interviews were recorded and transcribed verbatim. The transcripts were coded using thematic analysis.

Results:
Most final year students had developed career aspirations while at medical school.
Exposure to general practice throughout training and the impact of role models emerged as strong themes and will be discussed further.
Prestige also appeared as a strong theme. We will examine reasons for a recent change in status of general practice and will discuss conflict amongst students and educators when referring to the place of general practice in a perceived hierarchy. The factors influencing such hierarchy will be presented and include perceived knowledge of general practitioners along with their emerging role in business and healthcare management.
Students were concerned about the reduced training time associated with the introduction of European Working Time Directive, but otherwise denied their opinions were influenced by recent governmental changes.

Conclusion:
Knowledge of the complex factors affecting perceptions of general practice determined by this study will assist work force planners to motivate medical students to select family medicine as a career choice in countries where it is undersubscribed.

Points for discussion:
1. Importance of professional identity formation during medical training.
2. Decisions and actions to implement in academic institutions in order to improve the prestige of the discipline of family medicine.
3. Family medicine and the professionalism me

PRESENTATION 11: Friday 15th October, 2010 THEME PAPER
11.20–12.50 h. total time - Group Reputation

TITLE: Reputation of and professional identification with family medicine among medical students: An international cross-case analysis.

AUTHOR(S): Charo Rodriguez, Sofia Lopez-Roig, Teresa Pawlikowska
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Background:
While there is international consensus that family medicine is critical to provide accessibility and continuity of care, a decline in medical students' interest for the profession has been observed in many Western countries. A comparison of the different processes of professional identity formation occurring in medical schools in Canada, France, Spain and the UK could help better understand this phenomenon.

Research Questions:
What do medical students and educators think about the discipline of family medicine? What is the influence of these views on medical students' career choice in these different countries?

Methods:
The results of four case study investigations were submitted to a cross-case analysis. Data was generated through a total of 18 focus groups with second and fourth year medical students (total 132 students), 67 individual interviews with educators, and documents about the four contexts of research. Thematic analysis supported the identification of patterns contributing positively and negatively to students' preference for family medicine as a career choice across different academic and national contexts.

Results:
The fact that family medicine is patient-centred and requires good interpersonal skills favours the discipline as a career choice across all settings. In countries where (1) students are exposed early and abundantly to family medicine, (2) family medicine is recognised as a fully-respected academic discipline and (3) working conditions are better, e.g. UK, family medicine has a better reputation, which facilitates students' identification with this career path.

Conclusion:
The study highlights the importance of professional prestige in medical students' career choice. Furthermore, it sheds light on measures that would encourage students' identification with family medicine, such revaluing the bio-psycho-social approach, promoting communication skills as an important technology, improving the working conditions of family physicians, making them visible in decision-making positions in medical schools, and supporting specific research agendas in family medicine.

Points for discussion:
1. Importance of professional identity formation during medical training.
2. Decisions and actions to implement in academic institutions in order to improve the prestige of the discipline of family medicine.
3. Family medicine and

PRESENTATION 12: Friday 15th October, 2010 14.00–14.30 h. **FREESTANDING PAPER**

TITLE: Development and validation of a questionnaire for assessment of attitudes regarding family medicine.

AUTHOR(S): Marija Petek Šter, Igor Švab and Marko Kolšek

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Background:
Assessment is a key element of every curriculum. Although assessment methods of students have been extensively studied, assessment of the curricula is equally important, because it guides the teaching process. While assessing a curriculum, one needs to consider the changes of learner's attitudes, which is often difficult, because there is a relative lack of adequate tools for assessment.

Research question:
To develop and validate a tool for assessment of students' attitudes towards family medicine based on EURACT (European Academy of Teachers in General Practice) teaching agenda.

Methods:
Experienced family physicians were asked to describe their attitudes regarding family medicine by using the teaching agenda as a template for brainstorming. The statements were paraphrased and developed into a 164-items questionnaire, which was administered to 176 final-year students in academic year 2007/08. A seven point Likert scale was used as a measure of agreement.
The third phase consisted of development of a final tool using statistical analysis. Finally the 60-items questionnaire was distributed to 171 students in academic year 2008/09 and compare the internal consistence between the first and the second distribution.

Results:
In the final 60-items questionnaire were 26 statements from the competence of primary care management which was well described in teaching agenda, but only one statement about person-cantered care and four statements about holistic approach.
The authors got similar results regarding the internal consistence between the first and the second distribution (Cronbach alpha = 0.828 vs. 0.878 for the first distribution). The test/retest coefficient of temporal stability was 0.448.

Conclusion:
This article reports on the first attempt to develop a valid and reliable questionnaire for measuring attitudes toward family medicine based on EURACT teaching agenda. The questionnaire could be used to evaluating changes in undergraduate curricula.

Points for discussion:
1. Is there is a time for revision of teaching agenda?
2. Can we do an international validation of the questionnaire?

PRESENTATION 13: Friday 15th October, 2010 FREESTANDING PAPER
14.30-15.00 h. Ongoing study with preliminary results

TITLE: Delphi methodology as research strategy to improve primary mental health care.

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Background:
The generally holistic view of primary health care requires well developed strategies to deal with mental problems. Due to limited research evidence on primary care for mental problems, we used a Delphi methodology as a first step in developing intervention research for dealing with alcohol problems, depression and family violence.

Research questions:
1. What problems are met when dealing with mental health in primary care?
2. Which possible solutions can be considered?
3. How should collaborative care be conceived with mental services?

Method:
For each theme a mail questionnaire was sent during a first Delphi round to a random sample of 200 general practitioners, 400 psychologists and an opportunity sample of all existing mental health services in Flanders (Belgium). For Family violence additionally social services and representatives of justice and police were contacted. Problems and suggestions were listed and feedback was collected from respondents to refine statements and score feasibility during a second round. Amended statements were retained during the third round when 75% of respondents agreed.

Results:
Apparently a mayor communication gap exists between general practice, social care and mental health services in Flanders. Different views on confidentiality hinder exchange of information.
A consensus was reached indicating that communication about tasks of each caregiver and caregiver-patient agreements are generally well acceptable and need always to be transmitted spontaneously. Although specific concerns exist for each topic, similar communication principles between primary care and psychosocial services evolved independently for each theme supporting the reliability of this methodology to develop a good model for further action research.

Conclusion:
Application of this methodology can lead to a widely acceptable protocol for improved communication and collaborative mental health care. It could be considered as a strategy to further develop guidance and intervention protocols. It even might be applied in a European context.

Points for discussion:

- How to define adequate cut off points for consensus?
- Which qualitative research strategies have been used to develop protocols for communication elsewhere?
- Is it feasible to run a Delphi study internationally to develop a European standard

PRESENTATION 14: Friday 15th October, 2010 15.00-15.30 h. **FREESTANDING PAPER**

TITLE: Validation of a GP's gut feelings questionnaire.

AUTHOR(S): Erik Stolper, Margje Van de Wiel, Henrica de Vet, Lex Rutten
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Background:
Research shows that gut feelings, i.e. a sense of alarm or a sense of reassurance, play a substantial role in the diagnostic reasoning of general practitioners (GPs). A consensus on a definition of gut feelings enabled us to operationalise the gut feelings' concept by designing a questionnaire to record (the use of) gut feelings.

Research question:
Assessing the validity of this questionnaire in a Dutch population of experienced GPs.

Method:
No reference standard for gut feelings is available. We used the concept of construct validity, and designed 16 vignettes, based on real practice cases where a sense of alarm (n=10) or a sense of reassurance (n=6) played a major role in the policy of the attending GP, whether a clear role (group A) or an unclear role (group B). We postulated four major hypotheses and several subordinate hypotheses about the questionnaire scores in different vignettes, e.g. 'There is a moderate to strong correlation between the group A vignettes and questions relating to a sense of reassurance or sense of alarm' and 'The correlation between the group B vignettes and questions relating to a sense of reassurance or sense of alarm is weak or absent'. Fifty GPs were invited to evaluate 10 of the randomly assigned vignettes and to complete questionnaires. Kappa, with quadratic weighting, was calculated for the agreement between the intended outcome of the vignettes and the gut feeling ratings.

Results:
Forty-nine participants completed the questionnaires. The majority of the hypotheses were confirmed. The Kappa was 0.62. The vignettes seemed to be a useful reference standard.

Conclusions:
The construct validity of the questionnaire was found to be moderate to good. The Dutch GP's gut feelings questionnaire can be used to record the use of gut feelings in general practice and the effect of educational interventions about gut feelings.

Points for discussion:
1. What about using of the same 16 vignettes in collaborative international studies?
2. Do these results justify the use of the questionnaire for research and educational purposes in other European countries?

PRESENTATION 15: Friday 15th October, 2010 15.30-16.00 h. **FREESTANDING PAPER**

TITLE: Cross-cultural validation of the Polish 4DSQ using DIF analysis.

AUTHOR(S): Berend Terluin, Slawomir Czachowski, Adam Izdebski

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Background:
The Four-Dimensional Symptom Questionnaire (4DSQ) has been translated into Polish. It is unknown if the Polish version is cross-culturally valid so that scores of Polish subjects can be compared with scores of Dutch subjects.

Research question:
Does the Polish 4DSQ measure the same constructs (distress, depression, anxiety and somatization) in the same way as the Dutch 4DSQ?

Method:
4DSQ data were collected from a mixed sample of students and primary care attendees. The data were compared with the 4DSQ data of a matched sample of Dutch students and primary care attendees. Two methods of differential item functioning (DIF) analysis, ordinal logistic regression and generalized Mantel-Haenszel, were used to detect items with DIF, and linear regression analysis was used to estimate the scale level impact of DIF.

Results:
The sample comprised 254 Polish and 262 Dutch subjects of which 66% were female. The mean age was 34.0 and 33.2 years respectively. Four of the 16 items of the distress scale demonstrated DIF which caused Polish subjects with mild-moderate distress to score 1 point less than Dutch subjects. The depression items were free of DIF. Two of the 12 items of the anxiety scale exhibited DIF causing Polish subjects with moderate anxiety to score 0.7 points less. Three of the 16 items of the somatization scale were identified with DIF. However, on the scale level there was no significant effect of DIF on the somatization score.

Conclusions:
There was little DIF in the Polish 4DSQ in comparison with the Dutch version suggesting that the Polish 4DSQ measures the same constructs as the Dutch 4DSQ. Dutch cut-off points can validly be transposed to Polish settings, except for the cut-off point for moderate distress. The distress cut-off point ≥12 in Polish subjects is equivalent to the cut-off point ≥11 in Dutch subjects.

Points for discussion:
Merits of DIF analysis for the cross-cultural validation of questionnaires.

PRESENTATION 16: Friday 15th October, 2010 14.00–14.30 h. **FREESTANDING PAPER**

TITLE: Why teens don't start smoking?

AUTHOR(S): Gozde Gursoy, Anil Dogan, Eda Yasar, Vildan Mevsim, Selin Bozdag

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Background:
Smoking prevalence increases among teens. Researches in this field generally aim to determine the causes that make teens start smoking. To struggle effectively against smoking it is important to know that the reasons which prevent young people from start smoking. Learning the thoughts of teens is essential for this goal.

Research question:
Why teens don't start smoking?

Method:
This work was planned as a cross sectional analytical research. The research was applied to all 1st grade high-school students in Balçova, Izmir. The research was conducted in two phases. In the first phase, the questionnaire is constructed with delphi technique using focus group interviews with the high school students. In the second phase, this questionnaire was applied to the 1st grade high school students of 4 schools in Balçova.
The questionnaire consists of demographic data, and triple likert scale questions investigating reasons to start and stop and to never start smoking. Variables were analyzed by SPSS 15.0 software by using descriptive and Chi-square analyses.

Results:
There were 493 participants 40.56% of which is male and 9.03% is smoking. Students mentioned that in order to prevent teens from start smoking and to give up smoking they should be canalized to social activities (81.8% and 86.3% respectively) and informed about the harms of smoking (80.6% and 87.8% respectively). Also strict enforcement of prohibition of selling tobacco products to teens under 18 years old age seems to important for not to start smoking (78.5%).

Conclusions:
Prevention of starting smoking seems to be an effective strategy in struggling against smoking especially in teens. According to the results of this research we aimed to write a theatre script for the 1st grade high school students and to act it for those in high schools.

Points for discussion:
1. What should be done according to the reasons of not to smoke in teens?
2. Is the thearte show effective strategy for struggling smoking of teens?

PRESENTATION 17: Friday 15th October, 2010 14.30-15.00 h. **FREESTANDING PAPER**

TITLE: Adolescents consumers of cannabis and general practioners(GP) : how to communicate?

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Background:
Adolescence is a time of intense change both physically and psychologically. Attitudes to health during this period tends to be distinctive, as individuals generally perceive good health and therefore have minimal engagement with medical advice. Effects on health of cannabis use in adolescents are not fully understood.

Research question:
The aim of this study was to assess the barriers to communication on the topic of cannabis use by adolescents with GP.

Method:
Qualitative semi-structured interviews were carried out, amongst 13 cannabis users aged between 16 to 25 years. The interviews were recorded and subsequently transcribed and systematically analysed by 2 researchers.

Results:
Adolescents had little and vague concept of what constitutes “bad health” other than “serious” medical illnesses. General practioners were perceived as representing moral standards and authority. Both anticipated, and in some cases actual, lack of undertanding and empathy, and also the feeling of judgement from the GP, resulted in a distant posture relationwise with the adolescent. In the midst of a period of uncertainty and impulsivity, these adolescents reported responding to societal pressure to test cannabis use. Subsequently continuation of the use was more internally driven. Actual interaction with law or the threat of it, or lack of money were major motives to stop. However the overriding motive was reported to be an internal decision to cease consumption.

Conclusions: The GP by practising an open and receptive approach, by showing empathy and tolerance can help the adolescents to better understand the impact on health of cannabis use. The findings of this study have led to the development of a brief intervention program in the GP setting, to improve communication with the adolescents over cannabis use and management of those using it.

Points for discussion:
General Practice, Adolescence, Cannabis

PRESENTATION 18: Friday 15th October, 2010 15.00-15.30 h. **FREESTANDING PAPER**

TITLE: Depressive symptoms among 13-year-old adolescents: prevalence and associated characteristics.

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Background:
Until recent years, depressive symptoms were not considered a major problem among adolescents. Nowadays, studies reveal that 17 to 50% of teenagers report depressive symptoms, being one of the most prevalent health problems in adolescence.

Research question:
Assess the prevalence of depressive symptoms in 13-year-old adolescents and identify their associated characteristics.

Method:
We analyzed 1988 adolescents (52.2% females) at 13-year-old, enrolled in public and private schools of Porto. At school, weight and height were measured by health professionals and adolescents completed a structured questionnaire including the Beck Depression Inventory, Second Edition (BDI-II). It was considered as having depressive symptoms when the BDI total score was ≥ 13. Parents answered a questionnaire about their socio-demographic and clinical characteristics. Exposure to parental depression was considered when at least one parent reported a previous diagnosis of depression. Data were analyzed separately by gender and the risk of having depressive symptoms was estimated by unconditional logistic regression, using odds ratio (OR) and confidence intervals (95%), and adjusted for parental history of depression and education level of parents.

Results:
The prevalence of depressive symptoms was 18.8% in girls and 7.6% in boys ($p<0.001$). Among boys, positive parental history of depression was associated with depressive symptoms (OR=2.18, 95%CI: 1.00-4.71). This positive association was also present among girls, although not statistically significant (OR=1.41, 95%CI: 0.90-2.20). Among girls, depressive symptoms were also associated with tobacco consumption and menarche at early age. There were no significant associations between depressive symptoms and categories of body mass index, hours of sleep, alcohol consumption and frequency of physical exercise in both genders.

Conclusions:
This study showed a high prevalence of depressive symptoms in adolescents with 13-year-old. The parental history of depression was the most strongly associated factor with depressive symptoms.

Points for discussion:
1. Prevalence of depression at an early phase of adolescence
2. Individual and family characteristics associated with adolescents' depressive symptoms at this age

PRESENTATION 19: Friday 15th October, 2010 15.30-16.00 h. **FREESTANDING PAPER**

TITLE: How can washout need be curtailed in patients with earwax?

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Background:
Earwax is one of the most ear complaints and 95 % of the treatments are carried out via irrigation process. Irrigation results in many complications such as eardrum perforation and infection. Earwax can easily be cleaned in a short time without leading to any complications with the help of ceruminolytic drop.

Research question:
Ceruminolytic drop use in patients with earwax can decrease ear wash need and earwax scores compared to glycerine drop use.
Method:171 patients (274 ears) were intervened in this study.86 patients (138 ears) were administered glycerine drop and 85 patients (136 ears) were administered a mixture of 6% hydrogen peroxide glycerine (v/v; 1/1) compatible with block randomization. The earwax of the patients was scored as between 0-3 prior to intervention and following one week medicine use. Descriptive analyses, chi square, t test were utilized in data analysis. NNT analysis was also performed.

Results:
Earwax scores in the intervention group were declined 30.87% following the intervention compared to the earwax scores prior to intervention. The reduction in the earwax scores of the control group is, however, 14.45% (p=0,002).
Earwax of 10 ears (6.91%) administered glycerin drop was entirely opened and the earwax of 26 ears (19.11%) administered 6% hydrogen peroxide glycerin was completely opened (p=0,004). NNT was determined as 8.42. There was no significant difference observed statistically in the complaints of patients prior to and following the treatment such as pain, hearing loss, itching, humming and dizziness in intervention and control groups (p>0,05).

Conclusions:
The ratios of total reduction in the patients who used a mixture of 6% hydrogen peroxide glycerin and the ratios of complete opening of ears were higher when compared to patients using glycerin only. Particularly the use of a mixture of 6% hydrogen peroxide glycerin must be more preferred than lavage which has many complications.

Points for discussion:
1. Treatment of earwax without irrgation
2. Reducing of earwax score

PRESENTATION 20: Friday 15th October, 2010 16.20-16.30 h.

ONE SLIDE/FIVE MINUTES Study proposal / idea

TITLE: When Patient-Centered Care is Perceived as a Lack of Physician Competence: Are Patients more Severe with female Physicians?

AUTHOR(S): Gaëtan Cousin, Marianne Schmid-Mast, Lilli Herzig
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Background:
Patient-centered care implies that the physician adopts a non-directive communication style and discusses with the patient the diagnosis, the treatment's efficacy, the risks associated with it, and the best option to choose (Mead & Bower, 2002). When patients do not know their physicians, this communication style may be interpreted as uncertainty and incompetence. This effect may be stronger in female physicians than in male physicians because in traditionally male professions women are generally judged as less competent than men (Biernat & Kobrynowicz, 1997; Boldry, Wood, & Kashy, 2001; Heilman, 2001).

Research question:
The present research aims to test whether certain aspects of a physician's patient-centered communication are perceived as a lack of physician competence in female physicians more so than in male physicians.

Method:
Forty general practitioners will interact with one male and one female patient each. Patients included in the study will face different medical problems and will be patients of different age groups. The physicians will be filmed during the consultation and their communication style will be rated by independent raters. A questionnaire will be given to the patients after the consultation, asking them about their perception of the physicians' competence.

Results:
We expect to show that male and female physicians who display the same patient-centered communication style are perceived differently. We expect that some aspects of patient-centeredness will be perceived as a lack of competence when they are expressed by female physicians more than when they are expressed by male physicians.

Conclusions:
Trainings in physician-patient communication should take into account the fact that the same communication style is perceived differently whether it is expressed by male or by female physicians.

Points for discussion:
1. What aspects of a patient-centered communication could be perceived as a lack of physician competence?
2. Should any consultation be filmed or what kind of consultation is better to measure patient-centered communication?

PRESENTATION 21: Friday 15th October, 2010 16.30-16.40 h.

ONE SLIDE/FIVE MINUTES Study proposal / idea

TITLE: The FPDM (family practice depression and Multimorbidity) Study: Project for multimorbidity and depression after 50. Back draft

AUTHOR(S): Patrice Nabbe, J.Y. Le Reste, H. Van Marwijk, B. Chiron, M. Barais M. Cadier, B. Le Floch, M. Barraine

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Background:
To motivate older patients with somatic illness to acknowledge and treat their depressive symptoms is frequently difficult. Depression and multimorbidity are frequent after 50 years of age. A relation exists between the onset of depression and the recent discovery of a second factor of multi-morbidity. GPs are the integrated entry point into health care for almost all European countries for older patients. We GPs, as generalists, may not define depression and multimorbidity in the same way as other specialists.

Research question:
The FPDM project will evaluate the more effective intervention to cure or prevent depression after discovering a second factor of multimorbidity.

Methods:
A step by step program. First, the literature is reviewed systematically for definitions of depression in and out family practice, with a systematic review for definition of multi-morbidity at the same time. Second, two qualitative studies are performed using focus groups with GPs. One on definition of depression for GPs and one on definition of multimorbidity for GPs. Analysis will be done with three different researchers. Third, the differences between the responses of systematic review and focus group are pointed. Fourth, a quantitative study will be done to validate the new data stemming from differences. We invite international colleagues to discuss the definition of depression in later life in the context of somatic illness.

Results:
Study design no results yet.

Conclusion:
With this step by step method, we hope to find a validated definition for depression and multi-morbidity in family practice. This will be a strong and essential foundation to find the more effective intervention to cure or prevent depression after discovering a second factor of multimorbidity.

Points for discussion:
1. Who will be interested in joining the study?
2. Is this design strong enough for our aim?

PRESENTATION 22: Friday 15th October, 2010 ONE SLIDE/FIVE MINUTES
16.40-16.50 h. Ongoing Study with preliminary results

TITLE: Serious pathologies are always addressed to emergencies with serious criteria, aren't they ?

AUTHOR(S): Pierre Barraine, Amélie Calvez, Marie Barais, Benoit Chiron Bernard le Floch, Patrice Nabbe, Jean Yves Le Reste

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Background:
In an emergency situation, the General Practioners' (GP) medical decision is based on objective and subjective elements. While it is interesting to note the objective factors used to refer patients to the emergency room, it is exciting to explore the subjective elements. Stolper et al. have defined the consensus of "Gut Feelings in General Practice". Is it found in the subjective elements employed by the GP in an emergency situation?

Research question:
Do GP send in an emergency department patients whose disease has proved to be serious based on objective criteria? What was the frequency of these objective criteria?
Do the criteria of the Gut Feeling consensus exist in the subjective elements? What is the distribution of each of these criteria?

Method:
To study medical decision making of general practitioners in emergency situations, 10 serious pathologies for which home care is impossible have been retained. GPs' mails are selected and they are contacted by telephone to determine on which elements they have sent the patient to the emergency room. Two open questions are asked. The analysis of telephone interviews and letters was carried out in a thesis group. The objective elements first listed with the literature data are collected. For the subjective elements a systematic search of the Gut Feeling consensus is made and each criterion is rated from 0-5 by the group members.

Results:
on-going study

Conclusions:
on-going study

Points for discussion:
Validity of Thesis Group, gut feeling in emergency situation, comment on preliminary results.

PRESENTATION 23: Friday 15th October, 2010 ONE SLIDE/FIVE MINUTES
16.50-17.00 h. Ongoing Study with preliminary results

TITLE: Evaluation of efficacy of a web based intervention for drinking reduction.

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Background:
Slovenia has high registered alcohol consumption - 11.0 liters/year/inhabitant ≥ 15 years in 2007. There are only few epidemiological studies about drinking in Slovenia, none of them has used the AUDIT questionnaire. Brief interventions are effective, but identification of hazardous or harmful drinkers is not frequent enough. Some studies have shown that a Web-based screening is likely to be acceptable for some social groups, e.g. young and heavy drinkers who are drinking less after the intervention.

Research question:
The objectives are to evaluate the use of alcohol screening Website, to find out which demographic or other characteristics influence drinking of Internet users, what is the impact of our intervention with feedback information and which question is responsible for lower AUDIT score after intervention.

Method:
Cohort intervention study that will last 1 year. Visitors of a free Web site will be offered AUDIT questionnaire with some demographic determinants. Users who will complete the questionnaire will be classified into two groups: one control group that will receive only a short message, the other will receive specially prepared message with the evaluation of their drinking. Both groups will be invited to answer questionnaire again after 3 months. We will compare the AUDIT results of both groups.

Results:
We expect about 5000 completed questionnaires with a majority of them those who do not talk to their general practitioners (GPs). We will find out what are the drinking habits of the internet users in Slovenia.

Conclusions:
Web site intervention is acceptable and effective for internet users who drink hazardous or harmful and that they drink less after the intervention.
We hope to reach mostly those who do not talk about alcohol drinking with their GPs.

Points for discussion:
How to motivate internet users to answer the questionnaires again after 3 month?

PRESENTATION 24: Friday 15th October, 2010 — 17.00-17.10 h.

ONE SLIDE/FIVE MINUTES — Study proposal / idea

TITLE: Video-assisted education program for patients under oral anticoagulant treatment in the primary care – a cluster randomized controlled study.

AUTHOR(S): Thanh Duc Hua, Stefan Viktor Vormfelde, Manar Abu Abed Hannelore Schneider-Rudt, Jean-François Chenot

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Background:
Safe oral anticoagulant treatment (OAT) requires patients' knowledge and cooperation. Serious complications arise from insufficient or excessive anticoagulation. Studies show that insufficient adherence and a low level of patient knowledge about OAT are the primary causes for complications. Therefore, it is necessary to increase patients' knowledge.

Research question:
Is a video-assisted education program more effective than a brochure to improve the knowledge of patients receiving OAT? Can a video-assisted education program stabilize coagulation results (INR) and reduce complications?

Method:
A cluster-randomized controlled study of 360 patients receiving OAT will be divided into an intervention group and a control group (180 patients each). A baseline questionnaire will assess knowledge about OAT. The intervention group will take part in a video-assisted education program which will consist of a video (15 minutes), a brochure and personal training by a practice nurse followed up 4 to 6 weeks later with a short knowledge assessment questionnaire. The video gives important information about OAT, nutrition, and instruction to manage in critical situations. The control group will receive the brochure only. After 6 months, both groups will take part in a final questionnaire to evaluate knowledge level and time spent in therapeutic range.

Results:
This study will start in fall. We expect that the intervention group will have better knowledge of OAT after 6 months and spend more time in therapeutic range.

Conclusions:
We expect that the video-assisted education program is effectively increasing lasting basic knowledge about OAT. Previous studies evaluated knowledge mostly directly after the educational intervention. The number of subjects is insufficient to observe differences in adverse effects. However we expect to see differences in the secondary outcome of time of the INR in the therapeutic range.

Points for discussion:
Are 6 months after the intervention enough to assess that patient have acquired lasting knowledge?
Is time spent in the therapeutic range a valid clinical outcome?

PRESENTATION 25: Friday 15th October, 2010 **ONE SLIDE/FIVE MINUTES**
17.10-17.20 h. **Study proposal / idea**

TITLE: EchoSin : pragmatic cluster randomized comparative study.

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Background:
The meta-analysis of Gill (2008) on nursing practice confirms the overuse of antibiotics (ATB) in nasopharyngitis (RP) and acute sinusitis (AS) nonspecific respectively 65% and 81%. This contrasts with clinical trials on the usefulness of ATB in these diseases and the resulting recommendations. In Europe, where rhinosinusitis (RS, intermediate between RP and SA) and SA overprescribing ATB is between 92% (France) and 60% (Netherlands). The difficulty of clinical diagnosis is one possible explanation for this overuse of ATB. Radiography and CT of the sinuses are not used during the consultation. Two studies conducted at too low power in primary care (Laine, Varonen) suggest that the use of ultrasound, simple and accessible consultation improves diagnosis. In primary care, general medicine, where clinical diagnosis of RS or AS, a procedure using ultrasound treatment of the maxillary sinus might identify patients who would benefit most from antibiotic treatment.

Research question:
At the stage of clinical diagnosis of RS or maxillary SA, a procedure using ultrasound treatment of sinus allows it to reduce the prescription of antibiotics?

Method:
EchoSin is a prospective intervention trial pragmatic cluster randomized intervention group, GI-practice of ultrasound vs. control group practice GT. Main: Measuring the frequency of prescription in the 2 groups. Secondary Outcome: Rate of healing at day 30.

Results:
- Decrease of 30% of antibiotic use GI versus GT
- Non-inferiority of cure rate GI versus GT.

Conclusions:
-

Points for discussion:
1. Your comments on methodology.
2. Do you know of other studies in the field?
3. Do you know of any studies that would pose for the future use of ultrasound consultation?

PRESENTATION 26: Saturday 16th October, 2010 09.10–09.40 h. **THEME PAPER**

TITLE: Motivational training improves self-efficacy but not short-term adherence with asthma self-management behavior: a randomized controlled trial.

AUTHOR(S): Claudia Steurer-Stey, Maja Storch, Susanne Benz
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Background:
Adherence to self-management in asthma is poor. We investigated the effect of a motivational training added to asthma patient education on self-management adherence.

Research question:
Can an unspecific training, based on motivation and behavioral science principles, the "Zurich Resource Model" training (ZRM) help patients to improve their asthma-specific self-management.

Method:
We randomised patients with partly controlled asthma to asthma education with or without the Zurich Resource Model (ZRM) training. The primary outcome was adherence to self-monitoring and to a written personal action plan during the first three months. Secondary outcomes included patient-reported self-efficacy.

Results:
Since control patients (n=30) were younger, more often male and had better asthma control compared to the intervention group (n=30) we adjusted the analyses for these imbalances. Both groups showed excellent adherence to self-monitoring over 3 months (27 patients [90.0%] in intervention and 25 patients [83.3%] in control group, adjusted odds ratio: 1.28 [0.24-6.78], p=0.78)). Patients in the ZRM group tended to adjust their medication more often (median 36% days with action [IQR 11-62%]) than control patients (9% [0-43], p=0.18) but in both groups actions were rarely in accordance with the action plan (median 20% of actions appropriate [IQR 0-37] in intervention and 11% [IQR 0-56] in control group, p=0.92). After 3 months, self-efficacy was significantly better with ZRM (adjusted difference on self-efficacy scale 2.31, 95% CI 0.31-4.31, p=0.02).

Conclusions:
Unspecific self-management training had no short-term effect on self-management adherence in asthma patients. However, self-efficacy improved and may translate into better outcomes in long-term.

Points for discussion:
Patients in our study showed better adherence to self-monitoring of PEF and symptoms than previously reported -reasons for this?
Explanation for the absence of a difference between the control and intervention group.
Further research studying the process.

PRESENTATION 27: Saturday 16th October, 2010 09.40–10.10 h. **THEME PAPER**

TITLE: The vediclis project: the impact of a multidimentional intervention on the performance of GPs in the management of type II diabetes

AUTHOR(S): Giulio Rigon, A. Vaona, S. Girotto, C. Andreoli., A. Micchi, L. Adami A. Dalle Vedove, F. Del Zotti

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Background:
In Italy the role of primary care in diabetes management needs to be re-qualified. In 2006 in Verona started a audit process started in 2006 in order to test the impact of a multi-dimensional intervention on a selected group of 30 GPs

Research question:
A multi-dimensional audit intervention could improve the adherence a group of GPs to the guidelines recommendations?

Method:
We exposed the selected group to a multisession educational intervention, a mix of face-to face lessons and Online services. We provided a web-site and a discussion list to share material and to animate the debate and attention on diabetes. During data extraction from ECR group members used a remote help (SQL phrases). At the end of process the participants received a structured feedback on their performance level compared with a control group (35 Gps of Netmedica Database, in the same province, with optimal indicators of Data-entry quality). The impact of this multi-dimensional intervention was analyzed by the modification of performance indicators in the selected group versus the control group in the period before the beginning of audit process (2006) and at the end of the intervention (2009).

Results:
Comparisons on the indicators show: % blood pressure measure increased from 50,6% in 2006 to 55,9% in 2009 in the selected group and from 42,2 to 43,9 in the sample group; % glicosilated haemoglobin measure increased from 52,4% in 2006 to 69,1% in 2009 in the selected group and from 48,9 to 63,7 in the control group; % hospitalization of diabetes patient seems to decreased from 11,7% in 2006 to 11,2% in 2009 in the selected group despite of an increase from 9,3 to 10,5 in the control group.

Conclusions:
Our multi-dimensional intervention in the context of a structured audit process seems to modify substantially the performance level of GPs exposed.

Points for discussion:
In Italy there are no structured experiences of pay-for-performace that can help improve peformace in a audit.
The Vediclis project, is trying to find other ways to improve adherence of GPs to diabetes care.

PRESENTATION 28: Saturday 16th October, 2010 **THEME PAPER**
10.10–10.40 h. **Study proposal / idea**

TITLE: Does a multifaceted intervention increase the rate of detection of skin cancer by general practitioners? A randomised controlled trial.

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Background:
Skin cancer is one of the most common neoplasms in Switzerland. From skin cancers, melanoma is the most aggressive one and often lethal if not removed early. Nonmelanoma skin cancer is more frequent as melanoma; it is seldom lethal but can disfigure patients in advanced stadiums.
Since consultation capacitities of dermatologist aren't sufficient to check up every suspicious skin lesion, general practitioners (GPs) play a key role in detection of skin cancer.

Objective:
To determine whether a multifaceted intervention leads to higher rates of detection of skin cancer by GPs.

Outcome:
Primary outcome: Difference in excision rates of malignant skin lesions by GPs with intervention compared to control group of GPs without intervention.
Secondary outcomes: change of the ratio "malignant to benign lesions" in histopathology during study; rate of performed whole-body-examinations

Method:
Design: Randomised controlled trial.
Population: 50 primary care practices, randomised into intervention group and control group. Patients in the practices belonging to the intervention group receive a screening-questionnaire containing 4 screening-questions.
Intervention: screening-questionnaire, dermatologic training session, special dermoscopic camera and continuous feedback on all uncertain lesions. The control group of GPs doesn't get any intervention. Every patient considered as "risk patient" belonging to the questionnaire gets a skin examination. Equivocal lesions are removed by GPs; uncertain lesions are rated by a dermatologist and only removed if he rates them as equivocal. GPs in the intervention group get continuous feedback on every lesion they send to the dermatologist. Histopathological reports are collected.

Expected results/ conclusion:
We expect an increase of detection rate of skin cancer in the intervention group. Additionally with increasing diagnosis security of GPs, there should be less unnecessary biopsies.
We guess that within the intervention group, the rate of whole body examination as efficient clinical diagnostic tool will be higher than in the control group.

Points for discussion:
Methodologic experiences with similar studies

PRESENTATION 29: Saturday 16th October, 2010 — 11.00–11.30 h.

THEME PAPER
Ongoing Study, no results yet

TITLE: Transcultural validation of the Diabetes Obstacle Questionnaire.

AUTHOR(S): Anneli Rätsep, Karin Täht, Davorina Petec, on behalf of the DOQ – EGPRN research group, Ruth Kalda, Etienne Vermeire

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Background:
Treatment of patients with type 2 diabetes (T2D) is a challenge for doctors as well for patients because of the complexity of treatment regime. Patients are responsible for the decisions they make related to their chronic condition but often they face different obstacles following doctors' recommendations. The Diabetes Obstacles Questionnaire (DOQ) has been validated in United Kingdom (UK) and Belgium type 2 diabetes populations but its cross-cultural validity has not yet been established. The DOQ has been used in some countries, but the comparability of the results is unknown.

Research question:
Has the DOQ the comparable internal factorial structure and measurement properties across nations?

Methods:
The DOQ is based on qualitative research using focus group discussions of T2D patients from 7 European countries. The English version of the DOQ questionnaire was validated in UK and 78 items were assigned in 8 different thematic subscales: medication, self-monitoring, knowledge and beliefs, diagnosis, relationship with health-care professionals, lifestyle changes, coping, advice and support. The items were worded as statements providing responses on a 5 point scale from "strongly agree" to strongly disagree. The GPs were asked to include 5 consecutive T2D patients in Belgium, Serbia, Estonia, France, Slovenia and Turkey. 860 responses were included in analysis.

Method of analysis:
Confirmatory Factor Analysis (CFA) is used for fitting hypothetical models on different countries' data separately. There are also CFA-based methods of estimating scale reliability. Multiple-Group Confirmatory Factor Analysis (MGCFA) is used for analysis of invariance of models on different countries' data.

Results:
At this moment we are analysing the data obtained and expect to be able to present the results at the conference.
Conclusion: As a result of the validation analysis we will be able to detect the items of the DOQ which can be used for cross-cultural comparisons.

Points for discussion:
-

PRESENTATION 30: Saturday 16th October, 2010 THEME PAPER
11.30–12.00 h. Ongoing Study with preliminary results

TITLE: Is There an Association Between Relationships with Health Care Professionals and Coping with Living with type-2 diabetes? Does it Influence the Clinical Outcomes?

AUTHOR(S): Liina Pilv, Anneli Rätsep, Marje Oona, Ruth Kalda

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Background:
Type 2 diabetes (DM2) is a chronic progressive disease. One of the main interests and one of the most important aims of medical care for patients is to learn to cope with and accept his disease.

Research question:
The aim of this study is to assess obstacles of patients with DM2 in the relationships with Health Care professionals (RHCP) and to analyze if there is association between the RHCP and coping with living with type-2 diabetes. To seek if the RHCP does influence the clinical outcomes.

Method:
Participants were recruited from a pragmatic sample of general practices in Estonia. Responders completed the Estonian version of the Diabetes Obstacles Questionnaire (DOQ) to assess obstacles in living with DM2 and the Problem Areas in Diabetes (PAID) scale. Some biomedical and clinical variables were measured.
The questions of the scale “Obstacles in Relationships with Health Care Professionals Scale” is divided into two subscales according to the means of the answers. So we created two subscales: the first contain questions that assess the obstacles of active negotiations and partnership between a patient and a physician and the other features of passive and paternity relationships.

Results:
There were 138 diabetic patients enrolled in this study. A total of 61 (45%) were male; aged between 34 and 88 years (mean age 66,7) and the mean duration of DM2 was 8,6 years.
Obstacles of active negotiations between a patient and a physician is related to all other seven obstacles in coping with DM2 (OR 3.9- 5.6).
The means of clinical outcomes between two type of relationships with Health Care professionals did not revealed statistical differences.

Conclusions:
Are the themes of discussion.

Points for discussion:
Can we research with described methods relationships between a patient and Health Care professionals? Can we conclude that one type of relationship is more tightly connected with obstacles in coping with living with type-2 diabetes than other?

PRESENTATION 31: Saturday 16th October, 2010 THEME PAPER
12.00–12.30 h. Ongoing Study with preliminary results

TITLE: The Chronic CARe for diAbeTes study (CARAT): a cluster randomized controlled trial.

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Background:
Diabetes is a major challenge for the health care system and especially for the primary care provider. The Chronic Care Model (CCM) represents an evidence-based framework for the care for chronically ill. However, most of these findings have been performed in settings different from the Swiss health care system which is dominated by single handed practices. Furthermore, there is little data available describing the clinical state of diabetes patients in Switzerland.

Research question:
Does the implementation of several elements of the CCM via a specially trained practice nurse significantly improve the HbA1c level of diabetes type 2 patients, increase the proportion of patients who achieve the recommended targets of cardiovascular risk factors and improve patients' quality of life?

Method:
CARAT is a cluster randomized controlled trial with general practitioners as the unit of randomization. According to the power calculation, 28 general practitioners were randomized either to the intervention group or to the control group. Each general practitioner included 12 patients suffering from diabetes type 2. In the intervention group the general practitioner as well as the practice nurse are trained to perform care for diabetes patients according to the CCM in teamwork. In the control group no intervention is applied at all and patients are treated as usual. Measurements (pre-data-collection) took place in months II-IV, starting in February 2010. Follow-up data will be collected after 1 year.

Results:
Based on the broad baseline assessment we will be able to present wide baseline characteristics of a Swiss patient population with diabetes type 2 in primary care including clinical parameters like current diagnostic findings (HbA1c, BD, LDL-cholesterol, weight, pulse etc.), comorbidities, medication and diabetes associated complications, as well as patient reported outcomes like quality of life.

Points for discussion:
1. Impact of the recently published studies as ACCORD, ADVANCE etc. on diabetes management in primary care
2. Focus of diabetes trials in primary care
3. Combined endpoints vs. single endpoints

PRESENTATION 32: Saturday 16th October, 2010 — 13.45–14.50 h.

POSTER — Study proposal / idea

TITLE: Integrated medical care for elderly patients affected by chronic obstructive pulmonary disease and heart failure.

AUTHOR(S): Francesco Chiumeo, Marco Cambielli, Ferdinando Petrazzuoli Nicola Buono, Giandomenico Nollo

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Background:
Chronic Obstructive Pulmonary Disease (COPD) and Heart failure (HF) are commonly associated chronic conditions which require attentive care. According to the literature, at least 25% of patients affected by COPD suffer also from HF and vice versa. Symptoms (dispnea, weakness and fatigue) are common in both diseases and therefore a precise diagnosis is often difficult to reach in the Primary Care setting, especially in the early stages of HF; moreover some drugs which are useful for HF can be contraindicated for COPD and the other way round. A thorough clinic assessment of these patients is therefore necessary to avoid therapeutic incongruence.

Research question:
Can a project based on Early Detection of COPD and HF, Agreed Clinical Pathways and Facilitated Access to Secondary Care investigations, improve the care of HF-COPD patients?

Method:
The settings of our proposed study are Primary Care practices in the Province of Trento, Northern Italy. A programme based on reinforcement of the knowledge and skills for early detection of COPD and HF will include 50 GPs recruited on a voluntary basis. An agreement upon an easy access to Secondary Care facilities for appropriate additional tests (e.g. echocardiography) will be reached with Hospital Department in each area involved in the project.

Results:
Patients considered for evaluations will be over 65 years old, affected by both HF and COPD. Effectiveness of the project will be assessed by measurement of process indicators such as prevalence of COPD and H, reduction in therapeutic incongruence, and outcome indicators such as functional class improvement and emergency hospital admissions rate for COPD and HF. The results will be compared with an equal group of GPs performing usual care.

Conclusions:
The results of the projects will be useful for further decision and evaluation on the feasibility to implement this approach on a wider scale.

Points for discussion:
1. Other relevant data that we should be looking to collect on this cohort of patients?
2. Additional study on self-efficacy in patients with cardiovascular multimorbidity.
3. Interventions to improve health outcomes and decrease associate costs

PRESENTATION 33: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Arriba-lib- electronic library of decision aids: results of a feasibility study.

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Background:
Evidence based medical decision aids have the goal to enable the patient to make an informed decision together with the physician. Individual values and preferences of the patient should be considered in this process. Most decision aids are designed to inform the patient outside the consultation.

Research question:
The aim of our project was to create an electronic library of evidence based, interactive, and transactional decision aids on the basis of the shared decision making (sdm) concept which cover the spectrum of coronary heart disease.

Method:
We created an electronic library of evidence based decision aids including cardiovascular prevention, atrial fibrillation, coronary heart disease, diabetes type 2, and depression. We conducted a feasibility study with 34 general practitioners recruiting 200 patients. Patients were included when there was a decision to be made in the treatment of the above mentioned diseases. Counselling was based on the concept of sdm (definition of the problem, individual risk calculation, change of individual risk due to treatment options, discussing pros and cons of treatment options, plan for further action). Questionnaires, personal and telephone interviews, and focus groups were used to measure satisfaction of patients and physicians with the counselling and the decision aids.

Results:
Will be presented at the conference because the study is in the phase of data collection.

Conclusions:
Will be presented at the conference.

Points for discussion:
Further implementation of this strategy (benefits, barriers).

PRESENTATION 34: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: The primary care frequent attender profile.

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Background:
Frequent attenders are believed to represent a problem in Primary Care, with human, economic and social impact. Most existing studies refer to emergency departments. Understanding these patients' characteristics and consultation motives may contribute to create strategies to provide a better distribution of health resources and improve individual medical care

Research question:
What are the sociodemographic and pathological characteristics of our frequent attenders?

Method:
A cross-sectional study was conducted in the population of frequent attenders in a Portuguese Primary Health Care Practice between January 2007 and December 2009, allocated to six General Practitioners (GP). Frequent attenders were defined as the top 10% attenders over the study period. Sociodemographic characteristics (gender, age, level of education, occupation, marital status and type of family) as well as data related with physical and mental illness were collected from clinical records retrospectively. Associations between variables were tested with χ-square, t-test and Kruskal-Wallis. The adopted significance level was 0,05.

Results:
From the 582 individuals evaluated, 444 are females (76.3%). The mean age was 55.4 years. Frequent attenders have a mean educational level of 6.6 years, with 46.2% active workers. Seventy-five percent of the individuals live as a couple and 70% belong to a nuclear family. About 85% have chronic physical illness and 42% have chronic mental illness. Individuals with physical illness are older (mean age: 58.0 vs 40.1; $p<0.001$) and with psychiatric illness are younger (mean age: 53.7 vs 56.6; $p=0.035$). The greatest consultation consumers have more chronic psychiatric illness ($p<0.001$) and multiple physical illnesses ($p=0.01$).

Conclusions:
Primary Care frequent attenders are female individuals in their sixties, with low educational level, coming from a nuclear family and with chronic illness. Mental illness particularly affects the greatest consultation consumers. These results are in accordance with previous studies and may help the GP in consultation management and planning.

Points for discussion:
1. Are these the real frequent attenders?
2. With this knowledge, what interventions can be planned to improve our services?

PRESENTATION 35: Saturday 16th October, 2010 — 13.45–14.50 h. **POSTER**

TITLE: Advisory and technical services requested by frequent contacting or chronic patients of different age groups – a secondary data analysis from routine GPs' EHR.

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Background:
Elderly patients request services from General Practice different from those of middle aged or younger patients.

Research question:
To discriminate annual frequency of contact according to age group
To identify frequent users and patients with chronic condition
To relate findings to technical or advisory services

Method:
Data from 155 German general practices' electronic health records (EHR) of 472,775 patients (53.6% female) extracted via the BDT software interface were analyzed for fee-for-service information, excluding incomplete or incongruent data cases, periods outside 1996 to 2006, and practices with less than 300 patients annually or no continuous coverage.
Variables indicating frequent user status (24 annual contacts) and chronic illness (contact each quarter) for five age-groups, and practice properties were related to indices for distinct forms of medical advice or technical performance.

Results:
Data from 281,688 patients (54.5% female) and 547,624 patient-years from 81 practices were applicable.
Mean annual frequency of contact remained stabile around 7.1 over 11 years, but differed considerably between age groups.
25.8% of the very old were frequent users, compared to 16.0% of the elderly, 7.5% of the middle aged, and 2.8% of the younger patients.
For chronic illness, elderly and very old patients did not differ so much from each other but from the rest of patients.
Technical and advisory services were requested predominantly by elderly patients, followed by the very old, and then by the middle aged and younger.
Practice properties (rural vs. urban, single handed vs. group practice, size) had significant but marginal impact.

Conclusion:
Annual number of patient's contact rises clearly with growing age, but request for technical and especially for advisory services cumulates for the group of elderly patients and declines for the very old, except for home visits or emergency calls.
Results from this study confirm expectations but allow for clear quantification.

Points for discussion:
1. Annual frequency of contact in your country?
2. Reasons for decreasing service request in the German age-group of very old patients?
3. How to standardize GPs' service data for international comparison?

PRESENTATION 36: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: The role and power of nurses in cardiovascular risk management: a qualitative study in primary care.

AUTHOR(S): Marije S. Koelewijn–van Loon, Nicolle Knoops, Henk van Dam† Ben van Steenkiste, Glyn Elwyn, Richard Grol, Trudy van der Weijden

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Background:
Cardiovascular Risk Management (CVRM) in primary care is increasingly delegated to practice nurses. The IMPALA study tried to improve lifestyle through nurse-led clinics using a risk communication tool, a decision support tool and adapted motivational interviewing. However, we do not know how nurses experience this task.
Research question: How do practice nurses perceive their "new" task in CVRM?

Method:
This qualitative study used both focus-group interviews and in-depth interviews with 18 nurses of general practices in the southern parts of the Netherlands. Interviews were conducted with help of an interview guide with questions about how nurses experienced risk assessment, patient education and guiding patients in risk reduction. Data were analysed by means of directive content analysis.

Results:
The overarching theme 'the nurses' attitude' described that nurses were very positive to undertake CVRM, and viewed it as an important task for them. The key-themes 'Risk assessment' and 'Risk communication and proving information' described that nurses extensively assess and communicate the cardiovascular risk . The key-theme 'Guiding the patient in risk reduction' described that nurses agreed with the principles of shared decision making and motivational interviewing. However, applying these principles was reported to be difficult since they were used to give options for risk reduction themselves. Especially nurses who were not extensively trained in motivational interviewing as part of CVRM reported to start arguing when a patient was not motivated for lifestyle change.

Conclusions:
Cardiovascular risk management is a good task to delegate to practice nurses as they view it as an important task for them, they reported to take time for risk assessment and communication, and they have the aspiration to do it following the principles of shared decision making and motivational interviewing. However, more training is needed as nurses find it difficult to really act according to these principles.

Points for discussion:
1. Difficulties in risk communication
2. Optimal training and feedback measures on performance of the practice nurse
3. How much patience do we have with our patients

PRESENTATION 37: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: Prevalence and risks factors of vitamin D deficiency in an adult male population in primary care.

AUTHOR(S): Christian Dupraz, C. Pigache, A. Martin, A. Gerard ,M.F . Le Goaziou

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Background:
Vitamin D status is widely studied in the world and it appeared that the deficiency is common and appeared as an important public health
Several studies concerned women or old people but few studies concerned young men.
Research question:
The aim of this study was to evaluate the vitamin D deficiency status of an adult male population in primary health care

Method:
All the men aged from 19 to 59 years old, who consulted their GP, were included in the study between February to April 2009.They had to do a blood sample, and answer few questions about their quality of life (Wonca scales) and their lifestyle (sports, sun exposure, food, work…)
Levels of vitamin D2 and D3 were measured.
Univariate and multivariate analysis were made with a significance threshold of 5%.

Results:
281 subjects were recruited from two French regions (Rhône-Alpes and Gironde).
94% of subjects (N=264/281) had serum 25(OH) D ≤ 75 nmol/l, which represents the lower present limit of vitamin D insufficiency; and 27% of those present 25(OH) D values ≤ 30 nmol/l (12 ng/ml). The univariate analysis showed that risk factors of vitamin D deficiency are dark skin, low social level, no summer sunlight exposure or small skin surface exposed, and no outdoor hobbies or sport.
In a multivariate analysis, vitamin supplements consumption (OR □IC95%□ = 0,5 □0,36-0,72□, p<10-4) and the suntan (OR □IC95%□ = 0,4 □0,19-0,87□, p=0,02) are demonstrated to be protection factors.
Vitamin D deficiency was associated with a lower quality of life (physic activity (p=0,001); social activity (p=0,008) and health status (p=0,012).

Conclusions:
It is important to focus General Practitioners' attention on the high prevalence of vitamin D deficiency in the male population, in order to diagnose it earlier, prevent it and avoid musculoskeletal pains and osteoporosis.

Points for discussion:
1. Do you have others studies about men in your countries?
2. Do you have a process to correct hypovitaminosis D?

PRESENTATION 38: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Vitamin D Status of post menopausal women in general practice.

AUTHOR(S): Marie France Le Gaoziou, E. Morel, A. Martin, M.C. Carlier, C. Dupraz

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Background:
Many publications are actually published about vitamin D deficiency worldwide.
Vitamin D deficiency is a cause of musculoskeletal pains, felts, tiredness and osteoporosis.
In France, one recommendation concerns nursing home old people for a vitamin d supplementation.
The general practice department of Lyon (DMG) have realised different studies about veiled young women, young women, and young men.

Research question:
What is the vitamin D status of old women at home?
To answer these questions, the DMG of LYON carried out a new research, a descriptive study with generalist practitioners in rhône alp area

Method:
All women aged 50 to 80 years old who consulted the GP were included by 25 GP between January till March 2009.
They had to fill forms about food intake, sun exposure, life quality (with Wonca coops), life style and do a blood test in their usual laboratory.
Statistical analysis was realised with software's SPSS and SAS. Wilcoxon and chi² test were used.

Results:
457 women were included.
For 88%of them, vitamin D was under 75nmol/l, for 61% under 50nmol/ and for 25% under 30nmol/.
Contrary to what one might think, younger were the women; lower the vitamin D level was.
Risks factors well known were found: obesity, covered garment, precariousness and protective factors were summer sun exposure, sport outdoor practice and supplementation.
Vitamin D level was correlated with the risk of felt and the chronic pains.
25% of these women had an osteoporosis risk factor.
Quality of life was lower under vitamin D level at 50nmol/L

Conclusions:
French GP have to search risk factors vitamin D deficiency for all the post menopausal women and give them vitamin D supplementation and not be careful only with the oldest one.
They have to educate about sunshine exposure, food intakes and outdoor sports.

Points for discussion:
Do you have the same look about old people in your countries?

PRESENTATION 39: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Referral Study in ACES Gondomar.

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Background:
The referral from General Practitioners for Secondary Care is a practice with significant costs to healthcare systems.
Referral studies among levels of care are lacking in Portugal; the referral rates vary between 5.56% and 10.11%.
It is therefore useful to perform an updated study, with a large population group to determine the referral rate.

Research question:
What is the referral rate in ACES Gondomar (ACESG) in the year 2009? What factors are associated with the referral process?

Method:
Observational, cross-sectional study in three primary health-centers in North Portugal. Study population: all referrals made to the Secondary Care, in 2009, in the ACESG (175 603 users, 97 GPs). A census was made on the study population. We consulted the databases SINUS, SIARS and Alert for the ACESG - all referrals were made through electronic communication. The main variables measured were number of consultations, medical specialty referred, referral rate and GP`s sex and number of years of clinical practice. Univariate and bivariate analysis were made.

Results:
The referral rate in 2009, in ACESG, was 3.7% (20 323 referrals / 548 707 consultations). There is a higher referral rate among female users and greater referral in age group between 20 and 65. The most referred specialties are Ophthalmology (19.7%), General Surgery (11.0%) and Orthopedics (7.9%). There is a weak association (r =- 0.18) between the referral rate and the number of years of GP`s clinical practice.
The value of the referral rate doubles (7.74%) if included the referrals to physical medicine and rehabilitation.

Conclusions:
The referral rate in 2009, in ACESG, is slightly lower than reported in Portuguese studies. Clinical practice is a minor importance confounding factor.
More research is needed to verify if this figure suggests a decreasing trend in referral or reflected a better preparation of GP.

Points for discussion:
1. What is the ideal referral rate?
2. How can we improve the factors that influence the referral rate?
3. The lower the referral rate, the better is the GP`s practice?

PRESENTATION 40: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: ABPMS-2: resurgence of end-digit preference in blood pressure Measurement.

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Background:
ESCAPE-ABPMS-1 showed that general practitioners (GP) still practised end-digit preference (EDP) though being provided with an electronic blood pressure (BP) measurement device. The results also suggested that EDP was time-dependant: after nearly disappearing with the acquisition of an electronic device, it was likely to come back as time went by.

Research Question:
For GPs newly provided with an electronic BPM device, did EDP become more frequent after two years of use of the device?

Method:
Cluster RCT. The intervention group (IG) used a provided electronic device, vs. usual care for the control group (CG), i.e. manual measurement for 75% of the GPS (MCG), and electronic for 25% (ECG). ABPMS-2 final data was gathered after two years.
Statistical analysis used mix effect linear model comparison of the mean BP values, and Chi2 comparison of EDP rates, and of the number of GPs practising EDP in the 3 groups.

Results:
3 305 BP measurements, performed by 125 GPs in the IG, 98 in the MCG, and 32 in the ECG were analysed.
After 2 years, mean systolic BP was significantly higher in the IG (139.6 vs 137.2mmHg; p=0.002). The rate of GPs practising EDP was significantly higher in the CG vs IG: 93.8% vs 38.2 % (RR = 2.2; IC95: 1.8-2.8). From inclusion to 2 years, EDP increased in the IG from 29.6% to 38.2%, while it decreased in the ECG from 65.6% to 56.7%. This difference in evolution was not significant according to the logistic model (p=0.11). Systematic rounding increased from 18.8% to 20.0% of the GPs in the ECG, and from 4.8% to 10.6% in the IG, again with no significant difference in evolution.

Conclusions:
EDP increased after two years, but not significantly. Further qualitative research is needed to understand the reasons for EDP.

Points for discussion:
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PRESENTATION 41: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: A feasibility study of the use of near patient CRP to guide prescribing for respiratory tract infections.

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Background:
Antibiotics are widely overused in the treatment of self-limiting respiratory tract infections (RTI's). New approaches are being sought to reduce antibiotic prescribing and in some countries near-patient CRP testing is used for this purpose. A recent study published in the BMJ demonstrated that CRP testing resulted in decreased antibiotic prescribing for LRTI in primary care. Very little other published primary care data, and no Irish data exists, evaluating how well CRP can discriminate between viral and bacterial RTI's.

Research question:
To evaluate the use of near-patient CRP testing, in addition to normal clinical management, to differentiate bacterial and viral RTI's, subsequent antibiotic prescription rates and patient satisfaction, in adult patients with acute cough and/or sore throat with duration of 1 month or less.

Method: Design:
'Before and after': The first 60 recruited patients were treated with routine clinical management, and GP's had no access to a CRP test. For the subsequent 60 patients, access to CRP testing was available.
Participants:3 GP's in one Irish primary care practice recruited 120 patients, fulfilling the above criteria over 5 months.

Outcome measures:
The primary outcome was antibiotic prescription at index consultation. Secondary outcomes were the number of delayed prescriptions issued, re-consultation and antibiotic prescription during 28 days follow-up, and patient satisfaction.

Results:
58% of patients in the no-test group received antibiotic prescriptions compared to 43% in the CRP test group. Re-attendance within 28 days was higher in the CRP test group, at 23% compared to 16% in the no-CRP test group. Both groups demonstrated similarly high level of patient satisfaction(>85%).

Conclusions:
This study suggests the use of near-patient CRP testing can reduce antibiotic prescribing rates for RTI's in primary care, and is associated with high level of patient satisfaction. It is now planned to conduct a larger randomized trial of this intervention.

Points for discussion:
1. Potential reduction of unnecessary antibiotic prescribing
2. Patient reattendance and satisfaction
3. Planning a larger trial.

PRESENTATION 42: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: When should medical decisions be shared? – using a factorial survey design to study social norms in medical decision making.

AUTHOR(S): Meike Müller-Engelmann, H. Keller, L. Rosinger, G. Kix
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Background:
Reviews demonstrate positive effects of shared decision making (SDM) on health related outcomes. Basically there are three types of medical decision making: a decision can be made by the physician, shared between patient and physician or made by a patient. However, up to now it has not been systematically investigated in which treatment situations SDM is warranted. The factorial survey seems to be an adequate research design to answer this question because it allows studying social norms that underlie normative judgments.

Research question:
The aim of the present study is to analyze systematically which situational dimensions influence decision making norms in the medical encounter.

Method:
The factorial survey undertaken for this study consisted of 7 factors (e.g. the reason for consultation and the number of therapeutic options) with 2-3 levels (e.g. one reasonable option vs. more than one option). These factors were combined to differentiate descriptions of treatment situations (vignettes). In total 101 GPs, 115 patients and 113 members of self help groups participated in the study. Each subject rated 10 vignettes, indicating who should make the decision in each specific treatment situation, using a five point scale (from “by the physician” over “shared” to “by the patient”). To identify the influences of the factors ordered logistic regression was used.

Results:
Regression analysis demonstrated significant effects of all 7 considered situational factors on the question by whom the decision should be made. The strongest situational influence factor was the patient’s desire to participate in decision making, followed by the reason for consultation. Nevertheless, the strongest predictor in the model was the subjects’ personal decision making preference.

Conclusions:
Our findings suggest that characteristics of the treatment situation and first of all the patient’s desire to participate should be considered when asking for decision making norms in medicine.

Points for discussion:
Should there be limits for SDM and what does this mean for patient centred medicine?

PRESENTATION 43: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Psychosocial risk factors for transition from acute to chronic low back pain in primary health care - review of the literature.

AUTHOR(S): Aline Ramond, Céline Bouton, Isabelle Richard, Jean-François Huez

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Background:
Low back pain (LBP) is a major public health problem, often encountered in primary care. Recent guidelines recommend early identifying psychosocial factors which could prevent rapid recovery from acute LBP.

Research question:
To systematically review the evidence of the prognostic value of the psychosocial factors incriminated for transition from acute to chronic non-specific LBP in adult population in primary health care.

Method:
A systematic search for prospective studies dealing with psychosocial risk factors for poor evolution in LBP was conducted, screening Pubmed, PsychInfo and Cochrane Library databases. Cohort studies were selected if adults with (sub)acute (< 3 months) LBP in primary care were followed-up for at least three months, and evaluated with patient-centered outcome criteria. Methodological quality of studies was assessed independently by two reviewers using standardized criteria before analysing their main results.

Results:
23 papers fulfilled the inclusion criteria, related to 18 different cohorts. 16 psychosocial factors were analyzed, belonging to 3 domains : social and socio-occupational, psychological, and cognitive and behavioral fields. Depression, emotional distress, passive coping strategies and fear-avoidance beliefs were sometimes found to be independently linked with poor outcome, whereas most social and socio-occupational factors didn't. The somewhat great predictive ability of patient's self-perceived general health at baseline was difficult to interpret because of likely biomedical confounders. Initial patient's or caregiver's perceived risk for LBP persistence was the factor the most constantly linked with actual evolution.

Conclusions:
This study found few independent psychosocial risk factors, which never explained a large part of observed variability in the evolution of episodes of LBP in primary health care. Randomized clinical trials aiming at modifying them have shown little impact on prognosis on a cohort scale. Deeper understanding about these psychosocial issues is probably needed before defining and evaluating new management strategies.

Points for discussion:
In these statistical models the different prognostic factors are all supposed to be causal and independent, which is probably not exact and could explain a part of these inconsistent results.
We need to explore further the field of LBP.

PRESENTATION 44: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Variability in cardiovascular risk profile between Spanish and immigrant population.

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Background:
Little is known about the differences in cardiovascular risk factors prevalence between immigrants versus autochthonous population.

Research question:
Are there any differences in the cardiovascular risk factors distribution between immigrant and non-immigrant population in Spain?

Method:
Cross-sectional multi-centre study.
A database containing clinical information of 63.257 patients was analyzed in order to know the distribution of classic cardiovascular risk factors (lipids, obesity, tobacco, hypertension, diabetes) among immigrant population and Spanish born one. Cardiovascular risk was calculated by using Framingham score adapted to Spanish population.
All immigrants who used primary health care services at least once in the 3 previous years and a sample of Spanish born population, paired by age and gender was were included.
A descriptive and bivariate analysis was performed.

Results:
Age average was 35,2 years (SD 11,3), and 50,6% were women. The highest prevalence of obesity was found in Spanish people (6,6%), followed by Latin-Americans (5,4%), and people coming from Western European countries (4,5%), p<0.001.
Hypertension was more frequent in Spanish (5,4%), and in people coming from Western European countries(4,5%), p<0.001, and similar results occurred with lipid profile. Smoking habit was higher in Spanish population (21,5 %) , and in immigrants from Eastern European countries (12,8%) and Western European countries (11,8%), p<0.001
Highest cardiovascular risk was found in people coming from Western European countries (4,53%), p<0.001
Conclusions:
Spanish born people and immigrants coming from Western European countries have the worst cardiovascular profile. A more aggressive preventive approach in these populations based in a communicative strategy of cardiovascular risk should be needed.

Points for discussion:
1. A strategy of communication of cardiovascular risk to population could be useful in preventing cardiovascular diseases.
2. Spanish population and immigrants from Western countries have the worst cardiovascular risk factor profile

PRESENTATION 45: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Palliative care program – students' willingness to participate.

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Background:
The WHO claims that palliative care has to be "compulsory in courses, leading to a basic professional qualification". This requirement has still to be fulfilled in Bulgaria. With the grant from the Ministry of Education and Science, the project whose purpose was to develop and implement the program for interns in palliative medicine, was realized in University Plovdiv.

Research question:
The aim of the study was to investigate willingness to participate, the motivation influencing factors and the expectations among medical students.

Method:
The possibility to participate in 30 days/8hours rotation in palliative care unit, neurology and surgery wards, pediatric oncohaematology and general practice and to perform palliative care was presented to six-year students. The number of students in the sixth year of education is 118 students, 48 of them male. Cohort 1 (68) refused and Cohort 2 (50) enlisted, wrote motivation letters and filled in a cross sectional questionnaire.

Results:
The principal motivations were the acquisition of skill ((32)64%); the desire to support patients ((22)44%); to gain knowledge ((14)28%); to complement the lack of palliative care teaching ((8)16%) and to forward professional career ((4)8%). Expectations (professional and personal) were on mastering emotions and increasing self-awareness in establishing a suitable physician-patient relationship in end-of-life care. 73,3% of the students had been entirely informed and 93,3% had never thought, before the involvement in the project, about the work in the field of the palliative care; 71,1% changed their attitude and approach to palliative patients and 35,6% declared readiness to care for them.

Conclusions:
Palliative care program was recognized as a necessity and 42,4% of the sixth-year medical students were motivated to complete it hoping it would have a great impact on their professional and personal development.

Points for discussion:
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PRESENTATION 46: Saturday 16th October, 2010 POSTER
13.45–14.50 h. Ongoing study, no results yet

TITLE: Risk communication between general practitioners and patients with hypercholesterolemia.

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Background:
Patients are becoming increasingly involved in health care decisions and it is important that the general practitioners (GPs) are able to inform and motivate patients in order to increase patient adherence to treatment decisions. One of the key points in effective risk communication is to decrease uncertainty about choice of treatment and give the patients a greater understanding of benefits and risks of different options. The aim of this research project is to evaluate the effect of training GPs in risk communication in combination with decision support materials on patient adherence. The effect is evaluated in a randomised intervention, using treatment for hypercholesterolemia as a model.

Research question:
Can training GPs in risk communication increase patient adherence to treatment choice?

Method:
Forty GPs in an intervention group will receive training in risk communication and use of newly developed decision support materials concerning treatment for hypercholesterolemia. Each GP selects 7 patients with hypercholesterolemia. The GPs inform these patients about the opportunity to receive preventive pharmacological treatment, using their skills from the training and the newly developed decision support materials. Another 280 patients in the control group receive standard information from 40 GPs without training in risk communication. The patients will complete a questionnaire immediately after their consultation, and after 3 and 6 months. Register data will be drawn at patient baseline and at 6 months about prescriptions, contact to the health services. GPs will complete a questionnaire at baseline, after each consultation and after 6 months.

Results:
We expect the patients in the intervention group to have better adherence to treatment, without worsening psychological well-being and to be more satisfied with the GPs communicative skills and their own decision to receive treatment or not.

Conclusions:
This intervention will produce new knowledge about the effect of training GPs in risk communication.

Points for discussion:
1. Should we use placebo education?
2. Participants cannot be blinded when receiving intervention. How can we get the GPs in the control group to be just as dedicated to the project as GPs in the intervention group?

PRESENTATION 47: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: The Perspective of Peer Educators: What are their experiences, feelings and thoughts?

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Background:
Prevention of unwanted pregnancies and STDs in young people are important target for many countries. Peer education is accepted as a good educational method. Although there are many studies investigating the results of peer education, how peer educators are being affected from these educations is not well understood

Research question:
What are the experiences of university students educated in reproductive health with regarding consulting their peers?

Method:
This phenomenological study was conducted in Izmir as a part of “Modern Stork Legends” project supported by the European Union. Two focus group interviews were made with 18 participants purposively selected out of 263 peer educators. All focus groups were recorded and then were transcribed in text. Data was analyzed with nVivo 8 software

Results:
Peer educators thought that their peers won’t take them seriously. They were also afraid of difficulties of consulting unfamiliar people. In the beginning, due to the subject was reproductive health, one of the taboos of society, they blushed a little and worried about the negative thoughts. Mistrust and socially determined roles for both sexes were important barriers. They began their consultations from nearby and expand gradually. Although some reactions were rough or sarcastic. Request of consultation one by one increased their motivation to a great extend. Reduction of their prejudices, expansion of their surroundings and circle of friends are acquisitions. Being a peer educator also influenced their attitudes towards their own health. They expressed that they gain a prospect about the role of NGO’s in social transformation

Conclusions:
Although there are many difficulties for educators, peer education provides advancement of educators as well as the target population. Peer educators are learning with the best learning method: “teaching”. During this process they also gain self confidence and improve their communication, problem solving and reaching information skills.

Points for discussion:
1. Effect of peer education on peer educators
2. Learning by teaching

PRESENTATION 48: Saturday 16th October, 2010 POSTER
13.45–14.50 h. Ongoing Study with preliminary results

TITLE: Using web service support to communicate and improve quality of care in family practice: a pilot project.

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Background:
In Belgian primary health care more then 17 electronic health care record systems exist. To improve medical data communication several initiatives were taken in the past, such as standardising structure of medical records, labelling systems fulfilling criteria for reimbursement and defining syntax and content of summary records. They have been conceived by a top down process and do not take into account physicians needs.

Research question:
What are physicians' priorities for electronic record support oriented to quality of care and data collection for research purposes?
How should confidentiality be guaranteed in such systems?

Method:
Through an online Delphi methodology we asked open questions on priorities for data communication . In the first round an opportunity and random sample of French and Flemish GP's were approached. In the second round suggestions were refined and further amendments requested. During a third round in the field further amendments were requested to allow for better multidisciplinary communication. The possibilities of a web based support system was introduced.

Results:
A representative mix of responders was obtained form Flemish Colleagues, while a smaller group of French respondents represented more specifically group practices and teaching colleagues. A consensus was reached in the second round among Flemish Participants. Priorities are linked to the promotion of reimbursed care pathways. A more standardised approach of structuring health care data into the EMD is therefore needed and asked. French colleagues seem to be only willing to share anonymous data for research, while Flemish GP accept the coding of patient and GP identity using a Trusted Third Party.

Conclusions:
The multitude of existing software in Belgium requires the creation of a central web service to view, integrate and complement information in the local practice software. We conceived such a web based service to full fill communication needs of GP.

Points for discussion:
1. We need to standardize not only symptoms, processes and diagnoses but also results of our care process to be able to communicate well about care.
2. What are research priorities to develop international communicability of record data?

PRESENTATION 49: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: Job perspectives on general practice as perceived by medical students – a cross sectional study.

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Background:
Decreasingly, German students are interested in careers in general practice. The factors influencing medical students toward general practice as a career choice are poorly understood.

Research question:
The aim of this study was to explore opinions and attitudes towards general practice of students at different stages of medical training.

Method:
The study was designed as a cross-sectional study. Students at the five medical schools in the federal state of Baden-Wuerttemberg (Germany) participated between January and February 2010 in an online-survey. A questionnaire with 32 items requesting opinions and attitudes towards different aspects of general practice was developed based on literature search and previous qualitative studies. Answers were measured with 5-point-Likert-scales ranging from 1 ("fully agree") to 5 ("fully disagree").

Results:
1299 medical students participated in the survey, thereof 304 students were in their pre-clinical phase (year 1- 2), 688 in their clinical phase (year 3-5) and 173 in the last year ("practical year"). 43% of the students fully agreed with the statement "in general practice … you decide autonomously" and 38% with "… you use a broad medical knowledge". In contrast, 41% of the students fully disagreed with the statement "in general practice … you get a good remuneration" and 46% with "… you have a low mental burden". There were significant differences between students at a later stage of medical training compared to less advanced students.

Conclusions:
Although there are common perceptions towards general practice in medical students, many characteristics of the work of general practitioners are regarded differently by students at different stages of their medical training. To raise the proportion of students for general practice, their expectations and priorities need to be addressed – preferably at an early stage of medical training.

Points for discussion:
1. positive and negative attitudes toward general practice
2. differences between students at different stages of medical training

PRESENTATION 50: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: When and why do young physicians decide to become GPs? A self administered survey.

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Background:
In Switzerland future GPs spend most of their postgraduate training in a hospital setting, little is known about the specific structure of this stage. We assessed among assistant physicians who declared to be interested in a career as general practitioner (GP) the motivation of becoming a GP, determinants of the decision, and important learning objectives.

Methods:
In August 2009, we sent a semi quantitative questionnaire to 535 assistant physicians, working in departments of internal medicine and surgery of hospitals in the cantons Zurich and Berne; a reminder was sent after a month. After a descriptive analysis, correlations were examined by statistical analysis by using Chi-Square, Mann Whitney U-Test and logistic regression.

Results:
318 (62.4%) questionnaires were returned. We found that 144 (45.3%) of the surveyed assistant physicians considered becoming a GP. While 58 (40.3%) of the (potential) future GPs took this decision in their undergraduate phase, 56 (38.9%) of them decided postgraduate. General interest in primary care (86, 59.7%) was the most important motivation, followed by the undergraduate contact with the primary care setting and/or GPs (47, 32.6.%). Size of Department as well as duration of postgraduate training turned out to be independently associated with the choice of a career in family medicine.

Conclusions:
As many countries, Switzerland is faced with an increasing shortage of primary care physicians. Our survey revealed that half of the assistant physicians who considered to enter a career as a GP started to do so postgraduate and showed an intrinsic motivation that is depending on the setting. This finding emphasizes the need for a GP specific training, including frequent accompany and specific learning objectives. GP specific educational programs, integrating structured practice tutorials could significantly increase attractiveness of entering ambulatory care as a GP.

Points for discussion:
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PRESENTATION 51: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Incentives and Motivation of Irish GPs in respect of CME.

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Background:
Continuing Medical Education (CME) consists of lifelong educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession1. From the beginning of institutionalized medical instruction, health practitioners continued their learning by meeting with their peers2. Good quality patient care requires each registered medical practitioner to continuously participate in learning activities3. While the value of CME is often extolled, little work has been carried out to determine what motivates GPs to participate in CME activities.

Research question:
To better understand the general practice continuing medical education market in Ireland.

Method:
A postal survey of a random sample of 600 members of the Irish College of General Practitioners (ICGP) was conducted. A response rate of 47.8% was achieved (n=287).

Results:
With regard to external learning (i.e. that supplied outside of the practice setting), 43.8% of respondents reported attending in excess of 10 courses/meetings per year. The courses attended are most often provided by the ICGP training body (85%) and pharmaceutical companies (65.9%). Six out of ten GPs spend less than €500 per annum on external learning courses with only 10.6% spending in excess of €1,000. Courses are chosen based on the following criteria topic of interest (79.8%), chance to learn with peers (59.2%), ICGP training body provided (57.7%), CME points available (46.3%), provider of repute (36.2%), The value of these courses is primarily assessed on the basis of their applicability to regular clinical work (79.8%).

Conclusions:
The primary aim of CME is to assist one to maintain competence and learn about new and developing areas of one's field4 in the interest of patient safety and healthcare3. The results show that Irish GPs judge courses/meetings based primarily on aspects related to these factors.

Points for discussion:
The introduction of a new professional competence scheme under the Medical Practitioners' Act in Ireland will almost certainly increase the CME points category and the wider results of this survey will facilitate appropriate planning of same.

PRESENTATION 52: Saturday 16th October, 2010 **POSTER**
13.45–14.50 h.

TITLE: Teenager's contraception, How French GPs miss it?

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Background:
France is a country where contraception is very medicalized. GPs are the prime health support for teenagers. Their contributions are essential to prevent unwanted pregnancy and the multiplicity of efficient ways of contraception should permit a shared decision between patient and physician. However abortion rate is rising in France since 2002 for teenagers and young adults (15 and 19 years old).

Research question:
Recognize the family physician's barriers in helping teenagers for their contraception.

Method:
Thematic analysis of 11 semi structured interviews with general practitioners. Oriented sampling based on socio demographical standards and practical observations. Interviewed practitioners had to relate one outstanding consultation about contraception with a teenager and had to describe encountered difficulties. Theoretical saturation was achieved.

Results:
Three GPs' barriers are identified: 1/ GPs avoid confronting with teenager: her independence is not recognized and her sexuality is not mentioned. 2/ GPs' normative view both on what is a proper contraception and what is the mission of the family physician in this situation of prescription. 3/ Lack of knowledge: physicians do not master features of each way of contraception.

Conclusions:
These three obstacles point that choosing contraception is a process focused on physician instead of teenager. Lack of knowledge from physicians compounds this picture. Modifying this approach for care centered on teenager and increasing our knowledge would improve choosing an adapted contraception and thus reduce number of unwanted pregnancy.

Points for discussion:
contraception and teenager

PRESENTATION 53: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Why do parents consult GP for their child with ORL infectious Symptoms.

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Background:
ORL infectious symptoms (runny nose, sore throat, caught, otalgia, fever) in childhood are a frequent demand of consultation in general practice in winter. The large number of consultation can decrease the GP practice quality : short consultation, increase duration of the daily work, tiredness, inappropriate prescription of antibiotics.

Research question:
The aim of the study was to analyze the parents' expectations when they consult the GP for their child with ORL infectious symptoms.

Method:
This qualitative study has analyzed six individual interviews and 2 focus groups during the winter 2009-2010. A purposive sample of 20 persons (19 mothers and 1 father) with children between 1 and 10 years old has been interviewed with a list of themes. 2 parents' website have been analyzed to have another point of view. Data have been recorded, coded and analyzed with the grounded theory.

Results:
The young child parents and the novice parents were afraid of meningitis, convulsion and suffocation. They were waiting for reinsurance and information. When the child was growing, and for the next children, the parents were less afraid. The experimented parents – more than 1 child, child > 3 years - were waiting for fast recovery. The illness of their child unbalances the life family. They didn't accept to see their child suffer. They didn't know the curative treatment didn't exist in most cases and were waiting for it. Every time the mother was the referent for the child health.

Conclusions:
When GP knows parents expectations, they could inform, reinsure and educate them to consult only when necessary. Their practice quality could be better : less inappropriate antibiotic prescription, longer consultation, less tiredness. A study analyzing inappropriate antibiotic in ORL infectious childhood after education of parents could be interesting.

Points for discussion:
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PRESENTATION 54: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Adolescents consulting a GP accompanied by a third party: comparative analysis of representations and how they evolve through consultation.

AUTHOR(S): Philippe Binder, Carine Caron, Vianney Jouhet, Daniel Marcelli Pierre Ingrand

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Background:
Adolescents are frequently accompanied by a third party in consultation. Their stated reason for consulting is rarely psychological. However, many adolescents experience distress or impaired well-being, that practitioners fail to detect.

Research question:
To study the ability of adolescents to express personal concerns in general medicine consultations depending on if an accompanier is present, and to explore perceptions of participants and how they evolved.

Method:
674 adolescent consultations with 53 GPs were studied. The adolescents and any persons accompanying completed self-administered questionnaires before and after the consultation; the GPs only afterwards. Analyses compared responses before and after consultation, and between participants.

Results:
6% of the adolescents were consulting for a psychological reason, but, among the others, 17% reported having personal concerns they would like to talk about . Among adolescents aged 14 to 17, those consulting alone more frequently reported personal worries, but were more satisfied with the consultation than the others. A third party's presence did not appear to hinder expression for those that consulted accompanied. The representations of the third party and practitioner concerning the adolescent differed, although they tended to converge following the consultation: accompaniers overestimated the adolescents' well-being and freedom to talk, while GPs underestimated their well-being, readiness to confide and feelings of being understood.

Conclusions:
GPs could be more optimistic about adolescent consultations: their role is viewed more positively than they think, especially by adolescents consulting alone. The majority of adolescents wishing to say something do so, even when an accompanier is present.

Points for discussion:
changing representations during the consultation.

PRESENTATION 55: Saturday 16th October, 2010 **POSTER**
13.45–14.50 h. **Ongoing study, no results yet**

TITLE: CANABIC: CANnabis and Adolescents, a Brief Intervention to reduce their Consumption.

AUTHOR(S): Catherine Laporte, C. Dubray, V. Picard-Brenard, C. Huas, P.M. llorca P. Vorilhon

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Background:
Cannabis (THC) is the most prevalent illegal drug used in France, and consequences arising from the step of 'casual consumers'(1-10 joints/month). The general practitioner (GP) is the health professional most viewed by adolescents. Brief interventions for adult alcohol use have been shown to be efficacious. Some IB to inspect adolescents and consumption of THC have been piloted, showing their feasibility, but no test has validated them.

Research question:
Does an IB conducted with users THC aged 15 to 19 years by their GP can reduce its consumption?

Method:
Two preliminary qualitative studies (with adolescents and GP), were used to analyze the difficulties of communication around THC use. The Scientific Committee has analyzed the results and developed an IB adapted to adolescents THC users.
CANABIC is a quantitative study to validate the IB: randomized controlled trial, clustered study, comparing an intervention group (IG) and a control group (CG).
The intervention is the achievement of the IB during a specially consultation. The endpoint is the consumption of THC in Number of joints / month
250 adolescents will be included, 5 by GP (25 in each arm). It has been calculated to demonstrate a significant decrease of 30% of consumption. The rate of lost GP and patients have been estimated at 20% and 10%, alpha risk and statistical power was calculated at 5% and 90%, the coefficient of intra-cluster correlation was calculated at 0.02. There are 3 follow-up consultations: 3, 6 and 12 month.
A feasibility study is under way, results will be analyzed to optimize the controlled trial.

Results:
A decrease of 30% of consumption is expected (joints per month). Perception of cannabis by adolescents will be reviewed.

Conclusions:
Validate an IB appropriate to consultation of the youth consumer THC provide a tool to support the MG.

Points for discussion:
general pratice and adolescents; general practice and addictions; brief intervention

PRESENTATION 56: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Participation preferences and self-reported participation in medical decision making among patients with arterial hypertension.

AUTHOR(S): Andreas Loh, I. Tinsel, A. Buchholz, C. Bollmann, K.G. Fischer W. Niebling

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Background:
Treatment of high blood pressure offers different options. There is a need to decide whether and which kind of treatment or life style change is appropriate in order to fit best in patients' all day life. A few studies showed that patients are willing to be involved in medical decision making. The empirical proof of hypertensive patients' participation needs and subsequently the realization of that interest in medical encounter in primary care are still open.

Research question:
To what extent patients with hypertension are interested in participation in medical decision making, and how do they subjectively perceive the involvement in medical encounter?

Method:
In the region of South Baden in Germany 36 primary care practices and 1,393 patients with hypertension were enrolled in the study using a self-administered questionnaire. The main outcomes were the measurement of patients' participation preferences measured by the Autonomy Preference Index (API), and the perceived patient participation in medical decision making measured by the Shared Decision Making-Questionnaire (SDM-Q).

Results:
A total of 1,034 patients completed the questionnaire. Patients' participation needs and subjectively evaluated extent of participation in medical decision making in the clinical encounter are quite low. Mean score of participation interest was 1.55 (SD .73, range between 1 and 5). Results of the SDM-Q showed mean scores of 2.10 (SD .79). Patients ≤ 50 years show a slightly but significant higher participation interest (Mean score = 1.85; SD .87) than patients ≥ 50 years (Mean score 1.5; SD .68).

Conclusions:
Fulfilling the patients' needs in participation in medical decisions might enhance not only patients' satisfaction but also patients' adherence. But not all of the patients are really interested in those patient involvement processes. For practice purposes those patients should be detected and especially addressed that are really interested in patient involvement.

Points for discussion:
1. Objectives of the concept of patient participation in the clinical encounter.
2. Realization of patients' partizipation needs under conditions of time restrictions.
3. Correlations between patient oparticipation and patient adherence.

PRESENTATION 57: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Determinants of opiate intake among fishermen.

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Background:
The consumption of opiates by sea fishermen is far above average. It emphasizes what the French Office for Drugs and Drug Addiction in a 2007 report, and in other studies. One may wonder about the reasons for this excessive consumption.

Research question:
The objective of this work is to analyze the relationship between fishermen and heroin.

Method:
Qualitative survey using semi-structured interviews. Both communities of addicts and sailors are very closed. We have used a relationship of trust established by GPs to raise the barrier of secrecy. We interviewed sea fishermen, 23-56 years old, in activity, or who left the profession in recent months, known to be addicts, and treated with opiates replacement therapy by their GP. The interview grid consisted of a series of open questions on drug and determinants that lead to drug abuse

Results:
We conducted seven interviews and reached saturation after five. The most innovative items found are the concept of "no limit", prompting some fishermen to spend all the money from their work in the toxic, the emotional loneliness, lack of companionship for assistance and exchange on board, but also violence and bullying, types often sexual hazing, that add to the sea stress and individuals abused devaluation. By sea, facing the dangers, these sailors said they did not take opiates.

Conclusions:
Prevention campaigns on addiction among fishermen could focus on human respect to be more effective. These innovative items could be found for other socio-professional categories and lead to different prevention campaigns.

Points for discussion:
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PRESENTATION 58: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: A Randomized, Controlled Clinical Trial About the Effect of Exercise Education on the Knee Osteoarthritis patients.

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Background:
Exercise programs play an important role in the treatment of knee osteoarthritis which is the most common cause of disability in the elderly.

Research question:
This is a randomised controlled, educational intervention study. Sixty-four patients who admitted to the Family Medicine outpatient clinic of Marmara University Hospital were enrolled in the study. Half of the participants were allocated randomly to the intervention group and the other half to the standard care group. Participants of the invention group were given leaflets and gradual exercise education was applied by demonstration. Control group also received leaflet about exercises besides standard care. We assessed participants' adherence with patients' diaries and telephone contact. Besides, we determined WOMAC score of the participants at each follow-up visit.

Results:
Mean age of the participants was 54,6 ± 9,85 and 98,4% of them were women. Adherence to exercise in invention group was high (median 100%). The pain and the WOMAC score improved significantly. Exercise adherence of the control group was good but long-term adherence was only moderate. Improvement of pain and WOMAC score was lower than the invention group.

Conclusion:
Patients with osteoarthritis do not generally adhere well to the exercise programs. Gradual exercise education with demonstration might improve adherence.

Points for discussion:
1. What are the limitations of this study?
2. Another method to improve the motivation of the elderly patients with that kind of life style changes and how to measure it?

PRESENTATION 59: Saturday 16th October, 2010 POSTER
13.45–14.50 h.

TITLE: Hungarian Family physicians' and residents' knowledge of and attitude towards OSAS (obstructive sleep apnea syndrome).

AUTHOR(S): Péter Torzsa, Ajándék Eőry, Márta Novák, István Mucsi László Kalabay

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Background:
Family physicians often do not recognize OSAS in spite of its high prevalence and clinical significance. Education of physicians is important in order to diagnose patients with OSAS earlier and to treat them in accordance with the proper recommendations.

Research question:
What is the extent of Hungarian Family physicians' and residents' knowledge of and their attitude towards OSAS? Can we use the OSAKA questionnaire for the monitoring the efficacy of education about sleep medicine?

Method:
533 practicing family physicians (age: 54±9 years, mean ±SD, range: 27–79) completed the validated OSAKA questionnaire. 50 residents of family medicine completed this questionnaire prior to and on completion of their course on sleep medicine.

Results:
The average score of female respondents was significantly higher compared to male respondents (12.5±2.4 vs. 11.4±3.1 (, p<0.001). The score decreased with respondents in higher BMI categories. Respondents exclusively treating adult patients reached higher values than those treating only children or a mixed aged population (12.6±2.7 vs. 11.1,±2.9, p < 0.01). Physicians working in the capital and larger cities had the highest scores (12.5 vs. 10.4, p <0.01). Multivariate analysis revealed an inverse correlation between scores with family physicians' knowledge and responders' age and BMI value following adjustment for variables of the statistical model. A significant correlation between the number of specialties and physicians' knowledge was observed (regression coefficient: 1.28 (0.99–1.57, p < 0.001). The residents' average score 13.5±1.8 did not differ significantly from that of the practicing family physicians. Residents, however, exhibited lower self-confidence about recognition and treatment of OSAS. Their knowledge and scores increased significantly after education (15.4±1.9, p<0.001).

Conclusions:
The knowledge of Hungarian GPs regarding the causes of OSAS is not sufficient. Our result also demonstrated that the OSAKA questionnaire is suitable for the follow-up of the efficacy of the educational intervention in interdisciplinary sleep medicine.

Points for discussion:
1. How can we improve the GP's knowledge of and attitudes towards OSAS?
2. What kind of training program would be the most effective for the residents?

PRESENTATION 60: Saturday 16th October, 2010 **POSTER**
13.45–14.50 h.

TITLE: Motivational interviewing and dietary compliance in patients with type 2 diabetes (clinical trial).

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Background:
Diabetes mellitus is in Spain the third leading cause of death in women, the seventh in men and the most common cause of kidney failure, neuropathy, lower limb amputation and no traumatic blindness in adults. The cornerstone of type 2 diabetes mellitus (T2DM) treatment is nutritional habits modification.

Research Question:
• What is the effectiveness of motivational interview (MI) in changing nutritional habits in T2DM patients?
• Do good dietary habits result in better metabolic control and cardiovascular risk factor (CVRF) control?

Methods:
A clinical trial randomized by nurse. One intervention group (MI group) and regular attention in control group (C). Setting: Primary care teams in Galician National Health Service.
Participants: T2DM patient with one year of evolution at least, 45-65 years old, no insulin-dependent, 25<33. Exclusion: pregnancy and dietetic accomplishment. Sample size: 51 individuals by group. Alpha=0.5; power=0.9; difference=0.3; losses: 20%.
Outcome measures: a) Good dietetic accomplishment (GDA) if the following 4 criteria occur: decrease in saturated fat intake, increase in unsaturated fats and fibre content, less than 1/month of restricted food intake, and weight loss. b) Waist reduction. c) Lipids and glycated haemoglobin decrease.
Measure instruments: daily diet questionnaire, amount/frequency questionnaires.
Logistic regression applied.

Results:
After 6 months, MI is associated with good dietetic accomplishment (GDA) OR=3.957(1.216–12.875).
At 12 months, this association is larger OR=6.750(1.438-31.695).
At 6 months analytical parameters improvement is predicted by the interaction between GDA and MI OR=2.68 (1.151–6.281), but not at 12 months.
After 12 months, weight loss is predicted by the interaction between MI and physical exercise OR=2.13(1.004-4.596) and decrease in abdominal girth by GDA OR=1.95(1.153-3.297).

Conclusions:
MI is more effective than regular attention for improvement of dietetic accomplishment in T2DM without analytical parameters improvement.
Improvements in metabolic control and CVRF control are associated with GDA and physical exercise.

Points for discussion:
1. Good results; 2. Satisfaction in nurses involved
3. Research team composed by family medicine doctors, nurses and family medicine students, mainly women.

PRESENTATION 61: Saturday 16th October, 2010 13.45–14.50 h. **POSTER**

TITLE: Evaluation of general practitioners' motivation to learn motivational interviewing for obesity treatment.

AUTHOR(S): H. Lapprand, Jean Yves Le Reste, B. Le Floch, P. Nabbe, P. Barraine M. Barais, B. Chiron, S. Cadier

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Background:
General practitioners (GPs) could have a critical role in the treatment of obesity. However, it is a difficult challenge for physicians in relation with a lack of specific skills. Motivational interviewing (MI) is a patient-centred approach to initiate behavioural change. It has been validated for alcohol addictions, and several studies reported its efficacy for obesity treatment. But are physicians prepared to learn MI? There is a lack of data concerning their opinion.

Research question:
Evaluate GPs motivation to learn MI in obesity treatment.

Methods:
Descriptive observational study using a fourteen questions form built in accordance with the Viau's theory of learning motivation. Each participant received an information letter about MI and a questionnaire to evaluate their motivation to learn MI for obesity treatment in a two days training course. This course was supposed to cost at most 600 euros.

Results:
The answer rate was 66.3 % out of 151 GPs. 54.0 % (CI95 = 44.2 to 63.8) of them are motivated to learn MI for obesity treatment without constraints. When considering constraints of duration only, 35% of GPs are motivated. When considering the constraints of cost, 9% of GPs are motivated.

Conclusion:
Even if the majority of general practitioners agreed to learn MI for obesity counseling without any constraint. Most of them would not participate because of the course's duration or cost. Our study suggests that MI would be interesting for general practitioners if proposed training has sufficiently flexible cost and duration conditions. So it could be useful to organize MI training courses with pricing and timing options.

Points for discussion:
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PRESENTATION 62: Friday 15th October, 2010 15.50-16.20 h. **FREESTANDING PAPER**

TITLE: Life after radical prostatectomy for localized prostate cancer.

AUTHOR(S): Sophia Eilat-Tsanani, Ch. Tabenkin, Y. Shental, D. Steinmetz

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Background:
Radical prostatectomy (RP) is an optional treatment for men with localized prostate cancer (PC). Adverse effects of RP as malfunction of urogenital system are frequent. These men have to cope both with cancer disease and RP outcomes.

The research question:
How do men with localized PC who went through RP cope with the disease and the surgery outcomes?

Method:
A qualitative study, using structured interviews.
The participants were men who went through RP due to localized PC in one hospital during 2003-5. The interviews took place in the participants' homes a year after surgery. The interviews were audio-taped and rewritten. The text was analyzed, labeled and grouped into themes.

Results:
The study population reached 20 men while no new information was added. A motive that dominated all the interviews was urogenital system malfunction: First and foremost urinary incontinence followed by impotence. Urine leakage interfered with social activities, self-esteem and caused shame. Impotence disturbed sexual function, relationship with the women and masculine image. The information about the surgery and its potential implications was provided to the participants before surgery without involvement of their women and without further support. The participants relied on their surgeons and felt confident with their decision. They used words like sadness and guilt to describe their feelings but not regret. They all declared that their symptoms were a reasonable price in order to survive cancer

Conclusions:
Men with localized PC who went through RP will suffer the adverse effects many years due to expected high survival rate. Fear of cancer dominated their decision to be operated. Maybe better preparation could empower them to avoid a surgery which its necessity is questionable at that stage of the disease.

Points for discussion:
Is it possible to influence on the decision of this kind of patients related to the operation?

PRESENTATION 63: Friday 15th October, 2010 16.20-16.50 h. **FREESTANDING PAPER**

TITLE: EGPRN and TRANSFoRm: assessing the capacity and readiness of European primary care networks, electronic health records' systems and clinical data repositories.

AUTHOR(S): Paul Van Royen, Hulya Yikilkan, H. Bastiaens, P. Leysen
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Background:
TRANSFoRm, supported by a EU FP7 grant, is a collaborative project for the integration of primary care clinical and research activities, to support patient safety and clinical research. It aims to develop the rich capture of clinical data in electronic health records (eHR), to research the interoperability of eHR data to enable large-scale studies/clinical trials, and to develop software tools and services to enable integration and reuse of clinical research data.

Research question:
What is the capacity and readiness of existing national/regional health care databases for linkage to the project, their interactivity with high quality eHR-systems and their overlap with active research networks in primary care practices across Europe.

Method:
All national representatives and institutional members within EGPRN are approached by mail/phone and details of eHR systems and clinical data repositories are collected. For every database, the survey gathers the aims and methods of data collection, the relation with the GPs' eHR, and the description of the dataset characteristics. We also collect details of contact persons responsible for the database management, to ask them for more information in a second phase.

Results:
Data from 28 European countries give an overview of in total 63 existing national/regional health care databases. Forty three databases have a clear linkage with GPs' electronic health record systems. According to the respondents, it is possible to reach 36 databases directly for research purposes. The coding system used is very different: ICPC in 20 databases, ICD 9 or 10 in 41 databases and 'read'codes in 5 databases.

Conclusions:
From this overview we get a clear view of primary care's capacity to for linkage to TRANSFoRm and other similar projects.

Points for discussion:
1. Which factors hinder the linkage with European projects?
2. What should be the involvement of EGPRN in this development of databases?
3. Should EGPRN advice to use (a) certain coding system?

PRESENTATION 64: Friday 15th October, 2010 FREESTANDING PAPER
16.50-17.20 h. Ongoing study with preliminary results

TITLE: Register of Clinical Prediction Rules, methodological quality assessment and implentation strategies.

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Background:
The potential of improving patient care by using clinical prediction rules (CPRs) is not yet realised. Challenges include finding, understanding and applying CPRs in clinical practice. It is difficult to identify relevant CPRs from electronic database resources due to the absence of indexing terms for both CPRs and primary care.

Research question:
To develop an international register of CPRs relevant to primary care to be distributed through the Cochrane Primary Health Care Field.

Methods:
The register is being developed by identifying relevant articles from (1) an electronic search string generated and tested in-house and (2) the personal libraries of clinical researchers. Relevant CPR articles are stored in a single EndNote file and classified according to: ICPC-2 coding; the level of evidence achieved by the article (derivation, validation or impact analysis) and the methodological quality of the article.

Results:
The register currently comprises of 252 CPRs relevant to primary care. These articles incorporate 21 broad clinical areas, with the largest number of articles identified for respiratory conditions (n = 56) and the least identified for infectious diseases (n = 2). These broad clinical areas are further classified according to specific conditions. Many of the articles present results for one or more levels of evidence (e.g. derivation and validation of the same rule). At present the register contains of 146 derivation, 243 validation and 3 impact analysis articles.

Conclusions:
Though the register will need to be maintained and updated on a regular basis, it offers many potential benefits for primary care practice. Articles are presented with condition specific codes, level of evidence and quality of the research allowing the clinician to objectively assess the utility of the CPR for use with patients. The classification of rules according to diagnostic area and level of evidence also highlights areas for further research efforts.

Points for discussion:
1. Other implementation strategies for CPRs in clinical practice. (E.g. Clinical decision support systems)
2. Challenges in maintaining and updating the CPR register.
3. Methodological quality assessment of CPRs. Is there a need for more impact analysis