

## Welcome to the AMS Projects List for 2010

### Placement Location:

Students undertaking AMS projects will be based in the Department of General Practice, University of Melbourne, 200 Berkeley St Carlton 3053. **Depending on the project, some students may be required to spend time within general practice clinics.**

### Projects:

Proposed projects for 2010 are listed below. Feel free to contact the supervisor of the project directly, or alternatively or if you have any general queries, please contact the Department's AMS Co-ordinator A/Professor Meredith Temple-Smith:

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### PROJECT 1: Sexual Health in Primary Care

Young people are exploring and discovering their own identity and experimenting with various activities including sexual behaviours. Those who don't use contraception are at higher risk of poor sexual health and sexually transmitted infections. There is a difference in contraception usage and sexual health in different ethnic groups independent of age, social status. Comparing data from Family Planning Victoria (2005-2008) and Melbourne Sexual Health Centre (2008) data, this project will

- 1) assess prevalence of contraception use in women of reproductive age in Victoria.
- 2) assess patterns of types of contraception used. E.g. OCP vs. IUD vs. Implanon vs. injectibles vs. diaphragm
- 3) Identify demographic differences in contraception users vs. non-contraception users e.g. age, ethnicity, social status (health care card holders), employment status, born overseas vs. born in Australia
- 4) Assess sexual risk factors and STI prevalence in those who use contraception vs. non-contraception users.

This information will also help public health advocates to better target our sexual health messages to these vulnerable groups in our society.

*Project Supervisor:*

Dr William Wong. Contact 83444528 or [w.wong@unimelb.edu.au](mailto:w.wong@unimelb.edu.au)

### **PROJECT 2: Implementation of a complex intervention for people with poorly controlled type 2 diabetes in general practice: A case study**

Diabetes is epidemic and expected to double in incidence worldwide in the next 20 years. Nearly a million Australians have diabetes, of which over 85% is type 2 (T2D). It causes enormous disability and cost to the community. The vast majority of patients with T2D receive most of their care in General Practice. One major problem we face in diabetes is getting known beneficial treatments into practice. We know that high quality clinical care is critical in improving outcomes for T2D. Despite this evidence and its presentation in clear clinical guidelines, clinical care for diabetes in general practice continues to fall well short of ideal. This "treatment gap" directly contributes to the burden of disease from diabetes in the community, shortening life expectancy by up to 5 years and costing the community over \$1 billion annually.

The aim of this study is to identify the important practice and contextual factors that are critical to the translation and implementation of telephone coaching for diabetes in general practice more widely across general practice as a whole.

The student will be involved in a case study. Two or more practices will be selected from the 60 study general practices participating in the PEACH study (Patient Engagement And Coaching for Health). GPs, practice nurses, other practice staff and a number of patients will be interviewed to develop a deeper understanding of how the PEACH study intervention was implemented in the practice.

- The student will undertake a (supervised) case study of a small number of general practices within the PEACH study
- The opportunity to explore the relationship between setting/context, practitioner, and patient in the management of a common, complex chronic condition in primary care.
- The opportunity to learn skills in undertaking a qualitative study
- Potential for developing a paper for peer reviewed publication

*Project Supervisors:*

Dr John Furler, Dr Christine Walker, Dr Irene Blackberry and Prof Doris Young.  
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### **PROJECT 3: Primary Care Mental Health**

The Mental Health Research Group at the Primary Care Research Unit, Department of General Practice has an excellent research profile that is both nationally and internationally recognised. The Mental Health Program has a research focus on the identification and interventions for depression and related disorders, [family violence](#), substance abuse, psychological interventions for primary care and understanding the consumer experience of care. Prospective students have the opportunity to work within an interdisciplinary team who have expertise in both quantitative and qualitative research methods. Examples of primary care mental health research opportunities available to AMS students are detailed below.

### **Project example 1**

The pathways of care experienced by patients with depressive symptoms in primary care are not clearly understood. Yet understanding why people access mental health professionals is important as this can have implications for diagnosis, management and outcomes of their depression. There is an opportunity to conduct secondary analysis of the *diamond* (Diagnosis, Management and Outcomes of Depression in Primary Care) ([www.diamond.unimelb.edu.au](http://www.diamond.unimelb.edu.au)) data on participants that self-reported that they consulted health professionals including psychiatrists, psychologists, counselors, alcohol and drug workers or had been admitted to a psychiatric hospital. This dataset consists of participant responses to the questions; 'Why had you seen a psychiatrist/psychologist/counselor/drug and alcohol worker?' and 'Why had you been admitted to a psychiatric hospital or ward?' This extensive dataset presents an AMS student a unique opportunity to design a qualitative research project that will increase understanding around this important topic.

### **Project example 2**

There is also an opportunity to conduct secondary analysis of the *diamond* (Diagnosis, Management and Outcomes of Depression in Primary Care) ([www.diamond.unimelb.edu.au](http://www.diamond.unimelb.edu.au)) data on 733 participant responses to questions asking 'Have you ever been diagnosed by a health professional with depression or another mental health problem? If yes, what was the diagnosis, and who provided this diagnosis?'. This dataset provides an interesting insight into patient recollection of the diagnosis they received (e.g., clinical depression, reactive depression) as well as their self-report of who gave this diagnosis. This vast dataset presents an AMS student a unique opportunity to develop a research question that will broaden understanding of patient self-report of the diagnoses they receive.

In recent times there have been 4 AMS students that undertook research projects within the mental health group;

- Patients' perceptions of their experience in communicating with GPs about depression
- The association between depression and cardiovascular disease (in a sample of the Australian general practice visiting population)
- Patients' trust in their GP and disclosure of depression
- If you have an interest in depression you would have an opportunity to undertake research using our existing datasets or collect your own data that sits within our program of research.
- One of the large studies currently underway are *diamond* (Diagnosis, Management and Outcomes of Depression in Primary Care) is one of them.
  - This is the largest longitudinal study of depression in primary care
  - We are following over 700 patients recruited from general practice clinics that have been screened positive for depression
  - We are collecting data on their health & wellbeing, health service use, medications and many other facets of their overall health
- The other large study as part of our program of work is re-order whereby we are working closely with a number of general practice clinics around

metropolitan and outer metro Melbourne to develop “ideal models of care for depression” in general practice.

*Project Supervisor:*

Prof Jane Gunn. Contact 83444530 or [j.gunn@unimelb.edu.au](mailto:j.gunn@unimelb.edu.au)

#### **PROJECT 4: Ethics and Philosophy in Primary Medical Care**

The registrar will be assisted to identify an issue of importance in medical care and conduct analysis of this using an ethical theory. Data collection in the field will be possible, dependent on the topic selected.

*Project Supervisor:*

Dr Vikki Palmer. Contact 83444987 or email [vpalmer@unimelb.edu.au](mailto:vpalmer@unimelb.edu.au)

#### **PROJECT 5: Lost in translation - Diabetes self-management in Chinese communities**

There is a growing focus on chronic disease self management including diabetes in Australia. The Australian government has provided substantial funding in recent budgets to support the implementation of patient self-management as one of the key programs area to improve health outcomes. Yet there is currently limited evidence on the role of self-management, particularly amongst people from Culturally and Linguistically Diversed (CALD) background.

In Australia, around 35% of people born overseas reported having diabetes, with the highest prevalence amongst people of Asian background including Chinese people. Whilst the overall prevalence and risk of diabetes of people from CALD background in Australia have been reported, little is known about their perceptions of diabetes care including lifestyle changes and self-management. Insight into their knowledge about diabetes complications and health services utilisation are lacking (AIHW, 2005).

There have been a number of waves of Chinese migration to Australia, beginning with the gold rush era, and subsequent influx of people because of being made refugees, or in association with business, education or progressive family reunion. Each wave produced a measure of health change for the migrants. The steady increase in migration to Australia will result in Cantonese language being one of the top five languages other than English spoken at home by 2011 amongst people aged 65 years and over. In particular, with time, notions of identity and “self-construal” (how one sees oneself in relation to the cultural context Australia and China) can change.

Changing notions of cultural identity can influence lifestyle choices, use of health services, and illness self-management behaviours. Understanding impeders and facilitators of diabetes self-management from overseas born chinese communities'

perspectives is, therefore, an urgent priority in Australia. This proposal also seeks to explore notions of self construal amongst the rapidly growing overseas born Chinese Australian community with type 2 diabetes, particularly as it influences diabetes self management.

*AMS Project study aim:*

The aim of this study is to explore the role of diabetes self management within the cultural context of overseas born Chinese Australians with type 2 diabetes. This proposal is a consumer based study and the main objectives of the study, specifically targeted for Chinese cultural attributes, are:

1. To explore knowledge, attitude and perception of living with diabetes
2. To explore knowledge, attitude, barriers and enablers on diabetes self management
3. To identify knowledge and attitude towards the role of health professionals and health care system such as GP, allied health, practice nurse, specialist, hospital, etc in diabetes care
4. To explore consumers' views on the financial implications of diabetes care

Focus groups discussion will be employed to explore Chinese health consumers' issues and concerns as specified in the objectives of the study.

*Student Benefits:*

- The opportunity to focus self management issues of Chinese people with type 2 diabetes
- The opportunity to interact with Chinese people with type 2 diabetes
- The opportunity to learn skills in undertaking a qualitative study including focus groups and transcription as well as recruiting and communicating with people from CALD background
- Potential for developing a paper for peer reviewed publication

*Project Supervisors:*

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**PROJECT 6: Lifestyle risk factors among older people with poorly controlled type 2 diabetes**

Diabetes is the fastest growing chronic disease in Australia. Type 2 diabetes accounts for 4.6% of all years of life lost to disability and over \$10B in direct health care costs, with an enormous social impact. Over 80% of management of T2D occurs in General Practice. Chronic diseases, such as diabetes, are still continuing as the leading causes of death worldwide.

Age is one of the single most important risk factors for disability and disease, making poor health more prevalent with increasing age. The elderly are more vulnerable than their younger counterparts to various nutritional and health problems due to diminished physiological reserve. Ageing is thus accompanied by various

nutritionally-related chronic diseases such as diabetes. The importance of lifestyle risk factors such as nutrition and physical activity amongst the aged is well recognised.

This study is nested within a large cluster randomised controlled trial of telephone coaching in general practice, the Patient Engagement and Coaching for Health (PEACH) study. Extensive baseline data on food patterns using a Food Frequency Questionnaire (FFQ) and physical activity patterns using Australian Physical Activity Questionnaire have been collected from the PEACH study participants (n=>350). Data from PEACH study participants aged 60 and over will be analysed.

*AMS Project study aims:*

- To describe food and physical activity patterns of older people with poorly controlled type 2 diabetes
- To explore relationship between lifestyle risk factors such as nutrition and physical activity with diabetes control of older people with poorly controlled type 2 diabetes

*Student Benefits:*

- The student will undertake a (supervised) secondary analysis of the PEACH study baseline data set
- The opportunity to focus on common chronic disease risk factors (nutrition and physical activity) among older people with type 2 diabetes in primary care
- The opportunity to learn skills in undertaking a quantitative study
- Potential for developing a paper for peer reviewed publication

*Project Supervisors:*

Dr Irene Blackberry and Prof Doris Young

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### **PROJECT 7: I-CCAaN: Improving Community Coordination, Access And Networks Primary Care for Depression Anxiety And Co-Morbid Chronic Physical Illnesses**

Three possible projects are available to registrars within this study.

1. Qualitative analysis of GP interviews about how they currently treat and manage patients with co-morbid chronic physical illnesses with depression and/or anxiety.
2. Qualitative analysis of patient interviews about their depression care.
3. Survey data analysis to identify patient measures for their depression, stress, anxiety, quality of life, social supports and mental health & well-being.

*Project Supervisor:*

**Dr Vikki Palmer**

**PROJECT 8: Vitamin D and Cancer**

Epidemiological evidence suggests there may be an association between low levels of vitamin D and many diseases, including cancer. However, trial evidence that low levels of vitamin D cause cancer is very limited. This project will be a rigorous literature review of the evidence of a link between vitamin D levels and cancer and the implications of this for general practitioners and their patients.

*Project Supervisor:*

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