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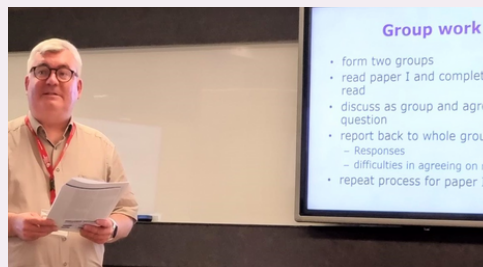
Volume 6, Issue 2

April 2023



Dear Reader,
Welcome to our second newsletter for 2023!

Visiting Professor, Christian Apfelbacher



Group work

- form two groups
- read paper 1 and complete
- read
- discuss as group and agree
- question
- report back to whole group
- Responses
- difficulties in agreeing on
- repeat process for paper 2

We were delighted to welcome **Professor Christian Apfelbacher** as a Visiting Professor 13 - 17 March 2023. He conducted a workshop on "**Critical Appraisal of Research Articles**", which provided an introduction to the assessment of the quality of research articles using explicit and transparent methods.

Upcoming Event:

**Qualitative Research Series:
Framework Analysis (Virtual)**

Dr Laurie Goldsmith

Date: 15 April 2023, Sat

Time: 2pm - 5pm

[Register Here](#)

During this session, participants gained first-hand experience in using the **Critical Appraisal Skills Programme (CASP)** checklist for randomized controlled trials¹ to critically appraise a research article in small groups. Criteria on this checklist include: the presence of a clearly focused research question, the randomization of participants, and the comprehensiveness of the effects of the intervention. We had an extremely robust and fruitful discussion as participants learnt how to systematically and critically assess research articles. ~ **Wong Zhi Ying, Research Assistant, Primary Care and Family Medicine, LKCMedicine**

¹ See <https://casp-uk.net/casp-tools-checklists/> for checklists for multiple types of study designs.

Invitation to Participate in Research

Healthy living with Online suPport & Education (HOPE) Project



Are you a practicing GP who sees patients at risk of cardiovascular disease (CVD)? We are currently recruiting GPs to collaborate in our study that aims to evaluate strategies to reduce the risk of CVD through lifestyle changes.

Our HOPE study is a cluster randomised controlled trial that aims to evaluate three interventions: communication of lifestyle, health, and genetic risk of CVD, and a mobile app that aims to elicit lifestyle changes to reduce CVD risk.

Participating GPs will receive a token of appreciation. If you are interested in joining our study or want to find out more, contact Aloysius Chow at alloysius.chow@ntu.edu.sg

Management of Urinary Tract Infections in Primary Care in Singapore

If you are a general practitioner and treat patients with Urinary Tract Infection (UTI), you are invited to join our study describing the use of antibiotics in the treatment of UTI.

Participating GPs would be asked to complete a short questionnaire after each UTI consult, detailing the characteristics of the presentation and management (no patient identifiers). Participants will receive a S\$5 token of appreciation for each completed unique response.

If you are interested in taking part, as a participant or research member, please scan the QR Code or contact Dr Tim Hart tim.hart@ntu.edu.sg



World Family Doctor Day 19 May 2023



World Family Doctor Day (WFDD), on 19 May, is a significant occasion to highlight the vital role and contribution of family doctors and primary care teams in healthcare systems worldwide. Since its declaration by WONCA in 2010, WFDD has become an annual celebration that recognizes the central role of Family Doctors in delivering personal, comprehensive, and continuous health care to patients.

This day is an excellent opportunity to acknowledge and appreciate the progress made in family medicine and the exceptional contributions of primary care teams globally.

On 19 May, let's honour and appreciate the tireless efforts of family doctors and primary care teams in improving healthcare outcomes and creating healthier communities worldwide.

We are now thrilled to announce this year's theme.

FAMILY DOCTORS: THE HEART OF HEALTHCARE

Extracted from: [Wonca Family Doctor Day Website](http://www.woncafamilydoctor.org)

9TH ASIA PACIFIC PRIMARY CARE RESEARCH CONFERENCE

(In conjunction with Annual Scientific Meeting 2023, Academy of Family Physicians of Malaysia)

Theme: Research In The New Norm

Date: 02 - 04 June 2023 (Friday - Sunday)

Venue: Sheraton Petaling Jaya Hotel
Selangor, Malaysia

[Click here for information](#)

Using Conversation Analysis to understand Doctor-Patient Communication

Communication and interaction between doctors and patients are at the heart of doctor-patient relationship and delivery of care. Good communication skills are needed throughout the medical consultation, including history taking, breaking bad news and sharing diagnoses, collecting informed consent and co-operation for treatment, establishing shared decision-making, and encouraging patients to change unhealthy behaviours.

Conversation Analysis (CA) is a research methodology that studies verbal and non-verbal communication occurring naturally in everyday social interaction. People perform social actions and activities interactively and collaboratively. Each spoken utterance is influenced by what was said previously and influences what is said next. Through studying what each conversation participant says and when something is said during a specific point in the conversation, CA allows for a deeper understanding of the communication and social actions of the conversation participants. CA is conducted using video recordings, audio recordings and/or transcriptions of naturally occurring conversations and examining the interactions as they unfold. The aim of the analysis is to identify patterns of communicative behaviours and practices which can tell us about the quality of the interactions and ways in which they can be improved.

CA studies have been conducted on video-recorded doctor-patient interactions in the primary care setting, including studying:

- How patients present their concerns and symptoms during consultations,
- How physicians provide treatment recommendations, and
- How physicians provide health behaviour change advice.

CA research in primary care settings focuses on the description of conversation practices between primary care doctors and patients. Its findings can help improve doctor-patient communication and interactions, patient outcomes, and doctor satisfaction through:

- Identifying the strengths and weaknesses of current doctor-patient communication practices and thus which practices to continue and which to improve on,
- Acting as a resource for current and future doctors to build better communication and relationships with their patients,
- Improving the authenticity of clinical communication training sessions through identifying inauthentic communicative actions or behaviours in role-playing sessions, and
- Developing and implementing medical communication interventions to address issues occurring in medical consultations.

Interested in learning more about CA? See these articles:

Tietbohl, C. K., & White, A. E. C. (2022). Making Conversation Analysis Accessible: A Conceptual Guide for Health Services Researchers. *Qualitative Health Research*, 32(8-9), 1246-1258. <https://doi.org/10.1177/10497323221090831>

Robinson, J. D., & Heritage, J. (2014). Intervening With Conversation Analysis: The Case of Medicine. *Research on Language and Social Interaction*, 47(3), 201-218. <https://doi.org/10.1080/08351813.2014.925658>

Maynard, D. W., & Heritage, J. (2005). Conversation analysis, doctor-patient interaction and medical communication. *Medical Education*, 39, 428-435. <https://doi.org/10.1111/j.1365-2929.2005.02111.x>

~Leong Li Zi, Research Assistant, Primary Care and Family Medicine, LKC
and Prof KK Luke, Professor, School of Humanities NTU



“Application of the ROME IV Diagnostic Approach to patients previously diagnosed with Irritable Bowel Syndrome”

Every year we host 4th-year LKCMedicine students to do 6-week research projects. This “scholarly project” programme exposes medical students to research. Being associated with pcRn and the Primary Care & Family Medicine Research Programme also show students the breadth in Family Medicine. This year we hosted seven students for their scholarly projects. **Timothy Chin**, one of these students, describes his project and what he learnt from the experience.

“My scholarly project focused on the applicability of the Rome IV diagnostic approach to patients previously diagnosed with irritable bowel syndrome (IBS) in Singapore. IBS is a common gastrointestinal disorder which is notoriously difficult to diagnose, as symptoms can change and fluctuate over time, it mimics other diseases such as inflammatory bowel disease, and there has been no specific confirmatory biomarker so far. IBS patients could be self-diagnosed or physicians diagnosed (whether or not specific diagnostic criteria are used).

The accepted diagnostic standards for IBS are the Rome criteria, now in their fourth iteration (Rome IV). Rome IV is considered more diagnostically restrictive than previous versions. To investigate its relevance with respect to Singaporean IBS patients in comparison to other criteria, I conducted a survey of IBS patients through an online questionnaire.

I found that 53% of respondents met Rome IV criteria, while 74% met Rome III criteria, and 91% met the (pre-Rome) Manning and (Rome-independent) Asian criteria. Abdominal bloating was a very common symptom (94%) despite not being in the Rome criteria. Notably, there was no significant difference between self-diagnosed and physician-diagnosed respondents in symptom frequency or disease severity. These results suggest that Rome IV may underestimate IBS prevalence locally, and may not account for cultural variations in presentation, such as bloating (which is specifically measured in the Asian criteria). The use of more sensitive and culturally relevant criteria may improve IBS diagnosis in patients, facilitate earlier treatment, and improve patient outcomes.

This being my first significant research undertaking, I learnt a whole lot about the research process. I came to appreciate the rigour of conducting research and the importance of conducting a proper literature review. I learnt that it would always be a struggle trying to figure out what was the best way to do things, and I should not be afraid to just get stuck in and try things out. For that, I am very grateful for the guidance of my supervisor Dr Tim Hart who showed me the way and encouraged me throughout.”



pcRn Membership is free and open to doctors, nurses, allied health professionals and medical students who are interested in primary care. Please click [here](#) for the membership form. For medical students, click [here](#).