

Chapter 1 : Research in General Practice | UNSW Research

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Abstract Background Empathy as a characteristic of patient-physician communication in both general practice and clinical care is considered to be the backbone of the patient-physician relationship. Although the value of empathy is seldom debated, its effectiveness is little discussed in general practice. This literature review explores the effectiveness of empathy in general practice. Effects that are discussed are: **Aim** To review the existing literature concerning all studies published in the last 15 years on the effectiveness of physician empathy in general practice. **Design and setting** Systematic literature search. **Results** After screening the literature using specified selection criteria, original studies were selected; of these, seven were included in this review after applying quality assessment. There is a good correlation between physician empathy and patient satisfaction and a direct positive relationship with strengthening patient enablement. **Conclusion** Although only a small number of studies could be used in this search, the general outcome seems to be that empathy in the patient-physician communication in general practice is of unquestionable importance. **On Becoming a Person:** They have discovered that the MNS consists of mirror neurons in the ventral premotor cortex and the parietal area of the brain and neurons in the somatosensory areas and in limbic and paralimbic structures. Although many authors experience difficulties in giving a clear definition, 1, 2, 13 & 20 a number of core elements can be identified. It has an affective, a cognitive, and a behavioural dimension. Despite these opinions one can see a decrease of interest in good patient-physician communication. There is an increase of technological aspects of care and of a prevalence on productivity in general practice. Physicians should be more aware of this. In the near future it is a challenge to draw the attention of policy makers and health insures on these aspects of empathy. Competency can be subdivided into empathic skill, a communication skill, and the skill to build up a relationship with a patient based on mutual trust. These long-term relationships are important for telling and listening to the stories of illness. After this recognition, the physician, in their behaviour, reflects on and communicates their understanding to the patient **Figure 1.**

Chapter 2 : Good laboratory practice - Wikipedia

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Advanced Search Abstract Abstract. General practice uses an eclectic range of research methodology. This includes increasing reliance upon qualitative research methods. There seem to be two distinct treatments of qualitative research within primary care and, in particular, within general practice research. The first is characterized by a purely utilitarian and technical focus, using a qualitative method because it is the most appropriate means of realizing the aims of the research, while the second is characterized by in-depth engagement with the philosophical and paradigmatic aspects of qualitative methodology. In-depth engagement with methodology and theory, and theory building, is an important aspect of masterate and doctoral research within social sciences such as education and anthropology, and in the discipline of nursing, but has not been a feature of qualitative research in medicine. This paper suggests that the value of in-depth engagement with methodology when conducting qualitative research results in creative and innovative ways of conducting research that are consonant with the nature of general practice itself, and strengthens research findings. Therefore, as teachers of research methods and supervisors of research theses, it is important to encourage students conducting qualitative research to engage fully with theoretical and methodological issues. Doing qualitative research in general practice: Family Practice ; Introduction The use of qualitative methods is increasing in general practice research. Interestingly, they also found that academic GPs and departments were more likely to use qualitative methodologies. The more traditional clinical topics researched using quantitative methods are still initiated, but there are increasing numbers of topics with a broader orientation around practice that are researched using a variety of qualitative methods. An apt description of this genre is characterized by the term social general practice research. The idea of social general practice research reflects both the issues that interest GPs and the adaptation of social science methodologies to research these interests. These methodologies include various interview techniques, narrative and text analysis, qualitative and quantitative surveys, observation and ethnographic techniques, case studies and group discussion. While these methods are adopted for their utility, there is a variable degree of engagement and reflection by thesis students in the philosophical issues inherent in qualitative methodology and in their application or utilization of it. Similarly, there is variability in the degree of engagement with theory building and the complexity of this process, as well as the results of this process. One reason for this, perhaps, is the implicit pragmatic and technical focus of medical training and practice. Another reason may lie in the teaching of research methods courses within general practice and emphasis on the utility of qualitative methods over methodological engagement. While in-depth engagement with methodological and theoretical aspects of research are important tasks for masterate and doctorate research in social sciences and nursing, it does not appear to be such an integral task for equivalent research in general practice. This paper discusses the relationship between general practice and qualitative research, and argues that while a traditional pragmatic and applied approach to research has a primary focus on the utility of research methods, social general practice research would benefit greatly from in-depth engagement with methodology. What is general practice research? General practice research has been described as being fundamentally different from other types of medical research because of the nature or landscape of primary care, particularly the diversity inherent in the general practice environment, and the questions that arise from this context. For example, Herbert 12 advocates that primary care research be action oriented and community oriented. Tilyard and Dovey 13 suggest that general practice research is anything that arises from a question generated in practice and as such is critically dependent on the context of general practice. Crabtree and Miller describe general practice research as multilayered and complex, with legitimate focus on global, community, family and individual levels, as well as organ, genome and cellular levels. They suggest that the significance of general practice research is that it connects macro-level aspects of health and healing with micro-level aspects of specific primary care activities. There are obvious similarities between general practice and the social and behavioural sciences. Helman 15 asserts that primary care research is moving towards being an applied social science as well as an applied medical science. Similarly,

Stott 17 describes general practice research as socio-medical research. Ultimately, Herbert suggests, 12 general practice research is generated and conducted in general practice or primary care settings, carried out by GPs, nurse practitioners and other affiliated academics who work in primary care settings such as epidemiologists, statisticians and social scientists, and above all has relevance to those conducting the research. It might or might not be action oriented, and could be pure or applied, interest driven or clinically driven. Conducting general practice research Much of general practice and primary care research is based on the assumptions and perspectives of specialized biomedicine. By this, she indicates that general practice must remain true to its own philosophical foundations and develop its own arsenal of research methodologies that are relevant and specific to the discipline, rather than attempting to gain legitimacy in the eyes of other biomedical disciplines by using traditional but inappropriate methods, and uncritically adopting the theoretical assumptions that frame research in other areas of medicine. Many of these are concerned with issues of technical utility and rigour. How can a researcher ensure that their findings are reliable and valid? Methodology in traditional quantitative biomedical research is used most often in a very narrow sense to describe research methods, and is no more than a descriptive term for data collection and analysis. Methodology, however, has a much broader meaning in many social science disciplines such as social anthropology, sociology and education. It refers to the philosophical and epistemological underpinnings of knowing about the world, and the problematics of conducting research. Methodology differs from methods because it concerns the logical and philosophical assumptions of particular research methods. There appear to be two primary issues concerning qualitative research being conducted within general practice postgraduate programmes in New Zealand. The first concerns familiarity and training in qualitative research on two levels: Current undergraduate and postgraduate medical training does not necessarily equip medical students with the skills necessary for conducting and writing up qualitative research. For example, Whittaker 30 suggests that the experience of being a GP parallels the experience of being an ethnographer conducting qualitative research because the GP is based in the community over a long period of time and learns to understand local knowledge and many of the individuals in it. Helman 15 also outlines a number of similarities between GPs and ethnographers, the use of the case history method, taking of personal and social medical histories, participant observation of the community in which the practice is situated, and treating the patient within the context of his or her own family. They argue that the orientation of the clinician to the patient is fundamentally different from the orientation or relationship between interviewer and interviewee. However, this form of apprenticeship works well when students are situated within a department. One feature of many postgraduate programmes for GPs in New Zealand is that they are distance taught. This means that the community of practice is dispersed and the legitimate peripheral participation within these communities to which Lave and Wenger refer is peripheral in a very literal sense! The specialized training or apprenticeship that is required in order to conduct rigorous and methodologically informed qualitative research has significant implications in terms of time and resources. While there might be varying degrees of reflexivity, the resultant time pressure often means that qualitative methods are used predominantly for their technical utility. The second issue concerns the review of qualitative research, both by reviewers for medical journals and examiners of research theses. Around this time, several guidelines on evaluating qualitative research were published. Barbour 33 argues that while checklists have their place in conferring respectability on qualitative research and in convincing sceptics of its thoroughness and rigour, there is evidence that they are sometimes being used prescriptively without real engagement in the underlying methodological issues. In conducting qualitative research, it is a mistake to assume that one size fits all. She suggests that technical fixes those enjoying greatest popularity are grounded theory, purposive sampling, multiple coding, triangulation and respondent validation achieve little unless grounded in broader understanding of the rationale and assumptions behind qualitative research. The value of methodological engagement in qualitative research lies not only in improved research standards, because they are defensible, but also in the continuing development of qualitative methodologies that are specific to general practice, and therefore contribute to the maturation of the discipline itself. Such engagement also fosters an attitude of creative problem solving in research rather than prescriptiveness. The philosophical underpinnings of qualitative research The philosophical underpinnings of

qualitative research are discussed in varying detail by a number of general practice academics and researchers and can be summarized briefly as follows. The goals of qualitative research are the usual point of departure from traditional quantitative methods. This positioning requires a high degree of reflexivity on the part of the researcher. They need to be aware of the way that their own position and their a priori knowledge and assumptions impact upon all aspects of the research: Bias, in qualitative research, has a slightly different meaning and is dealt with in a different way from quantitative research. Researchers acknowledge that the analytical process involves interpreting the meanings, values, experiences, opinions and behaviours of other people. This process has been described as descriptive-inductive to distinguish it from the hypothetico-deductive means of drawing results in quantitative research. The variability of this subjectivity is often managed in qualitative research through various techniques that confer validity and reliability, such as triangulation, respondent feedback and peer review. This interpretive and interactive quality of qualitative research is a reflection of ontological and epistemological assumptions that often differ from those of traditional quantitative research. There is also the potential that, as in other health fields, notably nursing, this engagement will contribute to an academic debate that is continually extending the trans-disciplinary dialogue surrounding qualitative methodologies. Barbour suggests that this potential is somewhat limited by the lack of a clear vocabulary in general practice at present for talking about the processes involved in theorizing. The difficulty lies not only in the unfamiliarity of many general practice researchers with the theory that underlies qualitative research, but also in the relative recent emergence of general practice as a discipline. Crabtree and Miller problematize the paradigmatic underpinnings that general practice and primary care have inherited uncritically from other biomedical specialties. They point out that qualitative research adds a critical component to the discipline of general practice in that it challenges clinicians and researchers alike to critique the foundations of the scientific endeavour and to be reflexive and creative in practice and research. The adoption of qualitative methods is no guarantee of researcher reflexivity or engagement with the methodological issues of qualitative research. Many questions answered using qualitative methods do not require paradigmatic and theoretical reflection. For example, Murphy and Mattson suggest that the choice of qualitative or quantitative methods is purely a technical matter, although they qualify this by noting that understanding the philosophical and epistemological aspects of methodology enables an informed decision to be made. The demonstration of philosophical or methodological engagement is compounded by journal requirements that papers be structured in the SIMRAD model, and that word limits be strictly adhered to. There is often not the room to discuss methodological niceties in these publications. As a result, there often is an implicit assumption about methodology inherent within short publications. For example, the recent publication by Oppewel and Meyboom-de Jong is typical of this. These researchers interviewed family members about their experiences of autopsy. Although it might be assumed that this research was conducted within an interpretive framework, nothing about analytical frameworks is mentioned, nor is there any discussion about the philosophical framing of the research. To start with, there is much more room to develop ideas and to explicate the theoretical framework. However, if qualitative methods have been adopted as a utility only, then any discussion of methods is often quite limited and conducted in the more traditional style of quantitative research as a descriptive account of the methods of data collection and analysis. If examiners are expecting engagement with the philosophical and theoretical foundations that underlie qualitative methodologies, this technical utility style will fail to meet their expectations. Conclusion Is it legitimate to use qualitative methods in social general practice research without engaging in the methodological issues of research? The answer to this question might be yes, but the point of this paper has been to argue that some engagement is necessary in order to conduct quality social general practice and qualitative research. This moves it away from being prescriptive and means that well-informed research is done with careful consideration of design, collection and analysis aspects, as well as an attitude of creative and innovative problem solving. Perhaps the quality of this engagement will improve as general practice matures as a discipline. What should this engagement look like? Other social sciences have a history of academic debate in methodology. The point of this paper is not to suggest that methodological discourses in general practice should imitate those in other disciplines. The author anticipates that the developing methodological discourse

within general practice will continue to grow, becoming more complex as it matures and also strengthening its own discipline-specific character. How can we encourage postgraduate GPs to engage with methodological issues? The answer to this question lies in encouraging students to develop critical and reflective attitudes toward what they learn in general. We should provide opportunities for students to become familiar with a variety of qualitative research designs across disciplinary boundaries and challenge them to consider methodological issues in the broadest sense, as well as the technical utility of research methods. We should also model qualitative research within our academic communities of practice, and allow our postgraduate students the opportunity to learn by participating within these academic communities. We need to emphasize the creative and innovative problem-solving aspects of conducting research and we need to stimulate our students to problematize methodological issues such as representation and cultural relativity, as well as validity, credibility, reliability and authenticity. Students learn best by being able to build upon what they already know and making connections and transforming what they learn.

Chapter 3 : Research in general practice. - Europe PMC Article - Europe PMC

Research is the method used to determine facts about a subject. The method is a planned step-by-step process. The process can be divided into four stages. Unable to display preview. Download preview PDF. Unable to display preview. Download preview PDF. Long, A.F. () Research into Health and.

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Chapter 4 : Effectiveness of empathy in general practice: a systematic review

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Physicians practice different skills related to surgery such as suturing and knot-tying skills, musicians practice multiple songs at a time, tennis players practice serving and volleying as well as the more usual ground strokes during a single session, and so on. An important question confronting the learner or instructor is how to sequence the practice at these various tasks during the practice session so as to maximize learning. Two variations have powerful effects on learning: Suppose that your student has three tasks tasks A, B, and C to learn in a practice session and that these tasks are fundamentally different, such as tennis serves, volleys, and ground strokes. That is, tasks are chosen such that one cannot argue that any of them are in the same class or use the same GMP. A commonsense method of scheduling such tasks would be to practice all trials of one task before shifting to the second, then to finish practice on the second before switching to the third. This is called blocked practice, in which all the trials of a given task for that day are completed before moving on to the next task. Blocked practice is typical of some drills in which a skill is repeated over and over, with minimal interruption by other activities. This kind of practice seems to make sense in that it allows the learners to concentrate on one particular task at a time and refine and correct it. Another practice scheduling variation is called random interleaved practice; where the order of task presentation is mixed, or interleaved, across the practice period. Learners rotate among the three sample tasks so that, in the more extreme cases, they never or rarely practice the same task on two consecutive attempts. And from a common-sense perspective, the random method, with its high level of trial-to-trial variability, its high level of contextual interference would not seem optimal for learning. The Shea and Morgan Experiment John Shea and Robyn Morgan conducted a groundbreaking experiment that revolutionized the way scientists think of the processes involved in practice. Following some of the original ideas of William Battig, Shea and Morgan had subjects practice three different tasks A, B and C that involved responding to a stimulus light with a correct series of rapid movements of the hand and arm, with each task having a different predetermined sequence. One group of subjects practiced the tasks in a blocked order, completing all task A practice before moving to task B, which they completed before moving to task C. A second group practiced in a random order; no more than two consecutive trials could occur for any one task. The two groups had the same amount of practice on tasks A, B, and C and had the same amount of total practice—they differed only in the order in which the tasks were presented. The results are presented in figure The goal was to respond to the stimulus and complete the movements as quickly as possible, so lower total times indicate more-skilled performance. Notice that, during acquisition, the blocked condition was far more effective for performance with shorter times than the random condition. But recall that differences during acquisition cannot be interpreted as differences in learning; rather, delayed retention or transfer tests are needed to evaluate learning these concepts were presented in chapter 8. Shea and Morgan tested for learning by conducting retention tests after 10 min and 10 days; these tests were conducted under either randomized or blocked conditions, which produced four subgroups. The following abbreviations indicate the condition in acquisition and the condition in retention, respectively: The first character in the pair indicates the condition during acquisition random or R and blocked or B, and the second member of the pair indicates the performance conditions in retention. When the retention tests were under random conditions, the group that had random practice in acquisition R-R, solid blue greatly outperformed the group with blocked conditions in acquisition B-R, solid red. When the retention tests were under blocked conditions, again the random condition in acquisition R-B outperformed those who had blocked conditions in acquisition B-B, but these differences were much smaller than for the random retention tests. Clearly, the random conditions in acquisition were always more effective for retention, but this benefit was clearly dependent on the nature of the retention test. An issue regarding variable practice was alluded to earlier. A very important factor concerns how variable practice is scheduled; this issue now becomes better understood due to the results of Shea and Morgan Studies in which variable practice was scheduled in a trial-by-trial

random order showed rather large advantages compared to constant practice. The Shea and Morgan findings suggest that scheduling how variable practice is ordered influences its effectiveness. Why Random Practice Is So Effective The Shea and Morgan findings surprised many scientists in the field by showing that, even though random conditions result in much less skilled performance than blocked conditions in acquisition, random-practice conditions produce more learning. The findings were a large surprise because most conventional viewpoints would suggest that learning should be maximized by those conditions that make learners most proficient during practice—there was no motor learning theorizing that could explain this opposite result. As a result, some interesting new hypotheses were offered to explain the findings. Shea and Zimny argued that changing the task on every random-practice trial made the tasks more distinct from each other and more meaningful, resulting in more elaborate memory representations. The blocked-practice subjects, on the other hand, tended not to make such statements. Instead they talked of running off the performances more or less automatically, without thinking much about it, and blocked practice did not induce the kind of comparative and contrastive efforts in practice that were experienced during random practice. According to this elaboration hypothesis, increased meaningfulness and distinctiveness produce more durable memories for the tasks, and thus increased performance capabilities in tests of retention and transfer. An alternative hypothesis explains the beneficial effects of random practice somewhat differently. When task A is encountered again a few trials later, the learner must generate the solution anew; therefore, performance in practice is relatively poor. In blocked practice, on the other hand, the performer remembers the solution generated on a given trial and simply applies it to the next trial, which minimizes the number of times the learner must generate new solutions. Therefore, performance during practice in a blocked schedule is very effective because the solution, once generated, is remembered for a series of trials. In this way, the key focus of the forgetting hypothesis is the fact that new solutions are required frequently in random practice, but not in blocked practice; thus, the development of the solution for the task is the key feature that facilitates learning. This special blocked-practice group outperformed the other practice groups that had a similar intervention but without the benefits of the explicit comparative and contrastive processing. The results supported the elaboration hypothesis predictions because of the insertion of these specific mental processing activities. A key prediction of the forgetting hypothesis was that random practice forces more extensive planning operations on each trial compared to blocked practice. This model was designed so that it would inform subjects how to perform the next trial, and because the model provided extremely strong memory guidance for the upcoming trial, the model was hypothesized to prevent the construction process because the model provided the solution for the next trial. In the experiment, the presence of the model was combined with random practice. Clearly, the model was beneficial for performance during acquisition when the model was present, as seen on the left side of figure. Providing the powerful model before each practice trial, while it was beneficial for performance when it was present, was disastrous for learning. The model obliterated the beneficial advantages of random practice. As a result, it is probably a better idea to consider these hypotheses as complementary, rather than competing, explanations of the random- versus blocked-practice effects. The beneficial effects of random practice over blocked practice appear to be due to several factors:

Chapter 5 : Mindfulness Definition | What Is Mindfulness | GGM

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Chapter 6 : Role of research in development of organisation and structure of general practice.

This article is the first in a series on general practice research in Australia. The series explores strategies to strengthen general practice research and further develop the evidence base for primary care. Both Mackenzie and Pickles used key features of general practice as foundations of their.