NIHR | School for Primary Care Research

Primary Care and Population Health, University College London

The Research Department of Primary Care and Population Health is part of the Institute of Epidemiology and Health Care and is headed by Professor Fiona Stevenson. The Department's strategic aim is to deliver high quality teaching in community-based primary care and public health and to undertake a programme of internationally competitive multi-disciplinary research addressing the management and prevention of disease in individuals and populations in areas which are of priority to the health of the public. We have a range of research groups within the Dept. of Primary Care, including Primary Care Education Research Group, to which the applicants would be encouraged welcomed. https://www.ucl.ac.uk/epidemiology-health-care/research/pcph The Primary Care Education Research Group led by Dr. Sophie Park is a national collaborator with the NIHR School of Primary Care Research (SPCR) Evidence Synthesis Working Group (ESWG) and international collaborator with the Best Evidence in Medical Education (BEME) group. We have a range of clinical and scientist researchers available for supervision and support. If you would like to discuss opportunities further, please contact sophie.park@ucl.ac.uk or patricia.schartau@ucl.ac.uk

Project 1: Re-design and Organisation of Primary Care: Evidence Synthesis

This placement offers the opportunity to work with members of the NIHR School of Primary Care Research Evidence Synthesis Working Group (ESWG) on a systematic review. We are conducting several reviews at present about the re-design of primary healthcare, and its impact on the sustainability and training of the primary healthcare workforce. One on-going review, in collaboration with Calgary in Canada, examines Generalism and how this is taught, learnt and practised across clinical disciplines. Other reviews examine the delegation of traditional GP-work to other healthcare professionals and the impact on patient care; training; and the nature of clinical work. The specific review and students' contribution can be discussed with the successful candidate. The participant will be supported to learn about evidence synthesis methods and apply this to the review topic context. There will be opportunities to contribute to dissemination of review findings with user stakeholders and at national and international conferences.

https://www.spcr.nihr.ac.uk/eswg/service-redesign-in-primary-care-realist-reviews-and-mixed-methods

Project 3: Transformative Learning

This is a qualitative research project using focus groups and interviews. It examines the learning experiences of medical students during general practice placements. Analysis uses a learning theory called 'threshold concepts', to explore how students learning shifts and transforms over time, and how students integrate and use campus-based and workplace knowledge. The participant will be welcome to join the research team; contribute to focus groups and interviews; and will be supported in developing their qualitative analytical skills to contribute to data analysis using a framework approach. There will be opportunities to present this work with user stakeholder groups and submit to national and international conferences.

Project 4: Paternal Depression

While postpartum depression in women is a more commonly researched and recognised area of mental health (1), there has been increasing evidence over the past years that fathers in the post-partum period are also at increased risk of developing depressive symptoms (2, 3). Estimated prevalence of paternal postpartum depression (PPPD) vary greatly from 4 % - 25%, depending on study location and methodology (4, 5, 6). Overall, PPPD appears to be more common than previously recognised, and numbers may still underestimate the real extent of the problem. Reasons for this may include 'masked symptoms', which are male-specific (7). The literature suggests that PPPD is a clinically relevant problem for fathers, their families, and their healthcare systems. The UK National Institute for Health and Clinical Excellence recommends routine postnatal depression screening for mothers. No such policy is in place for fathers. Identifying risk factors associated with PDDD and treatment patterns may help the clinician to understand which fathers are at higher risk of developing PDDD, and thus which men to invite for PDDD screening.

This project (systematic review) will serve as an important starting point of a research programme exploring duration and efficacy of pharmacological and non-pharmacological treatment (and risk factors for requiring treatment) of PPPD which may longer-term inform policy regarding screening and management of PDDD. Moreover, we plan to develop and evaluate a digital non-pharmacological intervention to support new fathers pre- and post-natally.

Project 5: Option to shape own project

(1) O'Hara, M.W., & McCabe, J.E. (2013). Postpartum depression: current status and future directions. Rev Clin Psych (Suppl 1), 379 – 407.

(2) Bradley, R., & Slade, P.A. (2011). A review of mental health problems in fathers following the birth of a child. J Rerpod Infant Psychol., Suppl 1, 19 – 42.

(3) Wee, K.Y., Skouteris, H., Pier, C., et al. (2011). Correlates of ante- and post-natal depression in fathers: a systematic review

(4) Dave, S., Petersen, I., Sherr, L., & Nazareth, I. (2010). Incidence of Maternal and Paternal Depression in Primary Care. Arch Pediatr Adolesc Med, 164 (11), 1038 – 1044.

(5) Goodman, J.H (2004). Paternal post-partum depression, its relationship to maternal post-partum depression, and implications for family health. J Adv Nurs, 45 (Suppl 1), 26-35.

(6) Paulson, J.F., & Bazemore, S.D. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. JAMA J Am Med Assoc., 303 (Suppl 19), 1961-9.

(7) Azorin, J.M., Belzeaux, R., Fakra, E. et al. (2014). Gender differences in a cohort of major depressive patients: further evidence for the mal depression symptom hypothesis. J Affec Disord, 167, 85-92.