

CAPC Vacation Studentship Research Project Medical students

Student Full name		Programme	
Student Email address		Year of study	
Proposed supervisor (s)	Rebecca Barnes, Peter Edwards	Location	Centre for Academic Primary Care, University of Bristol
Supervisor Email address	rebecca.barnes@bristol.ac.uk		
Proposed start date	1 st August 2020	Duration of project	4 weeks
Title of your project	Eliciting patients' ideas, concerns & expectations: an observational study of routine general practice		
<p>Project plan</p> <p>Background The importance of a holistic approach to patient care is well-established in general practice.¹ During undergraduate and postgraduate medical communication skills training, students are taught that best practice includes understanding the patient's perspective. One of the most common training models advocates use of the 'ICE' questions: to elicit patients' Ideas about a possible diagnosis, treatment, or prognosis; their Concerns (fears/worries) about a possible diagnosis or therapy; and their Expectations (what the patient wants) for treatment, diagnosis, or therapy.² However, evidence from observational studies in the US, Canada and Belgium has shown that patients' perspectives are rarely explicitly addressed in this way by doctors. There is currently no evidence available on the extent to which UK GPs elicit patients' perspectives on their care using the ICE questions.^{3,4,5}</p> <p>Question To address this evidence gap, our research question is: How, and to what extent, do UK GPs address patients' ideas, concerns and expectations during routine face-to-face primary care consultations?</p> <p>Methods You will be given access to an existing archive of 300 video-recordings and transcripts of primary care consultations between 23 GPs and unselected adult patients.⁶ After developing a basic coding framework, you will screen a sample of the consultations for the presence, or absence of one or more of the three ICE questions. You will also have the opportunity to</p>			

describe your findings and explore potential associations with other variables already collected (including patient and GP demographics, the problems and issues being discussed, and consultation length) statistically.

Anticipated Outcome

After completing your analysis, you will write a short 500 word report and have the opportunity to design a conference poster displaying your results. It may then be possible to present your poster at a scientific meeting.

References

1. British Medical Association National Survey of GPs. The Future of General Practice 2015. Full report December-February 2015 by ICM on behalf of the BMA.NHS England. General practice forward view. 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf> (Accessed 02 January 2017)
2. Silverman J, Kurtz S and Draper J. Skills for Communicating with Patients. 3rd Edition. Boca Raton FL: CRC Press 2013
3. Marvel MK. Involvement with the Psychosocial Concerns of Patients. Arch Fam Med 1993; 2:629-633
4. Towle A, Godolphin W, Grams G, LaMarre A. Putting informed and shared decision-making into practice. Health Expect. 2005; 9(5): 321-332
5. Matthys J, Elwyn G, Van Nuland M, Van Maele G, De Sutter A, De Meyere M, Deveugele M. Patients' ideas, concerns, and expectations (ICE) in general practice: impact on prescribing Br J Gen Pract Jan 2009; 59: 29-36;
6. Jepson M, Salisbury C, Ridd MJ, Metcalfe C, Garside L, Barnes RK. The 'One in a Million' study: creating a database of UK primary care consultations. 2017. British Journal of General Practice. May;67(658):e345-e351. doi: 10.3399/bjgp17X690521. Epub 2017 Apr 10

What will student actually do?
(100 words)

How will this project benefit your future career? (100 words)

Please pass to your supervisor to complete the Supervisor's Report

Supervisors – please complete this section and return the complete form to
a.malpass@bristol.ac.uk

Supervisor's report	
Supervisor name:	
Supervisor email address:	
Student name:	
Project Title: The effect of hospitalisation on medication complexity in multimorbid patients	
With respect to this project proposal to what extent has the student shown: (Circle 0-5 where 0 = none to 5 = Outstanding)	
Commitment & Initiative	(none) 0 1 2 3 4 5 (Outstanding)
Scientific Insight	(none) 0 1 2 3 4 5 (Outstanding)
Ownership of proposal	(none) 0 1 2 3 4 5 (Outstanding)
Academic potential	(none) 0 1 2 3 4 5 (Outstanding)
Any other comments regarding the student or project.	
I confirm that the necessary facilities, resources and supervision are in place to deliver this project within my research group.	
Signed:	Date:

Terms and Conditions

1. This support (£1,000) will be paid as a stipend to the student for a period of full time research of at least 4 weeks duration.
2. The stipend will be paid once the project period has been started and this is confirmed by the supervisor.
3. No funding is available to cover the costs of the research project which must be covered by the supervisor/team.
4. In accepting this award the student accepts responsibility for delivery of the project and providing a written report of its outcome within 4 weeks of completion of the work.
5. The report should be 500 words maximum (not including references or figures).
6. The student may be invited to present their work to a student research showcase.
7. Only one application will be accepted per student for each round of the competition.
8. Applications will be accepted from any year 2-4 Bristol Medical student for research in Bristol or at Cardiff/Exeter/Plymouth.
9. It is the supervisor's responsibility to ensure that any necessary ethical approvals are in place for the study.
10. The student may be able to apply for funding to present the findings at a scientific meeting.
11. All enquiries about the scheme should be sent to a.malpass@bristol.ac.uk

CAPC Vacation Studentship Research Project Medical students

Student Full name		Programme	
Student Email address		Year of study	
Proposed supervisor (s)	Dr Rachel Johnson	Location	Centre for Academic Primary Care, Population Health Sciences, Canynge Hall, Whatley Road
Supervisor Email address	Rachel.johnson@bristol.ac.uk		
Proposed start date	June/July/August	Duration of project	1-3 months
Title of your project	Understanding patient involvement in cardiovascular consultations in primary care		
<p>Project plan (background, question, methods, anticipated outcome)</p> <p>(Max 350 words excluding figure(s), brief legend(s) and references)</p> <p>Background: Shared decision making is a national NHS priority, and has been described as an ethical imperative [1], yet research suggests that it is proving difficult to integrate shared decision making into routine care [2,3]. Shared decision research has focused primarily on decisions taken in secondary care, and less on chronic health conditions managed in primary care, despite primary healthcare consultations for long-term conditions constituting a large proportion of primary care consultations [4]. In order to be involved in a shared decision, patients need to be able to contribute to consultations. Question: The aim of this project was to understand how patients with one of two common healthcare conditions (hypertension or chronic heart failure) contribute to the consideration of healthcare choices and decision making in healthcare consultations.</p> <p>Methods : Systematic qualitative evidence review and synthesis. Comprehensive searches were complemented by forward and backward citation tracking. Eligible studies: used qualitative methods of data collection and analysis; in any healthcare setting; reported perspectives of people with high blood pressure or heart failure, or their healthcare professionals; reported the contribution of patients to healthcare encounters in which healthcare choices are being considered, based on participant accounts or direct observation of encounters. Potentially eligible studies were screened in duplicate and quality was assessed. Relevant data was extracted from included studies, and the stages of meta-ethnography were used to synthesise the findings for each condition separately: concepts within the studies were identified, compared and contrasted across the studies, before being synthesised to develop new insights. The next step is to update the study to identify any newly published literature that might offer new insight, before synthesising the findings</p>			

across the two conditions, in order to further develop a model which describes how patients contribute to their healthcare consultations. The implication of the findings for shared decision making in primary care will be considered. The medical student will work with the lead researcher to update the systematic review, and in doing so will learn the stages of qualitative systematic review. The student will help to develop the conceptual model, and will be involved in preparing a paper for submission.

Anticipated outcomes

The anticipated outcome of this work is a model describing how patients contribute to their healthcare consultations for cardiovascular conditions. This model will be reported in a paper which will be submitted for publication. The findings have the potential to influence how shared decision making in primary care is supported.

1. Stiggelbout, A.M., et al., *Shared decision making: really putting patients at the centre of healthcare*. Vol. 344. 2012.
2. Elwyn, G., et al., "*Many miles to go ...*": A systematic review of the implementation of patient decision support interventions into routine clinical practice. *BMC Med Inform Decis Mak*, 2013. **13**(Suppl): p. S14.
3. Da Silva, D., *Helping people share decision making: A review of evidence considering whether shared decision making is worthwhile*. 2012, The Health Foundation
4. Long-term Conditions and multimorbidity, The King's Fund. Available at <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity> Accessed 3.3.2020

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(100 words)

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