



Newsletter

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Table of Contents

- 2 (ARTICLE) Published Peer-Reviewed Article with EQuiP Contribution:**
- Quality circles as a support tool in the taking over of practices by young GPs
- 3 (REPORT) The Very First EQuiP-VdGM Summer School**
- New International Summer School on Quality Improvement, 25-27 September
- 4 (ARTICLE) Published Peer-Reviewed Article with EQuiP Contribution:**
- Use of quality circles for primary care providers in 24 European countries
- 5 (KEYNOTE) Social Media in General Practice: Possibilities & Pitfalls**
- X Kongres lekara opšte medicine Srbije sa međunarodnim učešćem in Zlatibor
- 6 (ARTICLE) Published Peer-Reviewed Article with EQuiP Contribution:**
- How is defensive medicine understood and experienced in a primary care setting?
- 7 (CALL FOR ABSTRACTS) 25th WONCA Europe Conference in Berlin**
- By Erika Baum and Christoph Heintze
- 8 (SAVE THE DATE) EQuiP 2020 Conference in Utrecht**
- Quality & Safety of Urgent Primary Care in Europe

The use of quality circles as a support tool in the taking over of practices by young general practitioners (Czech Republic)

By Norbert Král, Bohumil Seifert, Jan Kovář, Cyril Mucha, Jana Vojtíšková, Jáchym Bednár, and Martin Seifert

Background

Although informal meetings of healthcare professionals in smaller groups are common in the area of primary care in the Czech Republic, the method of quality circles is not in wide use.

Aim

The aim of our project is to use this method to help new general practitioners (GPs) when they take over a medical practice and to suggest measures to improve the organization and overall attractiveness of new practices, as well as patient satisfaction.

Methods

For the purposes of this observation, an already existing informal group formed by healthcare professionals and their trainees was used. The group met a total of four times in a 6-month period.

In the first meeting, problematic areas were identified. In the second, specific issues of newly starting to practice were discussed, with time to consider suggestions for improvements.

The third meeting consisted of an analysis of the suggested measures and their implementation, and in the fourth, these measures and their effects were evaluated.

Results

On the basis of the discussion in the first and second meetings, suggestions were made, and then, during the third meeting, structured into three dimensions:

(1) The organization of work, including clinical activities

(2) The attractiveness of the practice and the satisfaction levels of the patients

(3) The satisfaction levels of the employees

In each area, specific measures were proposed.

The new doctors' feedback in the fourth phase of the project was positive.

The main problems the new doctors faced were related to their lack of knowledge and experience with buying or starting their own practice, as well as being an effective team leader.

Conclusion

Despite the application of small groups being significantly larger, it was demonstrated that if GPs are given direction and clear goals in their meetings, these meetings can be very constructive.

Small groups thus offer a good platform for young GPs in starting their own practice, giving them the capacity to do so.

Link to the article

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958592/>



NCBI.NLM.NIH.GOV

The use of quality circles as a support tool in the taking over of practices by young general practitioners

Zalika Klemenc-Ketiš, Kiril Soleski and 16 others

1 share

REPORT

#1 EQuIP-VdGM Summer School

By Felicity Knights, David Rodrigues and Zalika Klemenc-Ketiš

EQuIP and VdGM jointly organised the very first International Summer School on Quality Improvement from 25-27 September in Turin - just before the 6th VdGM Forum.

We hope EQuIP and VdGM has started a new tradition of organising Summer Schools this way, and that this Summer School will be the first in a series of the many successful ones.

Six enthusiastic participants from all over Europe attended the Summer School, and they developed six interesting QI project plans.

Their three teachers were Felicity Knights, David Rodrigues and Zalika Klemenc-Ketiš.

Susanna Holmlund improved the most and presented the most comprehensive QI plan. She was awarded a bottle of fine Italian wine by Andrée Rochfort from EQuIP, who played a vital part as our external project evaluator.

I would like to thank the Italian organisers - and especially Jacopo Demurtas - for giving EQuIP and VdGM the opportunity to run the #1 International Summer School on Quality Improvement.

The event was organised very well. The venue was great, the local food was delicious, and the energy was amazing.

All in all, I think that the Summer School was quite successful. We hosted enthusiastic participants, who completed the Summer School with unique and interesting QI projects plans.

Best wishes,
Zalika Klemenc-Ketiš
EQuIP President



Why this Quality Initiative now?

Quality improvement has a high priority in health care and is an important part of everyday work in general practice and family medicine.

However, any proper education on quality improvement is scarce in many countries, and young physicians often do not get enough competencies to implement it in practice. EQuIP and VdGM are wanting to fill this gap!

Our collaboration aims to help to support and catalyse QI training of researchers, trainees and family physicians.

We hope to increase knowledge about QI, allow the sharing of ideas and support participants to initiate or enhance a quality improvement project.

ARTICLE

Use of quality circles for primary care providers in 24 European countries

By Adrian Rohrbasser, Ulrik Bak Kirk & Eva Arvidsson

KEY MESSAGES

- Countries with already established quality circle movements increased their participation rate and extended their range of quality circle activities.
- The focus of quality circles has moved from CME/CPD to quality improvement.
- Well-trained facilitators are important, as is the use of varying didactic methods and quality improvement tools.
- Institutions should provide supporting material and training for facilitators.

Objective

To identify and describe the core characteristics and the spread of quality circles in primary health care in European countries.

Design

An online survey was conducted among European Society for Quality and Safety in Family Practice (EQuiP) delegates.

To allow comparison with earlier results, a similar survey as in a study from 2000 was used.

Setting

Primary Health Care in European countries.

Subjects

General practitioners, delegated experts of the European Society for Quality and Safety in Family Practice (EQuiP).

Main outcome measures

- *Attendance in quality circles (QCs)*
- *QCs objectives*
- *Methods of quality improvement QCs use*
- *Facilitator's role and training*
- *Role of institutions*
- *Supporting material and data sources QCs use*

Results

76% of the delegates responded, representing 24 of 25 countries.

In 13 countries, more than 10% of general practitioners participated in quality circles, compared with eight countries in 2000.

The focus of quality circles moved from continuous medical education to quality improvement.

Currently, quality circles groups use case-based discussions, educational materials and local opinion leaders in addition to audit and feedback.

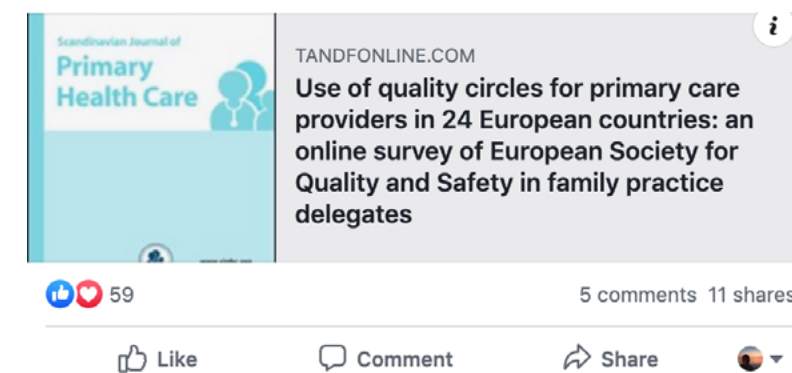
Some national institutions provide training for facilitators and data support for quality circle groups.

Conclusion

The use of quality circles has increased in European countries with a shift in focus from continuous medical education to quality improvement.

Well-trained facilitators are important, as is the use of varying didactic methods and quality improvement tools.

Qualitative inquiry is necessary to examine why QCs thrive or fail in different countries and systems.



Link to the article

<https://doi.org/10.1080/02813432.2019.1639902>

KEYNOTE

Social Media in General Practice: - Possibilities & Pitfalls

By Ulrik Bak Kirk



Social Media?

Online social networks used to disseminate information through online social interaction.

Strengths (S)

A convenient tool to connect with patients and health professionals, and vice versa.

An effective way to engage the public and reach people in rural and remote communities.

A community engagement tool – for example, to share practice social celebrations and acknowledgement of achievements by practice staff.

A tool to facilitate expansion of professional networks (local, regional, national, international), information exchange, collaboration, curriculum development and e-learning, among many other professional activities.

An easy way to network, keep up to date, learn, engage and connect directly with decision-makers:

- An important professional resource for GPs.
- A source of news.
- A platform to express views about the health system, which helps generate and inform health policy and public debate.
- A platform for health professionals to educate the community about health conditions, disease prevention and treatment.

Weaknesses (W)

Risks regarding security, confidentiality and professional reputation.

Once content is seen by one person, it can be shared and distributed.

Social media use can be time consuming.

The impact of staff using social media for personal use during work hours.

Opportunities (O)

Rapid and Easy Dissemination of Research.

Critical Review of Existing Articles and Raw Data Sets.

Possibilities for Raising Funds for Research.

Networking Between Clinicians, Researchers, and Patient Groups.

Big Data Analytics for Prediction Models and Assessing Trends/ Outbreaks.

Threats (T)

Lack of Peer Review and Filtering of Quality.

Fake News Spreads Fast and Is Difficult to Refute.

Misinterpretation of Research.

Dissemination of Pseudoscience Through Social Media.

Link to PP presentation (Slides)

<https://equip.woncaeurope.org/sites/equip/files/documents/resources/Educational%20Research%20Presentations/Social%20Media%20for%20Family%20Doctors.pptx>

How to best use social media for health promotion?

1. To spread relevant research findings of public interest:

To critically evaluate the scientific news stories and report inaccuracies in order to correct or refute them (maintaining standards for reporting)

Scientists have 519 social media connections on average

2. To actively combat fake news that can be harmful to society:

To use a rating and online review system similar to travel-review websites, such as TripAdvisor.

The Facebook and Twitter group “Refutations to Anti-Vaccine Memes”, which aims to refute fake news stories about anti-vaccine movements by responding with rational arguments and counter-memes that dispel false-beliefs.

Yet, social media training consensus is currently lacking...

There is no clear consensus on curriculum development and early implementation in medical education, but the relevant topics are:

- Professional standards for social media use (policies, national standards for interactions etc.).
- Social media clinical practice integration (practice promotion, practice management, internal practice communication, patient education, and communication with patients etc.).
- Professional networking (case consultation and forums for discussion on medical news and policy).
- Research (collecting data from large populations and tracking public health trends).

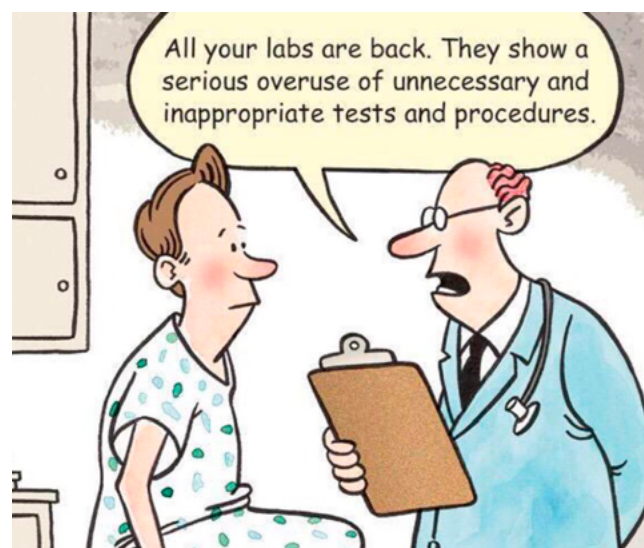
How is defensive medicine understood and experienced in a primary care setting?

- A qualitative focus group study among Danish general practitioners

By Elisabeth Assing Hvidt, Jesper Lykkegaard, Line Bjørnskov Pedersen, Kjeld Møller Pedersen, Anders Munck & Merethe Kousgaard Andersen

Strengths and limitations of this study

- Employing a qualitative methodology eliciting discussion and reflection among general practitioners (GPs), we have been able to achieve a nuanced understanding of defensive medicine (DM) that is closely connected to the everyday experiences, routines, activities and views of GPs in relation to DM.
- Whereas it is beyond the methodological scope of this study to claim empirical generalisability, the research findings are transferable to other GPs, physicians and health professionals from similar cultural and organisational contexts and with countries with similar institutional, legal and medical systems.
- Further validity and depth could have been added to the study if additional individual interviews with the participating GPs had been conducted subsequently, making it possible to deepen some of the themes on an individual basis and to shed light on possible information bias resulting from lacking confidence in a group.



Objective

Recent years have witnessed a progressive increase in defensive medicine (DM) in several Western welfare countries. In Danish primary and secondary care, documentation on the extent of DM is lacking.

Before investigating the extent of DM, we wanted to explore how the phenomenon is understood and experienced in the context of general practice in Denmark.

The objective of the study was to describe the phenomenon of DM as understood and experienced by Danish general practitioners (GPs).

Design

A qualitative methodology was employed and data were generated through six focus group interviews with three to eight GPs per group (n=28) recruited from the Region of Southern Denmark. Data were analysed using a thematic content analysis inspired by a hermeneutic-phenomenological focus on understanding and meaning.

Results

DM is understood as unnecessary and meaningless medical actions, carried out mainly because of external demands that run counter to the GP's professionalism.

Several sources of pressure to act defensively were identified by the GPs: the system's pressure to meet external regulations, demands from consumerist patients and a culture among GPs and peers of infallibility and zero-risk tolerance.

Conclusion

GPs understand DM as unnecessary and meaningless actions driven by external demands instead of a focus on the patient's problem.

GPs consider defensive actions to be carried out as a result of succumbing to various sources of pressure deriving from the system, the patients, the GPs themselves and peers.

Implications for practice and research

DM will not be reduced without fundamental changes in the dominating cultures surrounding modern medical practice. Awareness of an increasingly defensive medical practice culture and its negative implications has paved the way for a much needed political focus, like the 'Choosing Wisely' campaign in the UK launched by the Academy of Medical Royal Colleges last year listing 40 tests and treatments that are unlikely to benefit patients, now being adopted to a Danish setting.

Supplementing such campaigns, it may be of benefit to create alternative solutions to re-establish reflexivity in the medical community concerning matters such as core values and ideals regarding professional identity.

However, as this study shows, 'choosing wisely' is not a 'free choice' but involves a support to the physician from for example, the professional organisation and moreover time and conditions for discussions with the patients regarding pros and cons for an intervention.

Link to the article

<http://dx.doi.org/10.1136/bmjopen-2017-019851>

PROMOTION

25th WONCA Europe Conference in Berlin

- Call for Abstracts

By Erika Baum and Christoph Heintze



Dear GP/FM colleagues,

Do not miss the 25th WONCA Europe Conference in Berlin!

It will be a great event together with the German College of General Practitioners and Family Physician's national congress.

We will discuss hot topics about the future of our profession and evidence how best to care for our patients and societies not only with doctors from Europe, but also with other professions cooperating with us in our practices, in our departments and in the community from all over the world.

Please look at our abstract submission system: we are offering many attractive and interactive formats.

One of them is special: During the science slam you present your findings in a very popular way competing for acceptance by the public.

Abstract submission will be possible until 10 January 2020.

The WONCA Europe Conference is a wonderful opportunity to get into contact with those working or doing research in primary care from all over the whole world.

Our new format matchmaking will facilitate getting into contact: here you can make offers for special topics beforehand and then meet physically at a named place and time in the congress venue.

Additionally, Berlin is a highly interesting city and bridge between the former Western and Eastern blocks.

Besides lots of very interesting monuments, museums and its intercultural social life, Berlin is also an academic hotspot with four universities, four art colleges, seven universities of applied sciences and 24 state-recognized private colleges.

As the German capital Berlin offers a close proximity to decision-makers in politics and a connection to Europe and the whole world.

Have a look at our website to get more information, especially about keynote speakers.

See you in Berlin: 24th to 27th June 2020!

Best,
Erika Baum and Christoph Heintze

PROMOTION

EQuIP Conference (8-9 May 2020, Utrecht)

- Save the Date!

By EQuIP

QUALITY & SAFETY OF URGENT PRIMARY CARE IN EUROPE

The conference aims to inspire general practitioners, GP-trainees, teachers, trainers and policy makers who are interested in discussing and exchanging ideas on for instance telephone triage, diagnostic and e-health innovations, training of (young) professionals, challenges and best practices of urgent care organisations, current standards of urgent care interventions etc.

EQuIP - the European Association for Quality and Patient Safety in General Practice/Family Medicine - yearly organizes an international conference in one of the participating countries.

8-9 May 2020, the EQuIP conference will take place in the Netherlands, at Schola Medica in the city of Utrecht.

In this conference EQuIP will highlight **urgent primary care in Europe** through a quality and safety lens.

This year the conference will be organized by Schola Medica, The Dutch College of GPs (NHG) and the Dutch organization for GP Specialty Training (Huisartsopleiding Nederland).

Read much much and sign up for news feed:
<http://www.equip2020.nl/>

