Primary Care, Population Sciences & Medical Education: PhD Research Presentation Half Day Online

Monday 18th January 2021, Microsoft Teams

9.05	Julie Parkes	**Welcome and Introduction**
9.15	Sam Hornsey	Exploring Online Forums to Understand Parents' and Families' Views about Resources and Sources of Support for the Management of Children's Chronic Insomnia in the Community and Primary Care
9.35	Elizabeth Taylor	Maternal smoking behaviour across the first two pregnancies and small for gestational age birth: analysis of the SLOPE (Studying Lifecourse Obesity PrEdictors) population-based cohort in the South of England
9.55	Bethan Treadgold	Exploring parents and carers' views and experiences of eczema in the online world
10:15	Chloe Langford	An exploratory study into assessor and student perceptions of OSCEs
10.30 – 10.50 **Break**		
10.50	Grace Grove	Investigating approaches to the prevention of childhood obesity and improvement of diet quality in young families
11:10	Heather Mozley	"It does burst your bubble!" Exploring the impact of widening participation and diversity in UK medical schools
11.30	Inna Walker	Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system
11.50	Rachel Dewar-Haggart	Attitudes and Preferences of People regarding Long-term Antidepressant Use for Depression: The APPLAUD Study
12:10	Marc Sanders	Exploration and evaluation of a triage and treat model delivered in NHS primary care into chiropractic care in the independent sector in Essex
12:25	Julie Parkes	**Close**
12:30 onwards **Networking**		

Exploring Online Forums to Understand Parents’ and Families’ Views about Resources and Sources of Support for the Management of Children’s Chronic Insomnia in the Community and Primary Care

Sam Hornsey

Supervisors: Professor Hazel Everitt, Dr Beth Stuart, Dr Ingrid Muller, Dr Catherine Hill

ABSTRACT

Background

Behavioural insomnia, a form of chronic insomnia, is one of the most common sleep problems in children. Behavioural interventions are effective, however, there is limited research into how chronic insomnia is managed in primary care. Qualitative research of parents suggested that the internet is accessed for advice about sleep. No published research to date has explored what parents discuss in online forums about the management of childhood chronic insomnia in primary care.

Aims

1. What do parents/carers of children express in online forums about their concerns/expectations about children’s sleep problems?
2. What online, community and primary care resources are they aware of to manage these problems?
3. What are their perceptions of how sleep problems are addressed in primary care?

Methods

A qualitative study exploring parental discussions about their children’s sleep problems, in two public online forums. Scoping searches determined included forums and the various searches within them. 100 search results were viewed on each forum and eligible threads were downloaded into Word, and uploaded into Nvivo for inductive thematic analysis. Analysis is on-going.

Findings

Approximately 326 Microsoft Word pages of data (total of 98 threads) were collected from two online UK parenting forums. Early analysis suggests that some parents describe health visitors as a source of support for behavioural sleep problems. At times, parents describe approaching GPs for other physical health problems, or as a last resort. Parents may have varied views of these health professionals, and their perceived support from them. Parents provide support online for each other, and describe accessing other resources online (e.g. social media, websites, books and apps).

Discussion

Parent/carer views about available support within primary care and the community will be highlighted. This will highlight any areas for improvement and help inform future research such as the development of support tools.

Maternal smoking behaviour across the first two pregnancies and small for gestational age birth: analysis of the SLOPE (Studying Lifecourse Obesity PrEdictors) population-based cohort in the South of England

Elizabeth Taylor

Supervisors: Nisreen Alwan, Keith Godfrey, Ann Berrington

ABSTRACT

Background and aims

Maternal smoking is established to cause adverse birth outcomes, but evidence considering the impact of maternal smoking change across successive pregnancies is sparse. We examined the association between self-reported maternal smoking during and between the first two pregnancies with the odds of small for gestational age (SGA) birth (<10th percentile) in the second infant.

Method

Records for the first two pregnancies for 16786 women within the SLOPE (Studying Lifecourse Obesity PrEdictors) study were analysed. This is a population-based cohort of prospectively-collected anonymised antenatal and birth healthcare data (2003-2018). Logistic regression was used to relate maternal smoking change to the odds of SGA birth in the second infant.

Results

Compared to never smokers, mothers smoking at the start of both their first two pregnancies had increased odds of having a SGA infant in the second pregnancy. The highest odds were where ten or more cigarettes a day were smoked at the start of the second pregnancy (adjusted odds ratio (aOR) 3.12, [95% confidence interval (CI) [2.40, 4.05]). Non-smokers at the start of the first pregnancy but who resumed/began smoking and smoked at the start of their second pregnancy, also had higher odds (2.10, [1.51, 2.94]) as did those smoking at the start of their first pregnancy who quit at any point up to the confirmation of their second pregnancy (1.50 [1.10, 2.03]).

Women who had a first infant born SGA showed a similar pattern with one exception; those smoking at the start of their first pregnancy who quit by the confirmation of their second, did not have increased odds of a further SGA infant (1.06 [0.62, 1.79]).

Conclusions

Smoking in the first pregnancy was associated with SGA birth in the second pregnancy, even if the mother had quit by the time of the confirmation of the second pregnancy. Compared to never smokers, there was no increase in odds of having a further SGA infant where a mother who smoked in her first pregnancy quit up to the confirmation of her second.

Exploring parents and carers’ views and experiences of eczema in the online world

Bethan Treadgold

Supervisors: Dr Ingrid Muller, Prof Miriam Santer, Dr Emma Teasdale (University of Southampton); Prof Neil Coulson (University of Nottingham)

ABSTRACT

Background

People are increasingly turning to the online world for health conditions. Accessing online health information and support can be convenient, but the volume of content has been described as bewildering and confusing. Little is known about the views and experiences of families with eczema in the online world, and how it affects the management of childhood eczema.

Aims

To identify online resources used by parents of children with eczema, to explore parental discussions in online forums, how parents make sense of online information and act upon it, and to assess the quality of online content.

Methods

Five studies were conducted: 1) a systematic review and thematic synthesis of qualitative research on parents’ online experiences for long-term childhood conditions; 2) an online survey of online resources used by families with eczema; 3) a qualitative study exploring eczema discussions in online forums; 4) a quality appraisal of information shared; 5) qualitative interviews with parents about making sense of online content.

Results

Parents often used online forums because their needs were not met by health professionals and occasionally when desperate for a ‘miracle’ cure. Information about eczema treatments was most searched for online. Parents advised each other about treatments and demanding specialist referral for ‘better’ care. Advice was often conveyed with certainty and portrayed parents as ‘experts’, whilst hesitations were also evident. Health professionals and parents revealed mixed perceptions about quality of advice, whereby some was rated as dangerous and did not meet guidelines, while the supportive intentions behind the advice was evident. Parents made sense of online content through assessing the trustworthiness, sometimes merely reading it, and other times engaging with online discussions. Parents discussed acting upon online advice.

Conclusions

While parents of children with eczema experience emotional support from online forums, the varied quality of the advice is of concern.

An exploratory study into assessor and student perceptions of OSCEs

Chloe Langford

Supervisors: Prof Sally Curtis, Dr Sarah Rule

ABSTRACT

Background

Anecdotal evidence suggests that differential attainment in OSCEs between students on different medical programmes may be due to unconscious discrimination against students' non-standard English use.

Aims

This exploratory study aims to explore the perceptions of OSCEs held by both trained OSCE assessors and by students on the University of Southampton's Gateway to Medicine programme (BM6). Results from this would then be used to define a research question and appropriate methodology for the main PhD study.

Methods

Semi-structured interviews were conducted with 5 assessors and 4 students; questions were designed to elicit discussion of language use without using leading questions which could interfere with the responses given. Interviews were then transcribed by the researcher and analysed using inductive thematic analysis.

Results

Four main themes emerged from the data: OSCEs as an assessment method; adapting language; differing perceptions of how things 'should' be done; and student confidence. The most lucrative theme in terms of continuing research was that of 'student confidence', as a number of issues were raised which indicated that not only could OSCE performance be being impacted by a lack of self-belief and confidence on the part of the student, but also their performance in clinic, on placement, and in other assessments.

Conclusions

BM6 students' comments on the way they not only perceive themselves compared to other students, but also how they believe other students perceive them, is symptomatic of Imposter Syndrome. This has led me to pursue further research in this area, with the next phase of this research focusing on how the experiences and impact of Imposter Syndrome differ between students of different socio-economic backgrounds.

Investigating approaches to the prevention of childhood obesity and improvement of diet quality in young families

Grace Grove

Supervisors: Nisreen Alwan, Dianna Smith, Nida Ziauddeen, Jane Appleton (Oxford Brookes University)

ABSTRACT

Background

Childhood obesity is a public health priority, with 1 in 3 10-11 year olds classified as overweight or obese. Childhood obesity leads to numerous physical and mental health impacts for children, as well as increased risk of obesity as an adult. There are inequalities in childhood obesity, with rates among children from the most deprived areas in the UK are twice as high as rates in the least deprived areas. Child and food poverty are both increasing, and poverty, poor diet quality and food insecurity are all associated with childhood obesity.

Our group has developed a Childhood Obesity Risk Estimation tool (SLOPE CORE), which can predict childhood overweight/obesity by age 4-5 years. This has the potential to help target limited resources towards those most at risk, to try to prevent childhood obesity. In a local enhanced health visiting programme, health visitors spend significant time with vulnerable families, creating an opportunity to trial the SLOPE CORE tool in at risk groups.

Aim

The primary aim of this work is to test the feasibility, acceptability and usability of applying SLOPE CORE tool for both health visitors and parents/carers.

Method

Health visitors will be recruited to trial the SLOPE CORE tool with vulnerable families under their care. Health visitors will use the tool with several families from a range of different backgrounds before completing a system usability scale (SUS) questionnaire. Participating health visitors and families will then be invited to focus groups to gather more detailed information on the use of the tool, barriers and facilitators to use of the tool and how it could be improved.

Results

Once completed, anticipated results from the study will include a SUS score and detailed qualitative information on the tool. This will inform improvements to the tool and the next stages of work, including creating an area based food poverty risk measure and exploring whether the food vouchers for low income families could be effective in improving the quality of children’s diets.

“It does burst your bubble!” Exploring the impact of widening participation and diversity in UK medical schools

Heather Mozley

Supervisors: Sally Curtis, Kath Woods-Townsend, Marcus Grace

ABSTRACT

Widening Participation and broadening diversity in medical schools are believed to benefit all students by enriching classroom discussions[1], improving critical thinking[2], and increasing students’ preparedness to care for patients from all backgrounds[3]. Some researchers argue that simply admitting a diverse student body through selection may not be sufficient to realise these benefits[1,3,4]. Rather, they suggest that medical students from different backgrounds must develop relationships to reap the rewards. Yet, there is a paucity of research exploring intra-cohort interactions between medical students from different backgrounds[5]. This exploratory research aimed to identify perceptions of integration between medical students from different backgrounds and perceptions of the impact WP and diversity have on medical student learning.

This is a qualitative project, conducted within a multiple-case study research design. Focus groups were conducted with staff and students at the University of Southampton and the University of Aberdeen medical schools. Transcripts were thematically coded and analysed, and further interpreted through discussion within a qualitative research group.

Thirteen staff members and sixty-five students took part in nineteen focus groups. The perceived integration and inclusion of WP students in the wider medical cohort was different in the two institutions, which may be linked to structural differences in the implementation of WP policy. Although participants at the University of Southampton claimed that differences between students should be inconsequential, they nonetheless had a limiting effect on integration. At the University of Aberdeen, students from geographically and economically diverse backgrounds were considered to be well-integrated and there were fewer reports of stigma. Despite differences in integration, participants in both medical schools perceived and experienced myriad benefits from diversity in the medical classroom, including educational transformation. These findings raise questions about the types and qualities of interactions which facilitate transformative learning between students.

References

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Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system

Inna Walker

Doctorate of Medicine (DM) supervisors: Julie Parkes, Nisreen Alwan, Sara Morgan

ABSTRACT

Background

Adverse childhood experiences (ACEs), which include child abuse and maltreatment, as well as household dysfunction, present a ‘chronic public health disaster’. ACEs in the children often lead to ACEs for the next generation, creating intergenerational cycling of childhood adversity and its consequences.

This DM is embedded in the Gateway Study, which evaluates an out-of-court community-based, police-led Gateway intervention programme, aimed at improving health and well-being, and reducing recidivism in 18-24 year-olds who have committed low-level offences.

DM components

1. A systematic review of the effectiveness of interventions to improve mental health outcomes in children and young adults with a history of ACEs

A systematic review of interventional studies with participants younger than 25 years, published in English since 1 January 1990. 16,564 records were originally identified, and 32 were included in the final analysis.

2. The Gateway Study

The randomised controlled trial component of the study was in the pilot stage when it was suspended in March. In close collaboration with Hampshire Constabulary and our partners at the University of York, the methods were redesigned to comply with COVID-19 restrictions, and the trial was restarted in September 2020 as the second pilot. To date 76 participants have been recruited, with the target sample size of 334.

As a consequence, the original research questions of the DM are currently being reviewed, in order to enable completion within the DM timelines.

The Gateway Study inherently has a number of characteristics known to affect recruitment and retention, due to its community setting, with a target population of young people known to have committed offences, with frequently associated addiction issues and unstable living arrangements. To date this combination of factors has resulted in numerous learning opportunities on barriers to participation and ways of overcoming these.

Attitudes and Preferences of People regarding Long-term Antidepressant Use for Depression: The APPLAUD Study

Rachel Dewar-Haggart

Supervisors: Prof Tony Kendrick, Dr Felicity Bishop, Dr Adam Geraghty, Dr Ingrid Muller

ABSTRACT

Between 2009 and 2013, the number of antidepressant prescriptions rose by 36%, while the prevalence of depression rose by only 3.9%, due to the rise in long-term use. Some patients have no evidence-based indications to continue long-term antidepressants, and could stop treatment. However, many are prepared to continue indefinitely. Patient beliefs and attitudes towards antidepressant treatment may be important in determining their use and subsequent depression management.

The PhD aimed to investigate constructs of the Theory of Planned Behaviour and other psychological models of health behaviour, to see whether beliefs and attitudes predict the intentions of patients to stop or continue long-term antidepressant use, and if these intentions are translated into actual behaviour.

An embedded-mixed methods study was conducted. Three hundred and forty-four patients from primary care practices receiving antidepressant treatment for two years or more completed postal and online questionnaires concerning their beliefs about long-term antidepressant use, and their intentions to stop or continue treatment. Notes reviews were conducted for these patients to determine whether patients continued or started to discontinue antidepressant use six months after completing the questionnaire.

The majority of participants had no intention to discontinue antidepressants within six months of completing the questionnaires. The notes reviews showed that most participants did not stop taking antidepressants, and requested repeat prescriptions using remote measures.

The findings suggest that patients on long-term antidepressant use do not attend regular review with their GP. A lack of discussion around discontinuation may explain why patients have no intention to stop treatment. Further analysis is required to determine what factors may be bigger predictors to stop or continue treatment.

Exploration and evaluation of a triage and treat model delivered in NHS primary care into chiropractic care in the independent sector in Essex

Marc Sanders

Supervisors: Prof Dave Newell, Dr Jane Vennik, Dr Jonathan Field, Dr Neil Osborne

ABSTRACT

Background

Musculoskeletal (MSK) conditions are the United Kingdom's (UK) leading cause of disability for years lived with disability (YLDs) and third leading cause for disability-adjusted life years (DALYs), and healthcare costs for MSK conditions are the third largest area of NHS programme spending. Chiropractors are well placed to manage MSK conditions and can potentially address this burden by being part of the NHS's MSK workforce. However, few studies have measured the degree and type of integration of this profession into healthcare systems and very few studies have measured relevant clinical outcomes such as Patient Reported Outcome Measures (PROMs) and cost data in the UK.

Aims

To provide an in-depth case study of an MSK pathway providing NHS linked triage from primary care into an independent sector chiropractic care setting.

Methods

This PhD will use mixed methods to explore integration of the chiropractic profession into healthcare systems:

- A realist systematic review of the structure and degree of integration of current integrated care models involving chiropractic care delivery worldwide.
- A case study design to explore the patients' lived experience through a unique pathway jointly provided by a GP primary care group and a group of chiropractic clinics in Essex.
- A realist service evaluation that collects relevant clinical outcomes through using PROMs and NHS health care seeking and cost data using Secondary Uses Service (SUS) data.

Findings

The results of this PhD will provide information regarding integration of the chiropractic profession into healthcare systems worldwide, patients' lived experience in an NHS MSK service involving chiropractors, and service evaluation data of a service involving chiropractors.

Discussion

The results of this PhD will provide information regarding integration of the chiropractic profession into healthcare systems worldwide, patients' lived experience in an NHS MSK service involving chiropractors, and service evaluation data of a service involving chiropractors.