GEMS OF NEW ZEALAND
Primary Health Care Research

All you need to know about congestive heart failure

This paper provides an overview of the diagnosis and management of congestive heart failure (CHF) in primary care. It highlights the distinction between systolic (low ejection fraction CHF) and diastolic (preserved ejection fraction CHF) and valvular causes which requires an echocardiogram. This is essential as the management is quite clear for systolic dysfunction requiring maximal ACE inhibitors (e.g. cilazapril 5 mg daily) and maximal beta blockers (metoprolol 190 mg daily or carvedilol 25 mg twice daily). If that does not work then spironolactone 25 mg per day and/or digoxin are possibilities. There is little evidence for the management of diastolic dysfunction.

Arroll B, Doughty R, Andersen V. Investigation and management of congestive heart failure. BMJ. 2010;341:c3657
Corresponding author: Bruce Arroll
Email: b.arroll@auckland.ac.nz

Targeting CVD modifiable risk factors in Pacific people may redress health inequalities

PREDICT is a web-based clinical decision support programme for assessing and managing cardiovascular disease (CVD) risk in primary care. Over 70 000 risk assessments were undertaken between 2002 and 2009. Pacific patients tended to be risk-assessed four years younger than Europeans. Among those who were assessed, Pacific men were 1.5 times as likely to smoke as Europeans. Pacific patients were also three times as likely to have diabetes and had significantly higher diastolic blood pressures and higher CVD risk than Europeans. Targeting these modifiable risk factors may help redress some of the health disparities between Pacific peoples and Europeans.

Grey C, Wells S, Riddell T, Kerr A, Gentles D, Pylypchuk R, Marshall R, Ameratunga S, Drury P, Elley CR, Kyle C, Exeter D, Jackson R. A comparative analysis of the cardiovascular disease risk factor profiles of Pacific peoples and Europeans living in New Zealand assessed in routine primary care: PREDICT CVD-11". N Z Med J. 2010;123: 62–75.
Corresponding author: Corina Grey
Email: c.grey@auckland.ac.nz

Learning to fit in on the surgical ward

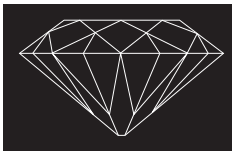
This is an observational study of 4th year medical students in their first year of clinical training who were observed doing their surgical attachment. Communities of clinical practice are groups of health professionals who come together with the specific and common purpose of patient care and the students join these transient communities as participants who are both peripheral and legitimate. In these groups students learn and internalise the normative professional values and behaviours they witness and experience within the disciplinary block of the medical school and teaching hospital and through their participation learn how to 'be one of us'.

Jaye C, Egan T, Smith-Han K. Communities of clinical practice and normalising technologies of self: learning to fit in on the surgical ward. Anthropology & Medicine. 2010;17(1):59–73.
Corresponding author: Chrystal Jaye
Email: chrystal.jaye@otago.ac.nz

The impact of point of care laboratory testing

This study looked at the impact of introducing point of care (POC) laboratory testing into a small rural hospital in the Far North (Rawene Hospital). This enabled clinicians to perform a small range of on-site laboratory tests for acutely unwell patients. Previous turnaround time for laboratory results was 24–72 hours. Data collected included test indication, differential diagnosis and planned patient disposition pre- and post-POC tests. POC testing significantly improved diagnostic certainty, reduced overall hospital admissions by 18% and inter-hospital transfers by 62%, resulting in substantial overall savings to the health service.

Blattner K, Nixon G, Dovey S, Jaye C, Wigglesworth J. Changes in clinical practice and patient disposition following the introduction of point-of-care testing in a rural hospital. Health Policy. 2010;96:7–12. doi;10.1016/j.healthpol.2009.12.002
Corresponding author: Katharina Blattner
Email: katiblattner@hokiangahealth.org.nz



GEMS are short précis of original papers published by NZ researchers. **FOR A COPY** of a full paper please email the corresponding author. Researchers, **TO HAVE YOUR WORK INCLUDED** please send a 100 word summary of your paper and the full reference details to: **editor@rnzcgp.org.nz**

Communication skills acquired by medical students during GP runs

Using both quantitative and qualitative methods, this study explored what medical students at the University of Otago felt they were learning about the doctor–patient relationship, compared to what faculty and clinicians felt they were teaching. Teaching of relationship skills on hospital wards was highly variable, rarely explicit, and seemed to be primarily dependent on role-modelling. The tension between service commitments and student teaching in hospital-based attachments seemed to contribute to an insufficient focus on students learning about communication and relationship skills. In contrast, general practice runs included explicit teaching with feedback that reinforced skills taught in the preclinical curriculum.

Egnew T, Wilson H. Faculty and medical students' perceptions of teaching and learning about the doctor–patient relationship. Patient Educ Couns. 2010;79(2):199–206.
Corresponding author: Tom Egnew
Email: tom.egnew@multicare.org

Workers with occupational overuse syndrome engage in battle

This paper explores the dominant metaphor, 'battling', in the narratives of NZ workers with occupational overuse syndrome. Battles were fought over diagnoses, over occupational health and safety in the workplace, and over entitlements to therapy and income compensation. However, participants were also battling to maintain their identities as hard workers, while resisting and challenging normalising technologies of self and morally charged negative identities offered them by employers, state funded accident and injury insurance agencies, and the medical profession. Inherent in their narratives is a critique of the neoliberal capitalist political economy that allows workers' bodies to be exploited (and sacrificed) for employers' profits.

Jaye C, Fitzgerald R. The lived political economy of occupational overuse syndrome among New Zealand workers. Sociol Health Illness 2010; 32 (7);1–16 doi: 10.1111/j.1467-9566.2010.01259.
Corresponding author: Crystal Jaye
Email: chrystal.jaye@otago.ac.nz

Health policy and community pharmacy: implications for the primary care sector

Health care reform is ongoing and this paper exposes the challenges that reform is exerting on community pharmacy. Ramifications for key stakeholders within the wider primary care sector are also argued. To successfully implement policy, community pharmacists must change the way they think and act and must engage vigorously with the sector. There are expected benefits for the whole primary care sector and there is a need for District Health Boards (DHBs), Primary Health Organisations (PHOs), PHARMAC, general practitioners and primary care nurses to be aware of the challenges community pharmacy faces in order to achieve population health outcomes.

Scahill S, Harrison J, Carswell P, Shaw J. Health care policy and community pharmacy: implications for the New Zealand primary care sector. N Z Med J. 2010;123(1317): 41–51.
Corresponding author: Shane Scahill
Email: s.scahill@auckland.ac.nz

Measuring cannabis use

Cannabis use and misuse are serious public health concerns worldwide. Decreasing cannabis initiation age (<10 years), increased potency and treatment-seeking for attendant health, psychological, and social problems mandate opportunistic screening and early intervention for detection and timely intervention to prevent progression to cannabis dependence and more serious harms. Empirically-developed and longitudinally verified (predictive ability) among a New Zealand mixed adolescent/adult sample (13–61 years), the Cannabis Use Problems Identification Test (CUPIT) is an acceptable, reliable, valid, brief and easily-administered screener for use across community settings and consumers. It can assist practitioner efforts to reduce cannabis-related harms among their clientele.

Bashford J, Flett R, Copeland J. The Cannabis Use Problems Identification Test (CUPIT): development, reliability, concurrent and predictive validity among adolescents and adults. Addiction. 2010;105:615–625.
Corresponding author: Jan Bashford
Email: jbashford@clear.net.nz

Thank you to our reviewers

Peer reviewers are fundamental to improving scholarship and enhancing the quality of our journal. Many thanks to the following people who voluntarily have served as peer reviewers for the *Journal of Primary Health Care* for the past year from November 2009 through to October 2010: Jock Alison, Bruce Arroll, Toni Ashton, Zaheer-ud-din Babar, Ross Barnett, Pamela Bennett, Kati Blattner, Paul Brown, Stephen Buetow, Chris Bullen, Janine Bycroft, Jenny Carryer, Peter Davis, Robyn Dixon, Fiona Doolan-Noble, Tony Dowell, Scott Duncan, Tana Fishman, Marewa Glover, Ben Gray, Jane Gunn, Jennifer Hand, Judith Henninger, Karen Hoare, David Hopcroft, Margaret Horsburgh, John Huakau, Ben Hudson, Santosh Jatrana, Tim Kenealy, John Kenelly, Bridie Kent, Ngaire Kerse, Liz Kiata, Willie Landman, Ross Lawrensen, Steven Lillis, Tearlach Maclean, Faith Mahony, Lawrence Malcolm, Carol McAllum, Brian McAvoy, Lynn McBain, Anne-Thea McGill, Roz McKechnie, Eileen McKinlay, Denise Miller, Claire Mills, Fiona Moir, Caroline Morris, Pat Neuwelt, Garry Nixon, Pauline Norris, Nicola North, Chris Paton, Sharad Paul, Mark Petersen, Helen Petousis-Harris, Sue Pullon, Papaarangi Reid, Shane Reti, Gill Robb, Peter Sandiford, Shane Scahill, Jo Scott-Jones, John Shaw, Jonathon Simon, David Thomas, Les Toop, June Tordoff, Tony Townsend, Jocelyn Tracey, Nikki Turner, Christine van Dalen, Katharine Wallis, Andy Wearn and Jon Wilcox. Thanks also to the *Journal of Primary Health Care* Editorial Board, typesetter Robyn Atwood and editorial assistant Cherylyn Borlase.