

GEMS OF NEW ZEALAND

Primary Health Care Research

Predictors of hospitalisation for diabetes

This NZ study looked at risk factors monitored in primary care that were significantly associated with diabetes complications requiring hospitalisation. Records were examined for 1080 Type 1 and 11 283 Type 2 diabetes patients attending free primary care diabetes examinations 2000–2002 and linked with hospital admissions. Two hundred and twenty-two (20.6%) Type 1 and 1948 (17.3%) Type 2 patients were hospitalised for diabetes complications. In Type 2 patients, age, obesity, HbA1c, urine albumin:creatinine ratios, HDL levels and treatment with insulin or oral medication were all associated with increased odds of admission.

Tomlin AM, Dovey S, Tilyard M. Risk factors for hospitalization due to diabetes complications. *Diabetes Res Clin Pract.* 2008;80:244–252. **Corresponding author:** A. Tomlin; email: andy.tomlin@stonebow.otago.ac.nz

Nurses and parents during children's vaccinations

In this qualitative study, 10 immunisation episodes involving practice nurse, parent and child were videotaped and analysed using conversation analysis. The conversations were characterised by both

concurrent and co-ordinated baby-talk with the nurses and parents talking to the child rather than each other to both soothe and distract the child. This talk also served to inform and reassure the parent. The study highlights the often undervalued and invisible skills that nurses use routinely to both minimise the trauma of immunisation and to educate the parent in order to encourage completion of the immunisation programme.

Plumridge E, Goodyear-Smith F, Ross J. Nurse and parent partnership during children's vaccinations: a conversation analysis. *J Adv Nursing.* 2009;65(6):1187–1194. **Corresponding author:** F. Goodyear-Smith; email: f.goodyear-smith@auckland.ac.nz

New teaching approach for Otago medical students

This viewpoint paper describes recent changes to 2nd and 3rd year undergraduate medical education at the University of Otago, called 'Early Learning in Medicine'. The focus is on contextually-relevant, student-centred, horizontally and vertically integrated, and community-based learning. Three new programmes have been introduced: *Integrated Cases*, *Clinical Skills*, and *Healthcare in the Community*. Innovative teaching and learning activities aim to prepare students for a greater level of interaction

with patients, carers, health professionals, and community organisations.

Perez D, Rudland J, Wilson H, Robertson G, Gerrard D, Wheatley A. The revised 'Early Learning in Medicine' curriculum at the University of Otago—focusing on students, patients, and community. *NZ Med J.* 2009;122(1292):60–70. **Corresponding author:** J. Rudland; email: joy.rudland@stonebow.otago.ac.nz

Clinical teaching using Wenger's model of social learning

This article applies Wenger's model of social learning within organisations to curriculum delivery within a health service setting. Social participation is viewed as the basis of learning. The authors suggest that this model offers a powerful framework for recognising and explaining paradox and incongruence in clinical teaching and learning, and also for recognising opportunities, and devising means, to add value to students' learning experiences.

Egan T, Jaye C. Communities of clinical practice: the social organisation of clinical learning. *Health: An interdisciplinary journal for the social study of health, illness and medicine.* 2009;13(1):107–125. **Corresponding author:** T. Egan; email: tony.egan@otago.ac.nz



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