



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

REFERENCES

1. Hossain MZ, Chew-Graham CA, Sowden E, *et al.* Challenges in the management of people with heart failure with preserved ejection fraction (HFpEF) in primary care: a qualitative study of general practitioner perspectives. *Chronic Illn* 2022; **18(2)**: 410–425.
2. Olsen SH, Aparicio EM, Jaeger PT, Howard DE. Exploring motivations to be active among amputees: a phenomenological approach to leisure time physical activity. *Int J Qual Stud Health Well-being* 2023; **18(1)**: 2143053.
3. Aluri J, Ker J, Marr B, *et al.* The role of arts-based curricula in professional identity formation: results of a qualitative analysis of learner's written reflections. *Med Educ Online* 2023; **28(1)**: 2145105.
4. Nieuwboer M, Van der Sande R, Rikkert MO, *et al.* Clinical leadership training in integrated primary care networks: a qualitative evaluation. *Integ Health J* 2022; **4(1)**: e000086.

HFpEF, amputees, professional identity formation, and leadership training

HFpEF. Heart failure with preserved ejection fraction (HFpEF), which is now the preferred term for what was once called 'diastolic failure', is common, difficult to diagnose, and carries a poor prognosis. It is, therefore, appropriate that it should be the focus of much recent research, including a recent study from Keele that focused on GPs' perspectives of HFpEF diagnosis and management.¹ Participants reported that making and communicating the diagnosis of HFpEF to patients was challenging because of limitations in their own understanding, the complexity of patients with multimorbidity, and a lack of clarity in language about HFpEF.

GPs valued input from specialist care, but organisational barriers were reported, including poor communication between primary and specialist care. These challenges were greater still when managing people from BAME communities because of cultural and language differences.

Amputees. Historically, research related to amputees has perhaps unsurprisingly focused on rehabilitation, gait improvement, the biomechanics of prosthesis use, and the physiology of limb loss. Given that there has been less research examining their experiences of motivation to engage in leisure time physical activity, a research team from Maryland, in the US, sought to explore this.² Participants' motivations to be active ranged from experiences of a motivation associated with depression and loss through to intrinsic motivations involving pure joy in the activity itself. Their motivations to be active were also deeply influenced by personal relationships.

The authors recommend that strategies to increase activity among amputees should focus on opportunities to exercise with others, efforts to improve the built environment, and ensuring a good prosthesis fit.

Professional identity formation. The complex process by which medical students learn to think, feel, and act like physicians – known as professional identity formation (PIF) – has become an important focus of

medical education. Analysing learners' written reflections, a US research team explored the relationship between an arts-based course and themes of PIF.³ Two cohorts of learners participated in a 5-day online course featuring visual arts-based group activities.

Reflections written at the end of the course engaged significantly with art – including literature, poetry, lyrics, and film. One student disclosed a mental illness in their reflection. The authors conclude that arts-based courses can enrich learners' reflections and provide a space for them to be vulnerable.

Leadership training. Leadership has been a perennial buzzword in health care in recent times, causing many to groan with cynicism whenever they hear it. The latest restructuring of primary care in the UK NHS, though, has created a renewed enthusiasm for 'network' and 'system' leadership training. A recent Dutch study looked at how a clinical leadership training programme affected integrated dementia care in local primary care networks.⁴

They identified three important themes for clinical leadership support programmes: 1) practice-based learning – learning by doing and reflection through coaching; 2) peer support – learning through exchange of experiences and shared leadership responsibilities; and 3) context support, including managerial support and acceptance of network members. The authors are particularly keen that opportunities should be available for professionals to perform clinical leadership roles in pairs to allow exchange of ideas and experiences, and to stimulate empowerment.

Podcast of the month. As Ghislaine Maxwell (and her former partner Epstein) continue to turn up in the news media, this fascinating exploration of her family ties, and especially the rise and fall of her media tycoon father Robert Maxwell, is well worth a listen. *Power: The Maxwells*: <https://somethinelse.com/projects/power-the-maxwells/>

Ahmed Rashid,
GP and Professor of Medical Education, UCL Medical School, UCL, London.
Email: ahmed.rashid@ucl.ac.uk
@Dr_A_Rashid

DOI: <https://doi.org/10.3399/bjgp23X732225>