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

Community hospitals, geriatric teaching, adolescent violence, and mystery shopping

Community hospitals. Across the world, policymakers are considering options to reorganise the geography of healthcare delivery, renewing focus on community hospitals as a safe and efficient alternative for acute admissions. In a rural district in Norway, GPs have for many years been referring acutely ill patients to a local community hospital, and, in *Social Science and Medicine*, researchers gathered the views of patients, clinicians, and local authorities about perceived quality of this facility.¹ The results were overwhelmingly positive. Patients valued the homelike atmosphere and friendly relationship with staff. Clinicians and administrative staff appreciated the chance to practise in a holistic and interdisciplinary way, cooperate with specialist services at nearby hospitals, and deliver continuity of care. The insights are useful for those considering how to develop services at the interface between primary and secondary care. They also serve as a useful reminder that the therapeutic landscape of an organisation stretches far beyond its walls and includes the culture and social context of the place.

Geriatric teaching. Recent concerns about the GP workforce in the UK have prompted a drive to promote general practice as a career in medical schools. A key reason we are likely to need more GPs is the projected rise in older people in future decades. In an article in *Age & Ageing*, researchers attempted to tackle the variation in undergraduate geriatric teaching, facilitating a more positive approach to older people.² They used a modified Delphi process to develop a consensus among geriatricians across Europe on a curriculum for undergraduate training with 39 geriatricians (representing 27 countries) taking part. Full agreement was obtained by the third Delphi round and the curriculum contains a core set of statements proposed to be the minimum level of essential knowledge, skills, and attitudes that students must have gained by graduation. An important initiative, it remains to be seen what effect this will have on the popularity of related specialty training programmes including geriatric medicine and general practice.

Adolescent violence. Regardless of which part of the country you work in, you are likely to have seen recent news stories about abuse and violence against adolescent girls. This type of violence is a significant public health issue and can lead to physical, psychological, and behavioural problems. To understand the social contexts associated with violent behaviours, US researchers analysed data from the intervention reports of 116 girls participating in a youth development initiative for high-risk adolescent girls. In the *Journal of Pediatric Health Care*, they present their findings.³ A total of 69 of the 116 reports included reports of one or more episode of violence, the commonest types being physical fighting, witnessing violence, and physical abuse. The most frequent source of violence by far was family, followed by peers and romantic partners. The authors suggest the compelling findings mean front-line clinicians should screen for exposure to violence routinely in high-risk girls, and policymakers should invest in evidence-based, sustained prevention strategies in these communities.

Mystery shopping. Emergency contraception (EC) is now a well-established and widely-used option delivered by primary care practices and pharmacies throughout the world. In the US, where the proportion of unintended pregnancies is high, the Food and Drug Administration has supported over-the-counter access for males to purchase EC. To assess the true accessibility of EC in pharmacies across New York City, a group of researchers adopted a 'mystery shopper' survey that was published in *Contraception*.⁴ Three young male mystery shoppers visited 158 pharmacies across the city attempting to acquire EC, noting availability and cost. A total of 81% of the pharmacies issued EC to the male research assistants. Of the remaining 30, 22 required a female to be present and eight did not have it in stock. Cost and extended-hours availability varied between neighbourhoods. In their discussion, the authors highlight an important gap in the literature about the potential for coercion between males and females related to EC.

Ahmed Rashid,
NIHR Academic Clinical Fellow in General Practice,
University of Cambridge, Cambridge.

E-mail: mar74@medschl.cam.ac.uk

DOI: 10.3399/bjgp14X682393

REFERENCES

1. Lappegard O, Hjortdahl P. Perceived quality of an alternative to acute hospitalization: an analytical study at a community hospital in Hallingdal, Norway. *Soc Sci Med* 2014; **119C**: 27–35.
2. Masud T, Blundell A, Gordon AL, *et al*. European undergraduate curriculum in geriatric medicine developed using an international modified Delphi technique. *Age Ageing* 2014; **43**(5): 695–702.
3. Secor-Turner M, Garwick A, Sieving R, Seppelt A. Characteristics of violence among high-risk adolescent girls. *J Pediatr Health Care* 2014; **28**(3): 227–233.
4. Bell DL, Camacho EJ, Velasquez AB. Male access to emergency contraception in pharmacies: a mystery shopper survey. *Contraception* 2014; **90**(4): 413–415.