



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

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Physician assistants, timewasting, nursing homes, and social media

Physician assistants. NHS primary care is facing huge workforce shortages and lots of important people have been making noises about 'changing the workforce skill mix' and creating new non-medical roles to lighten the currently heavy load on GPs across the country. One suggestion has been the use of physician assistants (PAs). This role exist in many parts of the world, although definitions, education, and legislation vary widely from country to country. In order to support policymaking regarding PAs in primary care, a Dutch research team recently sought to understand factors influencing the decisions of GPs and managers to train and employ PAs within their organisations.¹ Their interviews highlight that the main aims were to substitute or supplement care for minor ailments. The decisions, however, often involved little planning or role definition. Role standardisations, long-term political planning, and support from professional associations were the key suggestions made by the authors.

Timewasting. Sports fans will be familiar with this term, which usually refers to a practice carried out by teams winning by a slim margin. It also captures, though, the feeling that many patients have that they shouldn't trouble their doctor with what they consider to be their own trivial complaints. Recognising this worry, a Cambridge research team recently explored this using data from 52 video elicitation interviews from UK primary care.² They found that patients experience a moral pressure to 'choose well' in a cultural context in which healthcare is conceived as a limited good in short supply. Patients felt obliged to avoid consulting too early as it would waste the limited resource of doctors' time and yet also avoid consulting too late, which may be perceived as neglectful. By being attuned to these dilemmas, the authors conclude, clinicians could improve their patient encounters and policymakers could refine the health service more broadly.

Nursing homes. Ageing populations around the world have sharpened the focus on

nursing homes as healthcare settings. With around 20% of people dying in care homes, end-of-life care has been identified as an area that merits particular attention. A Cardiff research team completed a systematic literature review about educational interventions to enhance end-of-life care for nursing home staff.³ Despite searching an impressive 13 databases, they found only 21 studies in this area and discovered the methodological quality to be poor. Among the literature they did find, interventions were not of a standard that could be expected to change clinical behaviour, and follow-up was typically short or absent. As well as expressing the urgent need to design better educational interventions in this setting, they also highlight that robust evaluations are needed, which should measure the impact on residents and families as well as staff.

Social media. It can be very easy to get into a bubble on social media and surround yourself with like-minded individuals with similar backgrounds. As a clinician, some of the most useful and informative interactions I've had on social media have been with patients and not the professional colleagues in my network. A US research team recently reviewed the use of social media by patients and found that regulation of information was a particular challenge.⁴

Worryingly, they highlight that content is often generated by physicians in order to increase practice volume. Although the exchange of ideas on social media has the potential to inform patients and encourage them to be more involved in their own health care, the authors conclude that better regulation is needed.

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