Life & Times

Yonder



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

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Eating disorders, neurology teaching, nursing homes, and foster carers

Eating disorders. What is the optimal model to deliver an eating disorders service in the 21st century? In the UK, there has been a recent change from specialised tertiary units to dedicated community services, and there is little evidence about the impact of this reconfiguration. In a recent Exeterbased study, researchers explored patient and parent perspectives on positive and negative aspects of care for young people with eating disorders.1 Through six online focus groups, they found that there was a need to: shift from a weight-focused to a more holistic, individualised, and consistent care approach; improve professionals' knowledge and attitude towards patients and their families at all levels of care; and enhance peer and family support. Improvements to the system recommended by the authors include carefully planned peer support for young people, support for siblings and parents, improved training for GP and psychiatry trainees, and a better balance between restoring nutrition and long-term psychological wellbeing.

Neurology teaching. 'I cannot think of anything, save famine or civil war that would be more detrimental to the teaching of neurology to medical students than involving GPs.' This quote from a senior neurologist sums up the resistance that exists among many medical school faculty members about GPs teaching topics other than primary health care. The reality, of course, is that GPs are ideally suited to teach a whole variety of subjects within the medical curriculum. Not only do they have the broad-based generalist skills and experience to be able to deliver highly pertinent and practical content, but they are also often better placed to develop longer-term educational relationships with students, and are also able to role model to students how stimulating, diverse, and challenging a career in general practice can be. The neurology quote comes from a recent UCL study that shows the success of an intervention to increase the number of GPs involved in teaching what is usually

considered to be one of the most technical and specialised disciplines.2

Nursing homes. In 2012, the Danish Ministry of Social Affairs assigned dedicated GPs to seven separate nursing homes. The objective of the programme was to reduce the number of GPs the nursing home staff had to communicate with, and dedicate time for a group discussion of patients' treatment plans. The programme paid GPs to meet weekly with nursing home staff to discuss the clinical needs of each patient, and to provide training that could be applied to all nursing home residents. The meetings ranged from 1.5 to 3 hours per week and were in addition to the time spent treating patients.3

The intervention was associated with a reduction in the monthly probability of a preventable hospitalisation, and the survey results indicated that the likely mechanism for the effect was more efficient and consistent communication between GPs and nursing home personnel.

Foster carers. My parents were foster carers for much of my childhood. Although it was, for me, an important part of my development and an opportunity to understand life outside of my own bubble, I recognised it was unquestionably as challenging as it was rewarding for my parents. The literature supports this, with many studies finding that foster parents are the least supported part of the child welfare system. In a recent US study, the personal self-care practices of 1271 foster parents were explored.4

The study detected significant differences in personal self-care scores by sex, relationship status, health status, and current financial status. Given the importance of foster carers in the social welfare system, it is imperative that they are retained and valued, and their training and support should be a clear system priority.

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