



 goodfellow  
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**GOODFELLOW UNIT REPORT**

**TO THE**

**GOODFELLOW FOUNDATION**

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**February 2009**

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## 1.0 INTRODUCTION

This half yearly report of the Goodfellow Unit has been prepared for the Goodfellow Foundation, the Dean of the Faculty of Medical and Health Sciences, the Head of the School of Population Health, the RNZCGP, and to inform the Goodfellow Unit Advisory Board.

The report provides information about Goodfellow Unit business development activities, distance learning development, contract programmes, continuing medical and health professional education, Goodfellow Club website, postgraduate teaching and research activities.

## 2.0 BUSINESS DEVELOPMENT

### 2.1 Goodfellow Symposium 2009

Dr Fiona Moir again accepted the role of Programme Director for the 2009 Symposium and Mary Somervell was again appointed Chair of the Symposium Organising Committee.

An extensive weekend programme with quality speakers, including 2 overseas keynote speakers and pre conference workshops, has attracted considerable interest from primary health care professionals. Full programme details and speakers are at [www.goodfellowsymposium.org](http://www.goodfellowsymposium.org).

At the early bird closing date of 20 February registrations from doctors, nurses and other health professionals exceeded the committee's expectations. Registrations at 23 February totalled 375 attendees, 4 weeks before the event. It is anticipated that the Hyatt Regency's venue capacity of 500 will be reached prior to the symposium opening on 27 March 2009. A combined total of \$112,750 has been achieved from sponsorship and exhibition stand sales.

The Langham Hotel has been booked for the 2010 Symposium which will cater for up to 750 attendees. A multi year agreement is in place with MercyAscot for ongoing sponsorship support. In addition, discussions are underway with other professional groups about the potential to partner in 2010 whilst retaining the appeal of our target groups. As Dr Moir will not be continuing as programme director for the 2010 symposium, Dr Lynn Taylor (Operations Manager, Immunisation Advisory Centre, Department of General Practice & Primary Health Care) has accepted an expanded programme director role that includes sponsorship and exhibition liaison.

### 2.2 Future business development opportunities

The incoming government's focus has shifted to a more efficient use of public resources given the rise in staffing levels at key ministries. It is anticipated that over the next six months decision-making on new government-funded health research and education projects will follow closer scrutiny and require longer lead times.

Opportunities exist to continue to build on the successful web-based Goodfellow Club case studies for a wider range of health professionals including audiologists, physiotherapists and pharmacists. These can complement the new ACC cases for GPs and nurses.

By partnering with other professional groups such as the Rural GP Network and the Institute for Rural Health the Goodfellow Unit is in a good position to support CME/CPD for new graduates and overseas trained health professionals recruited to 'hard to staff' rural areas.

The Goodfellow Unit can build on the success of the annual Goodfellow Symposium by offering one day practical workshops and repeating high-demand sessions later in 2009 in Auckland and other centres such as Hamilton, Whangarei, Wellington and the South Island. Locally based speakers could be recruited to run the sessions in partnership with local PHOs and DHBs.

During the past eight months, considerable effort has been invested into developing new, and enhancing current relationships with a range of organisations. This work is important as many of these organisations potentially in a strategic partnership relationship with the Goodfellow Unit. A strategic relationship plan has been developed and regular meeting are held with these organisations. Organisations include the Royal New Zealand College of General Practitioners, the Accident and Medical Practitioners Association, the College of Pharmacists, the New Zealand

Association of Physiotherapists, Pharmac, the Accident Compensation Commission, The Rural Doctors Network, The New Zealand Institute of Rural Health, Mercy Hospice Auckland, and the New Zealand Guidelines Group.

### **2.3 Strategic Planning Workshop**

This workshop, held in March 2008, resulted in some clear directions for the Goodfellow Unit. A number of strategic directions, with required actions, were developed. A table of progress-to-date is attached as an appendix to this report.

## **3.0 CONTRACTS AND AGREEMENTS**

### **3.1 ACC contracts**

Another ACC contract has been commissioned to produce 5 web-based quizzes for nurses in addition to the existing contract to produce 5 case studies and quizzes for general practitioners. The ACC series for GPs on Occupational Diseases will be completed in March and will be promoted at the Goodfellow Symposium as part of a wider campaign to publicise the resources available on the Goodfellow Club. The new nursing series are getting underway with topics confirmed and the appointment of content writers.

### **3.2 Diagnostic toolkits**

Following the Auckland Faculty Board's decision to fund the development of the 3rd diagnostic toolkit in the 'Made Easy' series the project leader is liaising with AFB and local PHO representatives to finalise the toolkit topic so the project can get underway. The toolkits will build on the successes of the previous toolkits that were designed to facilitate peer group discussion.

## **4.0 LEARNING TECHNOLOGY DEVELOPMENT**

### **4.1 Red Rash Made Easy**

**Red Rash Made Easy** is a revolutionary way of diagnosing the common red rash.

- GPs can apply the New Diagnostic Map to their own cases and test it against the cases we provided.
- The revolutionary diagnostic map helps identify 80% of all red rashes.
- Though we do give some treatment advice, this map and all associated information is provided as an educational resource.

Red Rash has been a growing success. Auckland/Northland GPs have used it within their practice after receiving it at their peer group sessions. We have received regular requests from those who missed it at their peer group and requested a personal copy. Its success directly led to the creation of Pain Assessment Made Easy.

### **4.2 Pain Assessment Made Easy**

**Pain Assessment Made Easy** is designed to facilitate conversation and professional dialogue between GPs within the peer group setting. Our experience suggests that GPs are interested in listening and informing each other on different ways to approach patient pain. This toolkit does not provide information on managing pain within the case studies, only on assessing it. It is an educational resource and not a clinical tool. Created in conjunction with palliative care specialist, Professor Rod MacLeod, it reintroduces the diagnostic process around identifying pain by stressing the importance of listening and believing a patient's description of pain, and by walking through each step of the diagnosis.

There has been a very enthusiastic response to the PAME CD in that the Auckland/Northland peer groups have found it to be a useful and helpful resource. ProCare has included its material in their member website.

### 4.3 Spirometry and Dermoscopy CDs

These are still available, however, there are now a small number of purchase enquiries. As part of a new quality assurance process, the content will be checked for revision later this year. A “use-by-date” software patch is being sought for all CDs and DVDs produced for continuing education or postgraduate purposes.

### 4.4 Goodfellow Unit Website

<http://www.fmhs.auckland.ac.nz/soph/centres/goodfellow/>

The new Unit site has been launched in August this year to reflect the look and feel of the faculty website. It provides a more accessible and navigable structure and enables individual staff to update their own profile. We also premiered our new brand logos with the site. Developed by Talent Garden, these new logos fully illustrate the relationship that exists between the Goodfellow Unit, the Goodfellow Club and the Goodfellow Symposium. We have also included a products section so that it is easier to locate and request our learning CDs and other material.

### 4.5 Goodfellow Club site

<http://www.goodfellowclub.org/>

We have had a successful year with the Club Site. We are currently in final stages of production of the ACC sponsored case studies for GPs on occupational health. The success of this project has encouraged ACC to develop five cases for Nurses on a variety of injuries. Several cases have been sponsored by NZ Doctor as part of their How-To-Treat series including a quiz on constipation and complications of cancer. For Nurses we have about 12 more quizzes in development on Management of Common Respiratory Problems in Infants and Children, Food and Nutrition Guidelines for the 0 – 2 year olds, Diabetes, Mental Health in Primary Care, Palliative care, and treatment of injuries. We have had some success in launching our physiotherapist section by opening communication with the NZ Journal of Sports Medicine. We hope to have several quizzes come from this relationship. This approach is being explored with other health professions, particularly pharmacists.

Currently there are over 1860 Club members. This represents a six-fold increase over the past 2 years. We have updated our certification process to ensure that all certificates are automatically generated across the disciplines. We have also improved our server abilities to ensure the stability of the site.

Technical aspects, both hardware and software, of the Goodfellow Club site are fragile and are now of significant concern. The software was designed in a fragmented and structurally inefficient way over several years, and the hardware and software support has moved between several organisations. New open-portal web architectural approaches are available that would greatly simplify development of resources and do much to reduce, and in some cases eliminate, risks associated with maintaining a 24 hour per day web site. Replacement options are being prepared for review.

## 5.0 POSTGRADUATE TEACHING

The Goodfellow Unit continues to offer a series of university postgraduate courses utilising distance and flexible delivery. Modalities employed include workbooks, DVD/video, CD, telephone conferencing, email, residential workshop, web-based formative quizzes, web-based discussion groups, and web-based case studies.

The numbers quoted for semester 1, 2009, do not reflect total enrolments for that semester. The trend for semester 1 seems to be tracking beyond that of semester 1, 2008.

The Goodfellow Unit was the principal sponsor for the Australasian College of Sports Physicians Registrar Conference at the Australian Institute of Sport in Canberra in February, 2009. This meeting was attended by the Director of the Goodfellow Unit for the purpose of meeting the Australian and New Zealand Registrars, to present a paper on postgraduate education pathways offered through the Goodfellow Unit, and to meet with the training committee of the College. Since that meeting, 3 Australian-based College Registrars have enrolled in the PGDipSpMed and one senior Registrar is enrolling in a MMedSc. To satisfy the College’s requirement for pre-hospital trauma training during the Registrar Fellowship programme, we have included a course from the Postgraduate Diploma in Community Emergency Medicine. This course in *Immediate Care* has the required advanced cardiac life support and trauma components and, if not taken elsewhere, can be taken by Registrars post-Diploma.

Administration of the gerontology courses has been transferred to the School of Nursing. This is more appropriate given that almost all students taking these courses are registered nurses.

Development is underway this semester to convert much of the Research Methodology course into a more appropriate distance learning format. This will include provision of tutorials via webcam.

Professor Rod Macleod is providing a significant role in masters degree and now doctoral supervision. He is developing a new postgraduate course in non-malignant palliative care and has recruited two PhD students.

<b>Postgraduate Enrolments</b>						
<b>(The numbers relate to the actual number of course enrolments, not EFTS)</b>						
<b>Individual(multi-programme) Courses</b>	<b>2009 Semester 1</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
		Research Methods in Health (offered in both semesters)	32	69	70	57
Therapeutic Communication	16	18	9	12	NA	NA
Biology of Addiction (semester 2)	0	11	17	8	7	NA
Introduction to Human Vaccinology	16	NA	10	NA	NA	NA
Loss, Grief and Bereavement (new in 2008, semester 2 2009))	0	54	NA	NA	NA	NA
Special Studies & Special Topic courses	2	1	4	0	0	0
<b>Programmes</b>						
Community Emergency Medicine (all courses)	70	94	98	104	136	147
Sports Medicine (all courses)	19	57	57	56	58	70
Geriatrics & Gerontology (all courses)	4	52	100	43	44	63
Palliative Care (all courses)	39	121	102	94	68	41
Lifestyle Management (both courses)	13	23	28	28	34	16
Primary Mental Health (new for 2006)	20	11	24	23	NA	NA
Sexual & Reproductive Health (one course offered in 2008)	7	16	31	31	37	14
<b>TOTAL</b>		<b>527</b>	<b>550</b>	<b>466</b>	<b>439</b>	<b>397</b>
		<b>8</b>	<b>9</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>Masters degree completions</b> <i>Several graduating, number not yet known</i>						

## 6.0 PUBLICATIONS AND PRESENTATIONS (SINCE SEPTEMBER 2008)

Berks, J, McCormick IRN. Screening for alcohol misuse in elderly primary care patients: a systematic literature review. Cambridge University Press. Review in *International Psychogeriatrics*, 20, p-, 2008, doi:10.1017/S1041610208007497

Geertsema C, Williams AB, Dzendrowskyj P, Hanna C. Effect of commercial airline travel on oxygen saturation in athletes. *Br J Sports Med* 2008;42(11):577-81.

Goodyear-Smith, Kerse N, Warren J, Arroll B. Evaluation of e-textbooks: DynaMed, MD consult, UpToDate. *Aust Fam phys* 2008;37:878-82

Goodyear-Smith FA, Grant CC, York DG, Kenealy TW, Copp JF, Petoussis-Harris HA, Turner NM, Kerse NM. Determining immunisation coverage rates in primary health care practices: a simple goal but a complex task, *International Journal of Medical Informatics*, 77, (7), p477-485, 2008, doi:10.1016/j.ijmedinf.2007.08.008

Goodyear-Smith FA, Coupe N, Arroll B, Elley CR, Sullivan S, McGill AT. Case finding of lifestyle and mental health problems in primary care; validation of the CHAT, *British Journal of General Practice*, 58, (546), p26-31, 2008

Goodyear-Smith FA, Arroll B, Jackson RT, Wells LSM, Kenealy TW. Patients prefer pictures to numbers to express cardiovascular benefit from treatment', *Annals of Family Medicine*, 6, (3), p213-217, 2008

Hoare KJ, Fairhurst-Winstanley W, Horsburgh MP, McCormick IRN. Nurse employment in primary care - UK and New Zealand. *NZ Fam Physician* 35(1): 28-31.

Hoare K, Steeles J, Ram F, Arroll B Evidence-based resource use by Practice Nurses in the Greater Auckland region *NZ Med J* 2008;121:51-8

Horsburgh, MP, Goodyear-Smith, F.A., Yallop J. Nursing Initiatives in primary care: An approach to risk reduction for cardiovascular disease and diabetes. *NZ Fam Physician* 2008; 35: 176-182.

Horsburgh MP, Goodyear-Smith FA, Yallop J, O'Connor S. Implementation of a nursing initiative in primary care:A case report, cardiovascular disease reduction. *NZ Fam Physician* 2008; 35: 183-6.

Johnston L, Huggard PK, Goodyear-Smith FA. Men's health and the health of the nation. *NZ Med J* 2008; 121(1287): 69-76.

McGarvey J, Thompson J, Hanna C, Noakes TD, Stewart J, Speedy D. Sensitivity and specificity of clinical signs for assessment of dehydration in endurance athletes. *Br J Sports Med*. 2008;bjsm.2008.053249.

Moir F. What Could We Have Done For Her Now? *BMJ* 2008;337

Moir F, Van den Brink R, Fox, Hawken S. Effective Communication Strategies to Enhance Patient Self-Care. *JPHC* (in press)

O'Brien A, Moir F, Thom K. The Provision of Mental Health Care by Primary Health Organisations in the Northern Region: Barriers and Enablers. *JPHC* (in press)

### Conference presentations

Fulcher M. A systematic review of the use of hand held dynamometry to measure hip adductor and flexor strength in health individuals. Australian College of Sports Physicians Registrars Conference Canberra, February 2009

Goodyear-Smith FA, Grant CC, Turner NM, Petousis-Harris HA, Desmond NM. Paper on Completed Research: Core components that determine complete & timely immunization of children in family practice. North American Primary Care Research Group (NAPCRG) 36th Annual Meeting, Puerto Rico, November, 2008.

Goodyear-Smith FA. History denied is history revisited. *NZ Skeptics Conference*, Hamilton, September, 2008.

Hanna C, Geertsema C, Fulcher M, Reid D, Huggard, PK. (Poster Presentation) Postgraduate Educational Pathways in Sports Medicine. Sports Medicine New Zealand Conference, Auckland, November, 2008.

Huggard PK. Caring for the Carers: a workshop on compassion fatigue. National Association for Loss and Grief, Tauranga, November 2008.

Huggard PK, Hanna C, Fulcher M. Postgraduate Education Pathways in Sports Medicine. Australian College of Sports Physicians Registrars Conference Canberra, February 2009.

Huggard PK. What can I do about managing compassion fatigue? New Zealand Association of Counsellors Research Conference, Auckland, February 2009.

McCormick IRN. Alcohol and health - Good, bad or both? South Asia Institute of Brewers and Distillers, Auckland, 07 April, 2008

McCormick IRN. Assessment of Alcohol and Drug Impaired nurses. Nursing Council of New Zealand - Health Committee, Auckland, 09 April, 2008

McCormick IRN. Encouraging New Zealand general practitioners to intervene with problem alcohol users – research and education. Division of Primary Care, University of Nottingham, October 10, 2008.

McCormick IRN. A practical example of translational research – encouraging screening and brief intervention for problem use of alcohol. Institute of Health and Society, University of Newcastle, December 4, 2008

Smart RVM, Sheridan JL, McCormick IRN. PharmaTell Seminar: Estimating the prevalence of problem alcohol drinking among community pharmacy customers: Part II. PharmaTell, School of Pharmacy, University of Auckland, October 22, 2008

## **7.0 STAFF**

### **Goodfellow Unit staff**

Mr Peter Huggard, Director  
Dr Stephen Adams, Senior Lecturer  
Ms Yvonne Bray, Lecturer  
Assoc Prof Felicity Goodyear-Smith  
Dr Chris Hanna, Senior Lecturer  
Dr Mark Fulcher Lecturer  
Dr Celeste Gertseema  
Ms Karen Hoare, Lecturer-Primary Care Nursing  
Ms Cherry Hsu, Learning Technologist  
Mrs Jayne Huggard, Senior Tutor  
Dr John Kennelly, Senior Lecturer  
Dr Anne-Thea McGill, Senior Lecturer  
Prof Rod McLeod, Honorary Professor  
Dr Fiona Moir, Senior Tutor  
Mrs Cecile Pilkington, P.A. to Director  
Ms Perrin Rowland, Learning Technologist  
Dr Phil Wood, Senior Lecturer  
Mr Andrew Thompson Lecturer

### **Departures**

Professor Ross McCormick left the Department December 2008.

### **New Arrivals**

Ms Renee Edwards, Senior Tutor-Sexual Health programme coordinator

### **Goodfellow Foundation staff support**

The following Goodfellow Unit staff are funded by the Goodfellow Foundation

Felicity Goodyear Smith 0.3 FTE and 0.3FTE underwrite until 31 Dec 2010

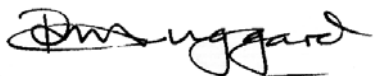
Perrin Rowland 0.6 FTE until 17 Nov 2011

Cherry Hsu 1.0 FTE until 31 Dec 2010

Karen Hoare 0.6 FTE until 12 Dec 2010

### **Thanks**

My thanks are again conveyed to the Goodfellow Foundation for their continued and generous support, and to the other partners contributing to the governance of the Unit; namely, the Royal New Zealand College of General Practitioners and the University of Auckland.



**Peter Huggard MPH, MEd(Couns), DipMLT, AdvDipClinChem, DipMgt, ACIS**  
**Director - Goodfellow Unit**  
**School of Population Health**  
**The University of Auckland**

## APPENDIX

### Progress-to-date following the 2008 Strategic Planning Workshop

Recommendations	Actions	Progress
<p><b>Verify the proposed purpose of GFU</b></p>	<p>1) In partnership with others, lead innovative and entrepreneurial advances in primary health care (PHC) that would not otherwise take place</p> <p>2) Contribute to multidisciplinary approaches to health care that directly or indirectly benefit the public through effective e-learning techniques and technology advances</p> <p>3) Support the Department of Primary Health Care and General Practice through the provision of post-graduate university courses Participate in research into best practice primary health care that is leading edge and evidence-based</p>	<p>1a) Proactively pursuing partnership opportunities internally within SOPH (National Institute for Health Innovation – NIHI, Audiology, Nursing etc) on a project by project basis</p> <p>1b) Liaising with AMPA and NZ Rural GP Network to collaborate on a joint national conference that will cater for combined needs as well as dedicated streams for rural and A&amp;M professionals</p> <p>2a) Submitted proposal for innovative web-based toolkit for PHC professionals in Northland to support ‘One Heart Many Lives’ programme in partnership with NIHI – due to PHARMAC funding constraints project did not proceed</p> <p>2b) Increasing the number of web-based cases and quizzes for GPs and nurses through ACC funded projects. Goodfellow Club has close to 2000 members with high completion rates for new quizzes.</p> <p>3a) Postgraduate courses are constantly under review</p>

<p><b>Confirm what makes GFU special</b></p>	<p>4) Goodfellow Foundation funding and support enabling GFU to be innovative and entrepreneurial</p> <p>5) Able to take a multidisciplinary approach with access to experts in the School of Population Health and Faculty of Medical and Health Sciences</p> <p>6) Flexible e-learning combined with evidence-based best practice and other delivery modes</p> <p>7) The Goodfellow Unit brand is perceived as high quality</p> <p>Multiple sources of funding</p>	<p>4a) This feedback was endorsed at the strategic planning day. No further action required.</p> <p>5a) Multidisciplinary programme at Goodfellow Symposium is attracting a large number of delegates (400 +) with more nurses and pharmacists in addition to the core group of GPs.</p> <p>6a) All web-based resources are evidence based and linked to reputable research publications.</p> <p>7a) Confirmed by independent feedback, course evaluations and symposium feedback to regularly monitor quality standards.</p> <p>8a) Under regular review with active pursuit of new opportunities.</p>
<p><b>Prepare a new mission statement</b></p>	<p>9) The Director agreed to appoint a small working group to choose a new mission statement based on the alternatives discussed at the workshop.</p>	<p>9a) The appointment of a working group was delayed pending the formal appointment of the new Director. A staff meeting is due to take place in Mar to discuss GFU's future direction and priorities as the next step.</p>
<p><b>Expand the definition of GFU's market</b></p>	<p>10) Although Goodfellow Unit education services generally cover primary health care and target PHC professionals they can include people working outside some definitions of primary care.</p>	<p>10a) This recommendation has been endorsed and implemented. No further action required.</p>
<p><b>Address gaps to better understand client needs and market demand</b></p>	<p>11) Conduct market research to address gaps in understanding client needs and market demand.</p>	<p>11a) Market survey completed. Findings and recommendations discussed with GFU staff in Oct 09. Future opportunities (20) were prioritised and follow-up action undertaken.</p>

<p><b>Focus on current and future priority client groups and partnerships</b></p>	<p>12) Priority groups include: current clients; strategic and potential partners; new professional groups (e.g. optometrists, pharmacists, physiotherapists, audiologists) and their regulatory bodies; partnerships for offering consumer health education; and more funded education contracts</p>	<p>12a) Meetings were held with existing partners and funders: RNZCGP, PHARMAC, ACC, NZ Doctor, MercyAscot, Healthwest, CMDHB to discuss potential new initiatives and 5 proposals were submitted - 2 were successful, 1 awaiting feedback.</p> <p>12b) Progressing discussions with new professional groups (physios, pharmacists, audiologists) to produce dedicated cases and quizzes for their members. New authors identified for physio cases.</p> <p>12c) Meetings held with future potential funders and partners: Pinnacle GP network, ADHB, BMJ Learning, NZGG and Northland PHOs. 3 proposals were submitted for specific projects – unsuccessful to date.</p>
<p><b>Focus on future priority services and products</b></p>	<p>13) Action steps include: evaluate the demand for and usefulness of current courses; expand courses offered to current customers; follow up alumni re interest in updates or to extend knowledge to new areas; evaluate interest in existing courses by new health professional groups and modification required to cater for overseas trained GPs/ others.</p>	<p>13a) Regular monthly email announcements sent out to Goodfellow Club members in response to survey feedback.</p>
<p><b>Define and monitor critical success factors</b></p>	<p>14) After determining the critical success factors informed by market research, it has been recommended that indicators are put in place to measure progress over time.</p>	<p>14a) Monthly review of business development opportunities and follow-up action implemented.</p>