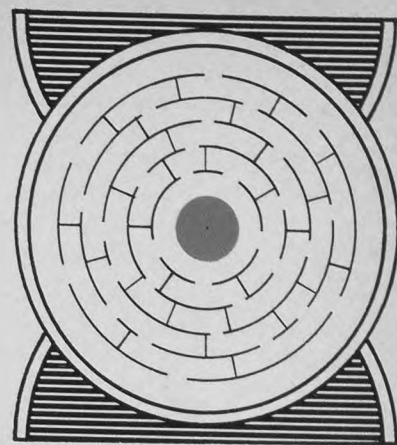


Research Summaries



The Research Summary section affords a means of communication and coordination of research activities in Family Practice in North America. These summaries have been developed through the efforts of the North American Primary Care Research Group. *The Journal of Family Practice* encourages the reporting of active research projects to the two coordinators for this section — Robert Westbury, MD, 4012 Comanche Road, Calgary, Alberta T2L0N8 (for Canada) and Maurice Wood, MD, Department of Family Practice, Medical College of Virginia, MCV Station, Richmond, Virginia, 23298 (for the United States).

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
<p>Value of Routine Sigmoidoscopy as Compared to Routine Stool Occult Blood in the Detection of Colorectal Carcinoma</p>	<p>Donald J. Carew, MD Irving M. Rasgon, MD Dawn G. Malcolm, MD 4900 Sunset Boulevard Los Angeles, California 90027</p>	<p>In progress. Education and Research Southern California Permanente Medical Group</p>	<p>Greegor, et al indicated that routine stool occult blood tests are sufficient to the detection of colorectal carcinoma. We disagree. Routine sigmoidoscopy performed every two years on patients aged 40 and over is more reliable. Having assessed all patients over 40 for the presence of stool occult blood (only asymptomatic patients) by the Greegor method, we then performed a routine sigmoidoscopy. We are statistically analyzing the yield from both approaches. Out of 100 cases, one case of asymptomatic colorectal carcinoma was detected using sigmoidoscopy, but not through the occult blood approach. One thousand cases would have statistical significance.</p>
<p>Patient Education in a Family Practice Setting</p>	<p>R. Dodd, MD, Director C.M. Schwarz, MD, Assistant Director Family Practice Residency Program Halifax Hospital Medical Center P.O. Box 1990 Daytona Beach, Florida 32105</p>	<p>Beginning funding. Halifax Hospital Medical Center; Florida Regional Medical Programs</p>	<p>We are beginning a specific patient education project which utilizes our health care team of family practice resident, nurse, social worker, dietitian, and pharmacist. We are offering continuing counseling sessions for individual patients and their families. We are enlarging this effort to small group sessions of obstetrical patients for prenatal educational care and of new mothers for infant care in the Family Practice Center and Obstetrics/Gynecology clinics and hospital floors. We are also offering large group educational sessions to high schools or community organizations on V.D., diabetes, arteriosclerosis, drug abuse, and obesity. As part of this, we are also attempting a prospective health hazard appraisal of new patients in the Family Practice Center with baseline laboratory data from our Public Health Department.</p>

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
Obesity in Office Practice	Richard Boye, MD Third Year Resident Family Practice Center Halifax Hospital Medical Center P.O. Box 1990 Daytona Beach, Florida 32105	In progress. Halifax Hospital Medical Center	The problem of obesity is surveyed in the model unit office practice of H.H.M.C. Records of all patients within the Family Practice Center patient population were surveyed. Is obesity recognized as a problem and what treatments are most effective? The residents who identify obesity as a problem commonly treat it more effectively. One notable finding of our study has been a strong tendency towards obesity among black women; this has been unrelated to economic status. We have experienced little success in treating this group.
Health Problem Inventory and Care Evaluation System	L. J. Filiatrault, MD Department of Family Practice University of Minnesota School of Medicine Minneapolis, Minnesota 55455	Completed. Department funding.	One year of data collection with some 44,696 problems was studied. The results have been broken down in terms of proportions of problems handled by the physician, nurse practitioners, or physician's assistants, and cost has been reviewed.
Care Evaluation in University and Community Settings	Dorothy J. Douglas, PhD Principal Investigator Rory Ward, MA Project Director Family Practice Research Unit Department of Family Practice College of Medicine University of Iowa Iowa City, Iowa 52240	Underway. Funded April 1, 1974, through March 31, 1975 Source: Bureau of Health Research and Development (National Center for Health Services Research and Evaluation)	This exploratory study focuses on the development of instruments to measure both patient and provider aspects of quality care. The delivery and reception of care are major areas examined through care delivery protocols which are set in an analytical format and used with allied health personnel. A set of interview/knowledge tests and modified projective techniques were developed for patients. The latter are designed to elicit patient information about hypertension such as how medications are handled, what knowledge the patient has and how he/she uses it, what patterns of adherence/nonadherence are present and what myths, if any, the patient holds and how they affect his reception of care. It is hypothesized that a number of factors affect care delivered so that it is not the same entity as care received. The description of these factors drawn from providers, settings, and patients are necessary if any patient education is to be designed and attempted. It is also necessary for the concept of quality care to be defined in a usable way. The study is being conducted in family practice settings in eastern Iowa. The final report will be ready in Spring, 1975.