



2008



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Background

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Message from the Chair of the Advisory Committee



Ian Webster

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Message from the Executive Director

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A cluster randomised control trial of nurse and general practitioner partnership for care of Chronic Obstructive Pulmonary Disease (COPD) (NHMRC)

Principal Investigator: Nicholas Zwar, Oshana Hermiz, Elizabeth Comino, Iqbal Hasan, Guy Marks (Liverpool Hospital), Sandy Middleton (Australian Catholic University), Sanjyot Vagholkar, Stephen Wilson (St Vincents Hospital).

GP
 COPD. P GP
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DESPATCH: Delivering stroke prevention for atrial fibrillation: assisting evidence-based choice in primary care (NHMRC)

Principal Investigator: Melina Gattellari (School of Public Health and Community Medicine, UNSW), Jeremy Grimshaw (University of Ottawa), Dominic Leung (Liverpool Hospital), Obi Ukoumunne (Royal Children's Hospital, Melbourne), John Worthington (Liverpool Hospital), Nicholas Zwar.

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Randomized controlled trial of Moving On: a self management program for persons with a chronic illness (Arthritis NSW and the National

***Use of vignettes in the diagnosis of asthma (UNSW Faculty of Medicine Research Grant)**

Authors: Sarah Dennis, Guy Marks (Liverpool Hospital), Nicholas Zwar.

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David Perkins, Gawaine Powell Davies, Judy Proudfoot (School of Psychiatry), Warwick Ruscoe (Southern Highlands Division), Darryl Williams (South East Sydney Division), Nicholas Zwar.

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Systematic Review of Drivers for Self Literacy in Behavioural Risk Factor Management in General Practice (APHCRI)

Authors: Mark Harris, Anna Williams, Elizabeth Denney Wilson, Sarah Dennis, Anthony Newall (School of Public Health and Community Medicine, UNSW), Tim Shortus, Jane Taggart, Nicholas Zwar.

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NAP

***Teamwork study: Enhancing the role of non-GP staff in chronic disease management in general practice (NHMRC)**

Authors: 1 Tf7 TmPeT13_153 TD, rce6SC45(r)1u.153.-1.41209ine

***Systematic Review of Linkages between Chronic Disease Self Management Programs and Primary Health Care**

Authors: Mark Harris, Anna Williams, Sarah Dennis.

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Organising chronic disease management

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Team-link study: Outcomes of multidisciplinary care in general practice (AHMAC)

Authors: Mark Harris, Bibiana Chan, Sunshine Bustamante, Bettina Christl, Patrick Crookes (University of Wollongong), Mahnaz Fanaian, Maureen Frances, Upali Jayasinghe, Sue Kirby, Michael Moore (Central Sydney Division), Danielle Noorbergen, Rene Pennock (Macarthur Division),

**Quality Improvement in general practice
(PhD – part time)**

PhD student: **Barbara Booth**, supervisors Mark Harris and Nicholas Zwar.

PhD student: **Barbara Booth**, supervisors Mark Harris and Nicholas Zwar.

Preventing chronic disease

Funded by the National Health and Medical Research Council (NH&MRC) as part of the National Aboriginal and Torres Strait Islander Health Research Program (NATSIRP). The project is a collaborative effort between the University of Queensland, Queensland Health, and the Queensland Aboriginal and Torres Strait Islander Health Research Program (QATSIRP). The project aims to develop and evaluate a community health risk factor management program for Indigenous Australians aged 45-49 years. The program will focus on preventing chronic diseases such as cardiovascular disease, diabetes, and cancer. The project is led by Dr. Gawaine Powell Davies, with co-supervisors Dr. Anna Williams and Dr. Mark Harris. The project is funded by the NH&MRC (Project ID: 1008107) and the Queensland Health Research Program (Project ID: 1008107).

***Community Health Risk Factor Management Research Project (Community Health SNAP) (NSW Health)**

PhD student: **Gawaine Powell Davies**, **Rachel Laws**, Cheryl Amoroso, Rosslyn Eames-Brown, Mark Harris, Anna Williams.

Funded by the National Health and Medical Research Council (NH&MRC) as part of the National Aboriginal and Torres Strait Islander Health Research Program (NATSIRP). The project is a collaborative effort between the University of Queensland, Queensland Health, and the Queensland Aboriginal and Torres Strait Islander Health Research Program (QATSIRP). The project aims to develop and evaluate a community health risk factor management program for Indigenous Australians aged 45-49 years. The program will focus on preventing chronic diseases such as cardiovascular disease, diabetes, and cancer. The project is led by Dr. Gawaine Powell Davies, with co-supervisors Dr. Anna Williams and Dr. Mark Harris. The project is funded by the NH&MRC (Project ID: 1008107) and the Queensland Health Research Program (Project ID: 1008107).

Putting Prevention into Practice – Developing a theoretical model to help understand the lifestyle risk factor management practices of primary health care clinicians (NHMRC PhD scholarship)

PhD student: **Rachel Laws** supervisors: Mark Harris, Lynn Kemp.

PhD student: **Rachel Laws** supervisors: Mark Harris, Lynn Kemp.

***Evaluation of the Implementation of Lifescripts in Demonstration Divisions (Dept. of Health and Ageing)**

PhD student: **Gawaine Powell Davies**, **Anna Williams**, Mark Harris.

PhD student: **Gawaine Powell Davies**, **Anna Williams**, Mark Harris.

Health Improvement and Prevention Study (Vascular Prevention in General Practice) (NHMRC)

PhD student: **Mark Harris**, **Mahnaz Fanaian**, Cheryl Amoroso, Bettina Christl, Liz Develin (NSW Health), Gaynor Heading (NSW Cancer Institute), Upali Jayasinghe, Rachel Laws, David Lyle (Broken Hill UDRH, Sydney University), Suzanne McKenzie, Megan Passey (Northern Rivers UDRH, Sydney University), Gawaine Powell Davies, Chris Tzarimas (Lifestyle Clinic, Faculty of Medicine, UNSW), Qing Wan, Nicholas Zwar.

PhD student: **Mark Harris**, **Mahnaz Fanaian**, Cheryl Amoroso, Bettina Christl, Liz Develin (NSW Health), Gaynor Heading (NSW Cancer Institute), Upali Jayasinghe, Rachel Laws, David Lyle (Broken Hill UDRH, Sydney University), Suzanne McKenzie, Megan Passey (Northern Rivers UDRH, Sydney University), Gawaine Powell Davies, Chris Tzarimas (Lifestyle Clinic, Faculty of Medicine, UNSW), Qing Wan, Nicholas Zwar.

The feasibility and impact of cardiovascular absolute risk assessment in general practice (NHMRC GP Clinical Project 2007-2009)

Supervisor: Mark Harris, Elizabeth Denney Wilson, Terry Campbell (Faculty of Medicine, UNSW), Iqbal Hassan, Suzanne McKenzie, Danielle Noorbergen, Anushka Patel (George Institute), Sanjyot Vagholkar, Qing Wan, Christine Walker (Chronic Illness Alliance), Nicholas Zwar.

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The development of an implementation model for cardiovascular absolute risk assessment in general practice. (APA PhD scholarship)

Supervisor: Qing Wan, v Mark Harris, Nicholas Zwar.

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***Absolute risk assessment in general practice – a pilot study to measure impact on prescribing and adherence to guidelines (RACGP Cardiovascular Research Grant 2007)**

Supervisor: Sanjyot Vagholkar, Mark Harris, Nicholas Zwar.

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 2009.

Impact of cardiovascular absolute risk assessment in pharmacotherapy in general practice. (PhD part time 2008-2010)

Supervisor: Sanjyot Vagholkar, v, Nicholas Zwar

Primary Health Care System Development

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Improving Integration of Services and Coordination of Care

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*Evaluation of the Hospitalist program (NSW Health)

Figure 1: _____

End of life decision making: Advance Care Planning in the Primary Care Context. (NHMRC PhD scholarship) 2008-2011

Supervisor: Joel Rhee, Supervisor: Nicholas Zwar, Lynn Kemp

Abstract: This study explored the experiences of general practitioners (GPs) and patients in making advance care planning (ACP) decisions. The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on ACP. GPs are more likely to initiate ACP discussions with their patients, while patients are more likely to initiate ACP discussions with their GPs. The study also found that GPs and patients have different views on the importance of ACP. GPs view ACP as an important part of their practice, while patients view ACP as a burden. The study also found that GPs and patients have different views on the barriers to ACP. GPs view the barriers to ACP as a lack of time and resources, while patients view the barriers to ACP as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to ACP. GPs view the facilitators to ACP as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to ACP as having the necessary information and understanding.

Access to Primary Health Care

Abstract: This study explored the experiences of general practitioners (GPs) and patients in accessing primary health care (PHC). The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on PHC. GPs are more likely to initiate PHC discussions with their patients, while patients are more likely to initiate PHC discussions with their GPs. The study also found that GPs and patients have different views on the importance of PHC. GPs view PHC as an important part of their practice, while patients view PHC as a burden. The study also found that GPs and patients have different views on the barriers to PHC. GPs view the barriers to PHC as a lack of time and resources, while patients view the barriers to PHC as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to PHC. GPs view the facilitators to PHC as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to PHC as having the necessary information and understanding.

Optimising access to 'best practice' primary health care (APHCRI)

Supervisor: Bettina Christl, Elizabeth Comino, John Furler (University of Melbourne), Marion Haas (UTS), Jane Hall (UTS), Mark Harris, Yordanka Krastev, Gawaine Powell Davies, Antony Raymont (Victoria University, NZ).

Abstract: This study explored the experiences of general practitioners (GPs) and patients in accessing primary health care (PHC). The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on PHC. GPs are more likely to initiate PHC discussions with their patients, while patients are more likely to initiate PHC discussions with their GPs. The study also found that GPs and patients have different views on the importance of PHC. GPs view PHC as an important part of their practice, while patients view PHC as a burden. The study also found that GPs and patients have different views on the barriers to PHC. GPs view the barriers to PHC as a lack of time and resources, while patients view the barriers to PHC as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to PHC. GPs view the facilitators to PHC as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to PHC as having the necessary information and understanding.

Relationship between 'best practice' primary care, health status, hospitalisation, and death for general practice patients with diabetes

Supervisor: Elizabeth Comino, Mark Harris, Nicholas Zwar.

Abstract: This study explored the relationship between 'best practice' primary care, health status, hospitalisation, and death for general practice patients with diabetes. The study was conducted in a rural general practice in Queensland. The research was conducted using a longitudinal design. The findings of the study indicate that 'best practice' primary care is associated with better health status, fewer hospitalisations, and a lower risk of death for general practice patients with diabetes. The study also found that health status is associated with fewer hospitalisations and a lower risk of death. The study also found that hospitalisation is associated with a higher risk of death. The study also found that the relationship between 'best practice' primary care and health status, hospitalisation, and death is mediated by patient health status. The study also found that the relationship between 'best practice' primary care and health status, hospitalisation, and death is mediated by patient health status.

Abstract: This study explored the experiences of general practitioners (GPs) and patients in making advance care planning (ACP) decisions. The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on ACP. GPs are more likely to initiate ACP discussions with their patients, while patients are more likely to initiate ACP discussions with their GPs. The study also found that GPs and patients have different views on the importance of ACP. GPs view ACP as an important part of their practice, while patients view ACP as a burden. The study also found that GPs and patients have different views on the barriers to ACP. GPs view the barriers to ACP as a lack of time and resources, while patients view the barriers to ACP as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to ACP. GPs view the facilitators to ACP as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to ACP as having the necessary information and understanding.

Investigating best practice primary care for older Australians with diabetes using record linkage: a pilot study

Supervisor: Elizabeth Comino, Jeff Flack (SSWAHS), Marion Haas (UTS), Mark Harris, Bin Jalaludin (SSWAHS), Louisa Jorm (UWS), Gawaine Powell Davies, Kris Rogers (Sax Institute).

Abstract: This study explored the experiences of general practitioners (GPs) and patients in accessing primary health care (PHC). The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on PHC. GPs are more likely to initiate PHC discussions with their patients, while patients are more likely to initiate PHC discussions with their GPs. The study also found that GPs and patients have different views on the importance of PHC. GPs view PHC as an important part of their practice, while patients view PHC as a burden. The study also found that GPs and patients have different views on the barriers to PHC. GPs view the barriers to PHC as a lack of time and resources, while patients view the barriers to PHC as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to PHC. GPs view the facilitators to PHC as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to PHC as having the necessary information and understanding.

Pilot study: investigating best practice primary care for older Australians with diabetes using record linkage (UNSW Gold Star award)

Supervisor: Elizabeth Comino, Jeff Flack (SSWAHS), Marion Haas (UTS), Mark Harris, Bin Jalaludin (SSWAHS), Louisa Jorm (UWS), Gawaine Powell Davies, Kris Rogers (Sax Institute).

Abstract: This study explored the experiences of general practitioners (GPs) and patients in accessing primary health care (PHC). The study was conducted in a rural general practice in Queensland. The research was conducted using a phenomenological approach. The findings of the study indicate that GPs and patients have different views on PHC. GPs are more likely to initiate PHC discussions with their patients, while patients are more likely to initiate PHC discussions with their GPs. The study also found that GPs and patients have different views on the importance of PHC. GPs view PHC as an important part of their practice, while patients view PHC as a burden. The study also found that GPs and patients have different views on the barriers to PHC. GPs view the barriers to PHC as a lack of time and resources, while patients view the barriers to PHC as a lack of information and understanding. The study also found that GPs and patients have different views on the facilitators to PHC. GPs view the facilitators to PHC as having a good relationship with their patients and having the necessary resources, while patients view the facilitators to PHC as having the necessary information and understanding.

AusDiab study: investigating the socioeconomic predictors of diabetes diagnosis.

Supervisor: Elizabeth Comino, Mark Harris, Upali Jayasinghe, Jonathon Shaw (Heart Foundation).

Abstract: This study explored the socioeconomic predictors of diabetes diagnosis. The study was conducted in a rural general practice in Queensland. The research was conducted using a longitudinal design. The findings of the study indicate that socioeconomic factors are associated with the risk of diabetes diagnosis. The study also found that the relationship between socioeconomic factors and the risk of diabetes diagnosis is mediated by patient health status. The study also found that the relationship between socioeconomic factors and the risk of diabetes diagnosis is mediated by patient health status.

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The impact of universal home visiting on access to child and family health nursing services in Sydney South West Area Health Service (SSWAHS, NSW Health)

Authors: **Elizabeth Comino**, Lynn Kemp, Vana Webster, Siggie Zapart.

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***Discourses of parenting by mothers born overseas in non-English speaking countries**

Authors: **Henna Aslam**, Emilee Gilbert (University of Western Sydney), Elizabeth Harris, Lynn Kemp.

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Bulundidi Gudaga (Closing the gap: improving Aboriginal maternal and child health in Macarthur) (SSWAHS)

Authors: **Lynn Kemp**, Trish Clark (SSWAHS), Elizabeth Harris, Erika Lehner (SSWAHS), Kerry Plumer (SSWAHS), Vicki Wade (SSWAHS), Cheryl Woodall (SSWAHS), Darryl Wright (Tharawal Aboriginal Corporation).

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Disadvantaged Communities and Populations

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***Cognitive Behavioural Therapy (CBT) intervention for people who are unemployed. (Job Futures/The National Unemployment Network)**

Authors: **Elizabeth Harris**, Vanessa Rose, Joan Silk.

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Evaluation of Community 2168 Community Regeneration Intervention (Liverpool City Council)

Authors: **Elizabeth Harris**, Karen Larsen, Lynn Kemp, Joan Silk and the Community 2168 Management Committee.

Ev C 2168
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Locational disadvantage: focussing on place to improve health (SSWAHS)

Elizabeth Harris, Betty Gill (University of Western Sydney), Mark Harris, John MacDonald (University of Western Sydney), Lynne Madden (NSW Health), Lee Ridoutt (Human Capital Alliance), Peter Sainsbury (University of Sydney), Jo Travaglia (Centre for Clinical Governance, UNSW), Marilyn Wise.

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UNSW Primary Health Care Research Capacity Building Initiative

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Mentoring and supervision:

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Piloting and recruitment assistance

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Teaching Activities

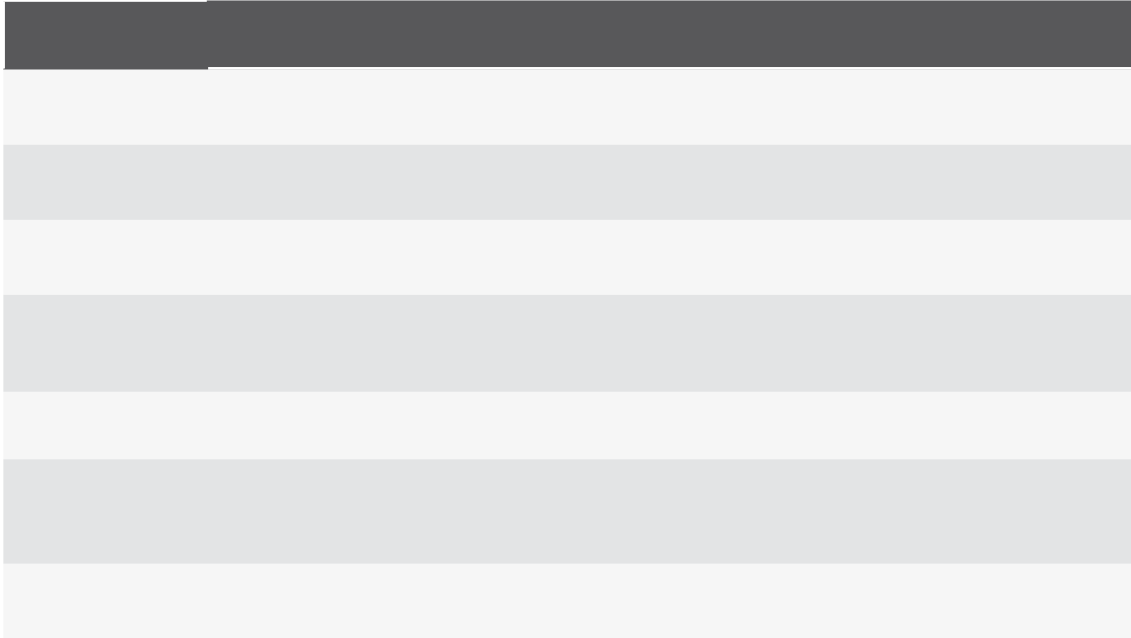
Research Students

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NAME	DEGREE	THESIS TITLE	SUPERVISOR	EXPECTED COMPLETION
A A	P D (JN)	Ev	J P (v) M H (- v)	2010
B B *	P D (JN)	Q v	M H (v) N (- v)	D 2009
A C	M P H () (JN)	J 45-49 A	M H (v) C A (- v)	J 2008
J G	P D (JN)	P ' ,	L K (- v)	2008
D	P D (JN)		E C (- v),	2010
D	M (JN)	G P E	N (- v) D (- v)	2008
J E	P D (JN)	P : A , ,	L K (- v)	2011
B H - *	P D (JN)	E (EFHIA) v	K P B (v) L K (- v)	J 2011
K *	P D (JN)	D ?	D (v) M H (- v)	J 2010
P K	P D (JN)		M H (- v)	D 2008
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Undergraduate Students

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Partners and Affiliates

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Health departments

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Area health services

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Other government departments

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Local government

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Australian Universities

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Divisions of General Practice

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Publications

Book Chapter

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Journal Articles

1. B B, H M, . *af*
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 H . 2008, 14(2):19-27.

2. B J, A, NA. *C* n *f*
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 F P . J 2008; 37(1/2): 57-60.

3. C A, A C, H MF n v 45 49 *af*
 n *af* . *f* MB 717.
 A F P . 2008; 37: 765-768.

4. C BH, B J, H MF, F JP.
 - n *u* n *f* *f* *af* *af* n *af*
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 . M J A . 2008; 189:
 134-5.

5. C E, K L. *af* n v n
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6. D M, N, G M, H
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 . M J A . 2008 A
 21; 188 (8) : 53-56.

7. D - E, C KJ. *af* n *af* *u*
af *f* . B M J . 2008; 337:
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8. G M, J N, M
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 2008; 39(1):227-230.

9. G M, J, N. *af* n.
An n n n u. n . 2009; 40; 5-7.
 O 28 A 2008.

10. G A NA. n *af* n
 2008: *af* *f* *af* *af* M J
 A 2008; 189 (2): 58.

11. G NJM JE, K LK, D v
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 A . 2008; 188: 46-49.

12. H H, H MF, C. M *af* n
C *af* *af* : n n *af* n *f*
f . A J P H . 2008;
 14: 78-84.

13. H H, C, H MF. *C* *af*
af n - n *f* *f* n . A
 F P 2008; 37(4): 259-261.

14. H H, PC & H M. (2008). A u *af*/
 u *af* *af* *af* *f* n *f* n n *af*
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 A J H , 16, 376-382.

15. H MF. *C* n n *af* *af* n.
 A F P . 2008; 37: 716-720.

16. H MF, L , A C. M *af* n *f* v *af* *af*
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 A J P H . 2008; 14:
 112-119.

17. H MF, A, D N. P
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 . M J A . 2008; 189:
 17-20.

18. J J, P J, H C, P
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 Q H C 2008; 20: 105-114

19. K L, C v H - B, B
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 2008; 43(4):459-469.

20. K L, H E, M M C, M
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C n *af* *af* *af* n, *f* - v n (M C,)
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 BMC P H . (2008) 8:424.

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