



Thomas C. Meyer, MD

# What's working, what's not: MORP seeking the answers

by Thomas C. Meyer, MD, WMJ Medical Editor

“Action Research” or “Practitioner Research.” That is what the educators call the reports from the study groups of the SMS Medical Outcomes Research Project (MORP). These groups have been engaged in studies for the past 10 years and provide us with more of their findings in this issue of *WMJ*.

The essence of action research is the close observation and documentation of alteration in behaviors that do or do not take place as the result of recommended changes in practice patterns. Educators make and document their changes in the classroom. MORP is doing it in the much larger context of medical practices around the state—and we salute them for it. Painstaking, irritatingly detailed observation/documentation with stalwart staff to massage and feed back the data allows practitioners—whether classroom teachers, busy physicians, or patients—to learn about and contribute to the fund of “what really works” and “what doesn’t work—really.” So, while much of the data from action research is messy and seemingly unconvincing, other physicians can relate the findings to their own practices and consider what changes they might make.

Doctor Ingalls and Dr. Helstad remind us of the history, mechanics and costs of MORP in their guest editorial (p 12), and 4 articles provide more information from the ongoing MORP studies: Pediatric Asthma (p 26), Adult Asthma (p 15), Acute Low Back Pain (p 35), and Diabetes (p 19). These provide some idea of how Action Research is carried out: What do we do? What did we do? What did we find? What’s next? What if that doesn’t work? Sympathetic readers may have visions of herding cats. Perhaps these study groups can show the rest of us which paths to follow in the translation of academic research to medical practice.

Meanwhile, MORP is suffering the agonies and uncertainties of pioneering and deserves our strongest support. It is worth all the effort—really.

Doctors Knobeloch and Proctor’s report of methemoglobinemia (p 43) in infants is of particular interest to the broken down pediatric cardiologist in your editor. Doctor Schlenker and his colleagues report on the dedication necessary to ferret out the large numbers of children in a low income area of Milwaukee who had escaped the traditional screening processes for unacceptably high levels of

lead (p 48). The unusually large number of acronyms is both appealing and irritating. I could not really see myself as a CLOP investigator armed with a HEPA vacuum cleaner organizing a PAL coalition and collecting BLL’s for the MHD—but those who did came out looking golden and deserve praise. Of equal interest is the assessment by Dr. Yen and his colleagues of the views of a large number of pediatricians and family practitioners concerning the management of acute otitis media in children without antibiotics (p 55). The survey questionnaire is instructive enough and makes me wonder what my own response would have been. We hope that the results provided sufficient stimulus to the authors to proceed with the study.

Finally, I invite readers to complete and return the queries incorporated in the first of a 5 or 6 part series entitled “Dilemmas in Geriatrics” (p 11), which were derived from a report in the Proceedings of the Royal College of Physicians of Edinburgh. The composite responses and views of various experts on this first scenario will accompany the second scenario in the next issue. We hope you will find them interesting and provocative.



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