

Compulsory audit projects for medical students <i>R.G. Neville and J.D.E. Knox</i>	430	Patient satisfaction <i>Richard Baker; A.P. Presley</i>	432	Can general practitioners counsel? <i>Nancy Rowland; Jack Norell</i>	435
Trainee exchanges <i>J. Woodhouse</i>	430	Prescribing research: PACT to the future <i>John B. Donald</i>	433	Fellowship by assessment <i>Gordon Gaskell</i>	435
Effect of small group education on the outcome of chronic asthma <i>Patrick T. White et al; Trevor A. Sheldon and Philip Monk</i>	430	Dispensing costs <i>Paul Thomas; Ian Cocks</i>	433	Mispirnt <i>T.G. Heyes</i>	435
Comparison of the workload of a trainer and trainee <i>Carolyn Chew and Carl L. Whitehouse</i>	431	Community hospitals <i>Diarmuid Kerrin and Roger Jones</i>	434		
Continuing medical education <i>M.F. McGhee</i>	432	Compulsory admission to hospital <i>Niall J. O'Connell</i>	434		
		Needs of elderly people in residential homes <i>Richard D. Coleman</i>	434		

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Compulsory audit projects for medical students

Sir,

Compulsory audit of clinical activity will be the norm for doctors in the 1990s¹ and at Dundee medical school it was felt important to equip students, regardless of their eventual career choice, to cope with the planning, execution and presentation of a clinical audit project. An audit project was thus introduced as a standard and assessable component of the four week general practice teaching block attached to a tutor in the fourth year. The choice of topic is left to students and tutors but a list of suggestions is available.

Students must complete their project within the four-week period, submit a written report of approximately 1000 words, and present their findings at the end of block departmental seminar. The diversity of topics chosen is remarkable and examples include 'Peoples' attitudes to smoking', 'Hypertension audit', 'The workload generated by a problem patient', 'Practice booklets', 'Are patients frightened of their doctors?' and 'Audit of bereavement visiting'.

Since the publication of the white paper¹ audits of cervical smear rates, practice immunization rates, referral rates per partner and costs of prescriptions have become popular. We expected, and received, some resistance from students when the idea was first proposed, but are now impressed at the widespread level of enthusiasm and high standard shown by students in completing reports. Reaction from department tutors was initially mixed, but most tutors now view the project as a useful component of teaching. It provides an opportunity for the student to work unsupervised (which relieves some of the tensions of a one-to-one teacher-pupil relationship over four weeks), it can be stimulating for tutors to become involved with students' ideas, and most interestingly tutors have begun to see the

potential of harnessing the student as a resource for the practice.²⁻⁴

We think the compulsory audit scheme is an innovation worthy of consideration in all medical schools. Others may find the concept of compulsory projects controversial, or may object to students being 'exploited' to perform practice audit. We would be interested to receive the views of teachers of general practice.

R.G. NEVILLE

J.D.E. KNOX

University of Dundee
Department of General Practice
Westgate Health Centre
Charleston Drive
Dundee DD2 4AD

References

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555)*. London: HMSO, 1989.
2. Osborne J, Parker M, Rhodes M, et al. Employing a medical student to audit the practice. *J R Coll Gen Pract* 1987; 37: 272.
3. Neville RG, Sowerby R. The role of undergraduate project work in clinical audit in general practice. *Medical Teacher* 1988; 9: 473-477.
4. Robertson G, Buckney M, Neville RG. Medical student audit of practice cervical screening. *Horizons* 1988; 2: 583-585.

Trainee exchanges

Sir,

During the final six months of my vocational training scheme I was offered a short exchange with a trainee from Scotland. I accepted and found my stay in another practice both enjoyable and stimulating. It is surprising that more trainers and trainees do not use this simple means of broadening the experience of all parties.

My exchange caused only minor disruption to each practice and there was no problem about fulfilling the criteria of the Joint Committee on Postgraduate Training for General Practice as both practices were fully accredited and no training time

was lost. Temporary accommodation was organized by each trainer.

I can only recommend trainee exchanges as educationally useful, enjoyable and easy to organize.

J. WOODHOUSE

2 Highbury
Jesmond
Newcastle upon Tyne NE2 3BX

Effect of small group education on the outcome of chronic asthma

Sir,

Dr Fox's condemnation (Letters, September *Journal*, p.391) of the general practitioners who took part in our study of asthma may be a justifiable criticism of all doctors in general practice at the time of this study. For our part we are full of admiration for the general practitioners who subjected themselves to the rigours and scrutiny of our study and we have seen no evidence to suggest that the care of asthma in any part of the UK is better than that provided in Croydon.

Dr Fox may be surprised by the suggestion that there are still major disagreements between doctors on asthma management but the evidence published by us in 1983¹ has been confirmed as relevant today by a recent survey which we have conducted (manuscript in preparation). Indeed as he says agreement in asthma does depend on the doctors you ask.

We agree that there is considerable unmet need among asthmatics and suspect that this is to be found all over the country. However, in contrast to Dr Fox we believe that it is only through the rigour of studies such as ours that it will be possible to make the case for small group learning as an educational method. In addition to this, despite both rapidly increasing sales in peak flow meters and