Continuing medical education—assessment of courses

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IN the continuing education of general practitioners many of the courses offered are of a general refresher nature and one of the most intractable problems has been to establish the value of the teaching that is offered. This has arisen partly because the teachers up to now have usually been hospital medical staff, some of whom have taught on lines suitable for hospital specialists in training but have not been able to relate their teaching to general practice. The other and more substantial reason is that general practitioners on courses are drawn, in London at any rate, from all over the country. They vary greatly in age, and the circumstances of their practice and in their professional interests. Some of these drawbacks have been countered by offering courses in specialist subjects which are likely to attract doctors with common interests, though often with differing levels of experience. Attempts in London to organize courses so that the same group of doctors use their annual entitlement to come together for a number of years in succession in order to study a specialty in depth, have failed because of changing practice and other commitments. Success in getting a small body of doctors to meet together over a number of years to attend an ongoing course of this kind would be more likely if it were to be based on a district hospital medical centre. A doctor who aims to study in depth will be most likely to succeed if he arranges to be attached as an individual to the specialist unit in which he is interested.

The purpose of general refresher courses is to fit individuals better for the medical work they will do. At first in general practice members of courses were invited to record their opinions on the value to them of sessions they attended, but it proved impossible to draw firm conclusions because of the widely varying comments received. Thereafter forms were provided designed to invite observations upon specific items such as the time allocated to a subject, the material presented and the presentation with encouragement to enlarge upon these and other aspects worthy of notice. An attempt was then made to improve upon the results achieved by this method, by appointing volunteers as recorders of each session. The recorder was to express not only his own reactions to sessions but also try to summarize those of his fellow students. There was on occasion some reluctance from individuals to act as recorders, and, though some improvement in recording was achieved, the results still fell short of what was being sought. The many variables noted earlier continued to make it difficult to compare one course with another.

An opportunity arose recently to assess refresher courses of a general type in which attendance however was restricted to physicians practising occupational medicine who have a responsibility to give advice to management on the safety, health and welfare of the workers employed. They are responsible for first-aid, emergency treatment at work, and for continuation treatment, also rehabilitation and management of any medical condition from which the patient suffers and for which the general medical

practitioner requests the industrial medical officer's supervision. Though the industrial physician is in contact for a much longer time with the patient (throughout the patient's working week) and though he may know the patient far better than the patient's own general practitioner, he has no personal responsibility for the man's health in anything other than the work setting. Any treatment or investigation he considers advisable should first have the sanction of the patient's own personal doctor before it is carried out. In practice many workers seek advice and help from the industrial medical officer on a number of problems, medical, psychological and social, and where the relationship between the general practitioner and the medical officer is good, this seldom leads to difficulty.

For these reasons medical responsibility makes the clinical requirements of general practitioners from teaching courses different from those of physicians in occupational medical practice. Full-time industrial medical officers are eligible to attend general-practitioner refresher courses but the content of teaching may not be appropriate. Courses in general medicine over the wide field covered by general practitioners are not always equally valuable to industrial medical officers, though there are many meetings organized on specific occupational health topics. Dr A. Raffle, lately president of the Society of Occupational Medicine, suggested that the Education Panel of the Society approach the British Postgraduate Medical Federation to ask for their help in organizing clinical refresher courses, especially for full-time industrial medical officers.

Organization of courses

The first of these clinical refresher courses, lasting five days took place in the London area in February in 1968[1] and was repeated in February 1969. The courses were designed to cover clinical aspects of certain major medical topics. A new topic was taught daily. Five different clinical centres were visited each week. Lecturers were asked, in their teaching, to emphasize methods of investigation and current views on treatment and to exclude specifically occupational medical subjects.

Method of assessment

The information that the refresher courses were to take place was given in a personal letter to each member of the Society and by an advertisement in the *Transactions of the Society of Occupational Medicine.*

The need for such courses was measured by the number of applications of the full-time industrial medical officer members of the Society to attend. In addition, a review session was held on the last afternoon of each course. Student opinion on the organization of the course and of the teaching provided was sought by asking students to fill in anonymous written answers

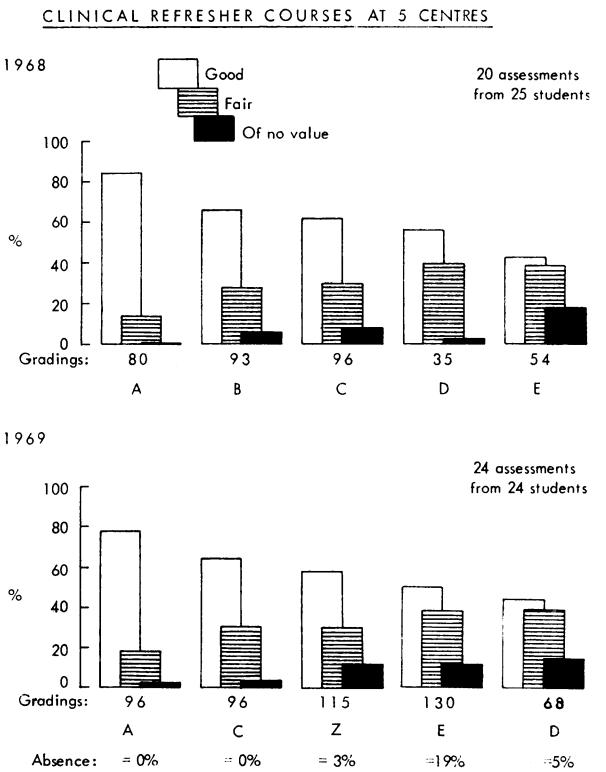

Figure 1.

to a questionnaire and to grade each individual item of the teaching programme attended on a three-point scale: 1 = good; 2 = fair; 3 = of no value to the student personally. Then their views were obtained in verbal discussion with course organizers. As the refresher course was so short it had been anticipated that students would attend all teaching sessions. This was not the case in 1968 and therefore at the end of the 1969 course students were asked to record their absences. (Figure 1).

Results of assessment

Need for training: Demand to attend

Forty-seven physicians applied to attend the course in 1968 and 37 in 1969; of these eight had made an unsuccessful application in the previous year. On each occasion numbers had to be restricted and only the first 25 to apply could be accepted. There was no financial inducement to attend. In fact, for the industrial medical officers, teaching fees, travel and living accommodation have to be paid for by the individual or by his sponsoring firm, in contrast to the postgraduate teaching sessions for general practitioners where there is financial support and inducement in the form of special allowances for attendances. Nevertheless, physicians came from Northern Ireland, Wales, Scotland and many counties in the British Isles and from a wide variety of private and nationalized industrial concerns.

Objectives of physicians in applying to attend courses

In order to discover the reasons for the students' applications to attend they were asked to state in anonymous replies to the questionnaire, their main objectives in attending the course and to declare whether or not these objectives had been achieved. Their reasons were also discussed at the review session at the end of the course with the organizers.

TABLE I

REASONS GIVEN BY 48 FULL-TIME INDUSTRIAL MEDICAL OFFICERS (1968/69) FOR APPLYING TO ATTEND COURSES

Objective	*Students stating objectives*		*Students whose objectives were satisfied*	
	No.	*%*	*No.*	*%*
To obtain up-to-date information on:				
prevention	17	*35*	7	*41*
investigation	38	*79*	35	*92*
treatment of disease.	31	*65*	24	*77*
To hear about current clinical views on a variety of subjects	45	*94*	45	*100*
To learn clinical information likely to be useful in own work.	39	*81*	34	*87*
Other	6	*12*	5	*83*

Their major objective was to hear about the current clinical views on a variety of subjects, particularly on the methods of investigating disease. Also of importance was the acquisition of information applicable to the practice of clinical medicine by industrial medical officers. (Table I).

Up-to-date information on rehabilitation was only specifically mentioned as an objective in 1969 when 11 of the 24 students (43 per cent) stated this to be an objective. Only five of the 11 students expressing this desire were satisfied. This is an example of a gap in medical care particularly in a course of this kind. All the student assessments

of the value of teaching given should be considered from the point of view of these objectives and their successful achievement.

Opinion of physicians who attended courses

In the two years 1968–69 (one student selected had to withdraw unexpectedly) 49 physicians attended the refresher courses. Twenty four out of 25 industrial medical physicians replied to the questionnaire in 1968 and all 24 replied in 1969. In 1968, although 24 students filled in the questionnaire four omitted to grade the teaching programme. The results are presented in table II. A different hospital centre was visited daily. Three centres were visited on the same day of the week in both years. One of the centres (B) was not visited in 1969 and was replaced by a visit to centre Z. In 1969 centre A again has the highest ranking, centre C moved up to second place and was replaced by centre Z ranked third. The ranking order of D and E was reversed.

Success of teaching: Discussion

The intellectual level of teaching and the clinical emphasis on the topics taught was considered excellent at centre A in both 1968 and 1969. Comments on the teaching given at this centre during both courses illustrate these points:

"this was clinical medicine at its best in the hands of a masterly and enthusiastic teacher", (1969); "The clinical teaching during the day was outstanding in content and platonic dialogue method", (1969); "This was the most interesting day, due to the personality and presentation of the senior lecturer" (1968).

The industrial medical officers attending centre A were encouraged to ask questions and take part in discussions on the medical cases demonstrated. The patients used to illustrate disease entities contributed greatly to the enthusiasm and interest of the group.

TABLE II

REFRESHER COURSES IN CLINICAL MEDICINE ATTENDED BY 49 FULL-TIME INDUSTRIAL MEDICAL OFFICERS 1968/69

Total physicians attending		*Total number of physicians filling in gradings*	*Total gradings*						*Total all gradings*
			Grade I (good)		*Grade II (fair)*		*Grade III (of no value to student personally)*		
			No.	%	*No.*	%	*No.*	%	
1968	25	20	232	*65*	100	*28*	26	*7*	358
1969	24	24	305	*61*	151	*30*	44	*9*	500
All years	49	44	537	*63*	251	*29*	70	*8*	858

There is no doubt that in both years the atmosphere, method, and presentation at this centre hit just the right note as illustrated by the consistent premier ranking achieved. Students discriminated sharply between the teaching which they considered fulfilled their objectives in attending the course and other teaching, which, though often of a high intellectual level, took little account of the expressed needs of the industrial medical officers. This is shown by the absence rate at centre E in 1969, when some of those attending during the morning session left before the afternoon teaching began. This discrimination is illustrated in figure 2 when the gradings given to each of the individual items of the teaching programme are compared. The most successful topic or speaker achieved 24 grade 1's, less successful sessions received some grade 1, but also some grade III assessments. These individual grade III assessments may only indicate the student's own personal disinterest but the trend in group opinion when three, four or five of these are recorded requires consideration in planning future courses. An alteration in em-

phasis or in methods of teaching or choice of topic, depending on the cause of dissatisfaction can favourably influence student assessments on succeeding courses (Gauvain 1968).

Conclusion

Refresher courses need, not only careful organization but clear briefing of the instructors on the objectives of the group who have applied to attend. These objectives may be known to course organizers from experience or may be ascertained by seeking the information from similar groups or individuals who have attended previous courses. To confirm that the objectives sought have been achieved on each course, student opinion should be obtained on the value and relevance of the teaching given.

Summary

Continuing education for general practitioners to aid them in performing their medical work more effectively by means of short refresher courses has become an accepted form of postgraduate training. To try to ensure that the teaching given is satisfactory and appropriate may be difficult and time consuming. A means of assessment used on two clinical refresher courses, each of five days duration, designed especially for industrial medical officers is described.

The opinion of attending doctors was sought at the end of each course in discussion with course organizers, by anonymous written answers to questionnaires and by grading all items of teaching on a three-point scale.

Analysis of the results of the assessments used indicates that teaching which most nearly satisfies the objectives of the applicants was rated most highly. The belief is held that student opinion should be sought on the relevance and effectiveness of the teaching given on refresher courses and that the information gained should be used in planning succeeding courses.

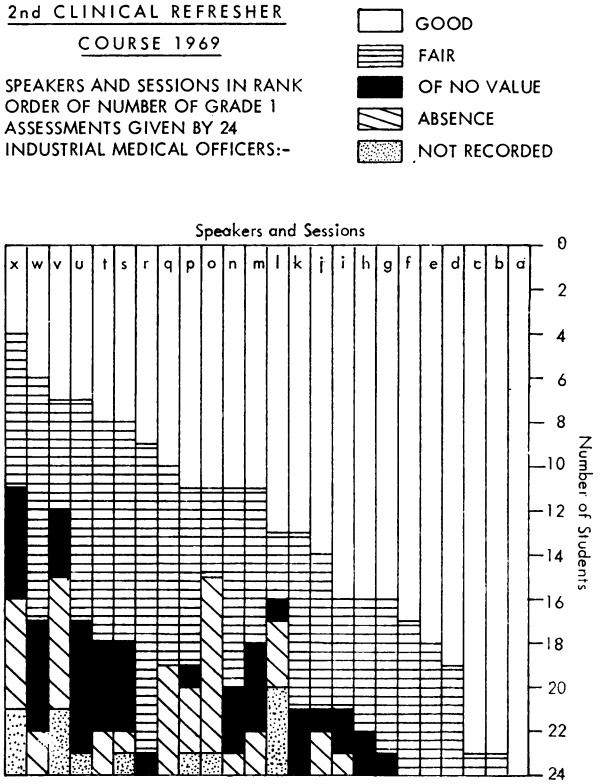

Figure 2.

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