

details of all tapes and slide sets. The following is a small selection from new ones.

#### *Audiotapes*

- 71-21 Accident—A BBC Radio Teesside report of the Yorkshire Road Accident After Care Scheme.  
 71-24 Antidepressants Today—Dr M. G. Keddie.  
 71-23 Ipswich Ban on Amphetamines—Dr Frank Wells.  
 71-13 L.S.D.—Dr A. R. K. Mitchell.  
 71-16 Examination of the Back—Mr M. C. T. Morrison.  
 71-17 Examination of the Shoulder—Mr M. C. T. Morrison.  
 71-10 Simple Physiotherapy for Chronic Chest Disease—Miss Diana Gaskell.  
 71-37 Methods of Treating Varicose Ulcers by Conservative Methods—Dr Napier Thorne.  
 71-36 Questions to Answer in Dermatology—Dr Napier Thorne.  
 71-48 The Patient with a Sex Problem—Dr George Day.  
 71-44 Still's Disease—Dr Barbara Ansell.

#### *Teaching slide sets*

- T.S.25 Albert Goes to the Occupational Centre.  
 T.S.26 Looking at Health Visiting I—Clinic and School.

- T.S.27 Looking at Health Visiting II—At Home.  
 T.S.28 Advanced First Aid—Serious Injury—A collection of photographs of severe injuries.  
 T.S.30 Some Common Injuries—A collection of less severe injuries.  
 T.S.29 Nursing the Severely Disabled at Home—A district nurse shows how to care for the very severely handicapped.

Full details of these and all other audiotapes and slide sets may be obtained from: Medical Recording Service Foundation, Kitts Croft, Writtle, Chelmsford, CM1 3EH. Telephone: Chelmsford 420316 (STD 0245).

### *In Memoriam*

- M. F. H. BLAIN, Dunedin, New Zealand.  
 A. FULLERTON, Batley, Yorks.  
 T. MALCOLM-SMITH, Auckland W.2.  
 L. M. MAYBURY, Southsea, Hampshire.  
 T. H. MONIES, Leeds, 12.  
 A. F. NELSON, Rutherglen, Lanarkshire.  
 W. H. G. PARK, Banchory, Kincardineshire.  
 F. J. SALE, Filey, East Yorks.  
 J. W. WIGG, London, N.W.3.

## REPORTS

### A COURSE FOR TEACHERS IN GENERAL PRACTICE

WHEN VOCATIONAL TRAINING BECOMES THE NORM there will be a requirement for at least 9,000 teachers in general practice: they will need to be trained and it has been the urgent concern of the education committee of council that courses should be run for this purpose. Intensive courses for teachers in general practice have been run at the College and elsewhere (notably in Manchester) and teachers study groups (workshops) are also being convened in various parts of the country. This article describes the origins and functioning of an extended course held in London in the academic year 1970-71 and makes suggestions to those planning future courses.

The principal objectives of the course were to provide instruction in learning and teaching and to develop skills in learning and teaching by the study of topics in education, medicine and the behavioural sciences.

A course for teachers in general practice was proposed in 1969 by Donald Bowie, then postgraduate dean at the British Postgraduate Medical Federation. Owing to various difficulties it was not started at that time. A conference was convened in February 1970 by the South-east England and North London Faculties of the College and held at Prince's Gate; to this representatives of local medical committees and other interested parties were invited. Arising from this, the course, organized jointly by the British Postgraduate Medical Federation and the College,

started in November 1970 and ran for 22 Thursday afternoons from 2 pm—6 pm. It ended with an all-day colloquium, when the work of the course was reviewed by members.

Applications were invited primarily from those already teaching in the London Metropolitan Regions. From the 45 applicants, 21 were selected, mainly on the basis of previous teaching experience, but also with a view to age and to maintaining a balance between the different metropolitan regions. Five withdrew, two before the course began and three others after the first four sessions. Sixteen of the original 21 completed the course.

Many methods of teaching were used or demonstrated and exercises were undertaken by individuals and groups. Some of these were designed to discuss the necessary background for a competent teacher, others were of a kind which could be given to a trainee. Throughout the course two educational consultants from the University of London Institute of Education were present and made critical appraisals of methods of presentation by the course members.

It had always been intended to put a good deal of emphasis on active participation by course members as the programme developed, but the experience of the opening sessions made it clear that those attending were eager and ready to contribute from the start. Therefore, formal lectures and didactic teaching were dropped at an early stage and opportunities given for individual contributions by course members at every session.

#### *Methods used*

*Lecture-discussions.* Some sessions were devoted to specific subjects introduced by a guest speaker, who then acted as moderator for the discussion he had been asked to stimulate. Alternatively course members would introduce the subject and the initial talk would be used by the expert as a peg on which to hang his talk. In some sessions all of the material was contributed by the course members themselves and attempts were made to resolve such problems as selection of trainees, defining the objectives of the trainee year and the production of a syllabus for a trainee. Various methods of teaching and learning were enumerated and analysed.

*Topic teaching.* Two or three teachers were briefed to give short talks on one aspect of a topic, for example: diagnosis, epidemiology and treatment of urinary tract infections in general practice. They would be given some references and would prepare papers for presentation to the course. This reminded members of the use of a library: it gave them experience of methods of teaching and learning involving active participation and it gave them practice in direct teaching of a lecturing type. When clinical subjects were being discussed a hospital specialist in the field was invited to discuss the papers with the group. Other subjects in the clinical field included the analysis of a presenting symptom such as dizziness. A tentative research project was presented by members and criticized by an expert in general practice research.

*Group work.* This concentrated on attempts to define a syllabus for a trainee and the objectives of the trainee year. There was inadequate time allocated to this activity, which should play a much greater part in any future course, as it should in many other educational exercises.

*Rôle playing.* This method in which three doctors act out the rules of trainer, trainee and patient gave insight into the one-to-one relationship, be it doctor-patient or trainer-trainee. Whilst many felt that course members should have come to know each other fairly well before introducing this method into a course, a minority view was that use of this technique early on might encourage participation and communication within the group.

#### *Audiovisual aids*

1. An illustrated talk was given by experts in this field to demonstrate the value of tapes and slides as produced by the Medical Recording Service Foundation and also to show how any doctor may become his own recorder with a camera with a minimum of skill.
2. Audiotape recordings were made of trainer-trainee interviews which were then played to groups for comments and criticisms.
3. Videotape recordings were made of course members while speaking. Some of these recordings are being retained for use in future courses.

With good technical facilities, including a large screen, it should be possible to extract much more value from videotapes, for example, in rôle-playing situations where they can be

played back immediately to the participants prior to discussion. It is also hoped that on future courses these types of record, taken at the beginning and end of a course, could be a basis for methods of evaluation.

*Joint meetings.* A joint meeting was held with a course for teachers in health visiting. On another occasion trainees and secretarial staff attended.

#### *The future*

Many lessons were learned from this course, which it is hoped to repeat in a much modified form in the coming academic year. It is proposed to engage members more actively and much earlier, both in the topic-teaching type of presentation and in group work. More time will be allowed for the latter and an earlier definition of objectives in the trainee year will be aimed at. The continuous involvement of educational consultants is vital to the success of the course. Trainees are to be invited to attend when appropriate and there will be more joint meetings with other disciplines (for example: health visitors, secretaries, district nurses). It is also hoped to develop methods of evaluation of the effects of the courses on its participants.

One speaker at the final colloquium gave as his succinct advice to planners of future courses the important lessons:

1. Participation
2. Communication
3. Reduce the total content of the course.

D. J. PRICE.

*Regional adviser in general practice—South-west Metropolitan Region.*

## AIRS, WATERS AND PLACES

Under the aegis of the Research Committee of the Royal College of General Practitioners a meeting on "Trace Substances and the Health of Man" was held at the Royal College on 14 July 1971 before an assembly of invited guests.

The morning session was opened by DR G. I. WATSON OBE, President, RCGP who presented to the meeting a copy of *The Continuing Work of Hippocrates* which, after being autographed by all those present, would be placed in the college library.

He stressed that we must continue the Hippocratic search for the fact underlying fiction and presented the strange inequality of distribution of chronic diseases in man. This was highlighted by the geographical map of "The Prevalence of Pernicious Anaemia in Great Britain" which was the result of a survey by the College of General Practitioners in 1957 in which 14,000,000 people had been surveyed. He referred to the Tamar Valley Project initiated by Dr Robin Pinsent, the first chairman of the Research Committee of the College and queried what place the College could take in a National Environmental Study Group if such were formed.

He ended by emphasizing that the College has a capacity to monitor a wide range of morbidity and that this was a new research tool which the College had to offer.

DR A. E. MARTIN, medical adviser to the Department for the Environment and the DHSS opened the discussion on "Airs".

He had been the Secretary of the Committee which investigated the mortality and morbidity of the Greater London fog during December 5th to 8th, 1962, and presented statistics to show that the deaths and pollution levels had coincided. The deaths were mainly among the elderly and few young people had been affected. The peaks of smoke pollution, deaths and SO<sub>2</sub> content had coincided. A study had also been done in the winter of 58-59 of the daily variations in morbidity, mortality and pollution. The peaks of morbidity and mortality for the most part coincided with the peaks of smoke and fog. In the winter of 1962 and 1963 there were similar peaks of SO<sub>2</sub> coinciding with peaks of morbidity. In the winter of 1968-69 there were no peaks of pollution and no peaks of mortality or morbidity.

Dr Martin emphasized that this work was on the acute effects of air pollution. There