

Vocational training for general practice— the Spalding seminars

A technique of topic teaching for trainees

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SUMMARY. A technique for topic teaching for vocational trainees is described which matches trainees to patients to illustrate different facets of the topic under discussion.

Introduction

Spalding is a Fenland market town with a population of 16,000 whose formal medical resources consist of a general-practitioner cottage hospital—the Johnson Hospital, and eight general practitioners. One of the two practices is involved in the South-east Lincolnshire vocational training scheme which is centred on Pilgrim Hospital, Boston, which is 16 miles away. One seminar each month is held at Johnson Hospital, Spalding with the trainees from all the three years of the course attending.

Aims

The aims were to initiate learning of behavioural, sociological, and psychological subjects by discussion of trainee-patient interviews using suitably experienced medical and non-medical resources.

Method

Resources

- (1) The patients of a group practice with four partners.
- (2) Any suitably experienced person willing to be used as a resource for the teaching of vocational trainees in general practice.
- (3) One of the partners of the group practice.

Procedure

- (1) The choice of topics is agreed between the trainers and the trainees at the course planning meetings.
- (2) Articulate patients (one for each trainee) are selected to illustrate some facet of the topic under discussion, and are asked to come to the hospital at the appropriate time, and their agreement obtained to discuss their problems afterwards.
- (3) An interview room is arranged—a dining room is very suitable—where trainees sit with patients at individual tables conducting interviews. Tea is served during this time (1–1½ hours).
- (4) At the end of the trainee-patient interviews, the patients usually go, and the trainees come together in the seminar room with the invited resource men and one of the members of the practice.
- (5) Each trainee gives an account of his interview with his patient to the group, and the resource man comments on the significant features of the patient's problems.
- (6) General discussion of the topic follows.

Topics

The following topics have already been tried and found appropriate:

- (a) The evolving mother,
- (b) Bereavement,
- (c) The social services,
- (d) The primary health care team,
- (e) Unemployment,
- (f) Termination of pregnancy,
- (g) Divorce.

We are preparing the following at present:

- (h) The single parent family,
- (i) Poverty.

Description by a trainee

Dr Stephen Cope, vocational trainee, gave the following account of the Spalding Seminar held on 13 January 1976 to the Trent Faculty of the Royal College of General Practitioners trainers' weekend course at Brant Broughton College on 18 January 1976.

"This seminar was to enable the trainees to discuss the problems of someone without work, problems of which, so far, members of the medical profession will fortunately have had little personal experience.

Before the afternoon seminar Dr Aitken (the trainer responsible for its organisation) had asked eight patients from his practice, who at that time were unemployed, if they would mind coming along to discuss their individual problems with the trainees. Each trainee spent about one hour interviewing his 'own patient' to collect as much information as possible. Then the trainees assembled together without the patients and had a group discussion on the subject of unemployment, each trainee presenting his own case. At this discussion the manager of the local employment office was present as a resource man and the patients had previously granted permission for him to bring along their personal employment files.

At this particular meeting only six of the eight patients selected arrived—an indication of the emotional response this subject causes. The six patients illustrated a selection of problems:

- (1) A young man unable to settle in a job for very long who was often aggressive towards the employment office,
- (2) A young man demonstrating the difficulties of agricultural work—a seasonal occupation,
- (3) A young unemployed manual worker living with a divorced woman and her two children,
- (4) A middle-aged professional man whose main problem was loss of ego,
- (5) A middle-aged professional man who had no financial problems because of a good pension after redundancy, but was bored and finding difficulty getting another job without undergoing a period of retraining,
- (6) A middle-aged woman with a disabled husband who had financial difficulties.

The seminar served the purpose of allowing the trainees to discover from the patients the problems of unemployment—so helping us to understand these patients better when they consult us in our surgeries. We were also able to learn from the resource-man information which was totally new to most of us about the workings of the employment offices, various state benefits, and the existence of such things as the business and executive professional register."

Generally, no difficulty has been experienced in finding patients willing to take part in the seminars: to help to educate future general practitioners provides good motivation for patients. Many patients express gratitude afterwards and feel that they have benefited from their trainee-patient interview. Resource people also find that there has been an increase in their knowledge of their subject and their clients. This was particularly true of the social services team leader who attended the discussion on the social services, and the manager from the local Department of Employment who attended the discussion on unemployment.

The trainees are enthusiastic about this form of topic learning; each has some work to do, and is enabled to learn what his colleagues have discovered.

Discussion

One of the difficulties of regular seminar meetings can be the variability of experience of the trainees in the different years of the course. This method has been found to be useful for trainees at the beginning of their three-year course, finding out what it is they have to learn about general practice attitudes and behaviour. They do this from observing and listening to their more experienced fellow trainees nearing the end of their course.

I feel strongly that training for general practice should take place in general practice. Experience of arranging seminars like these convinces me that in our practices we have limitless resources, provided we can tap them and present them to our trainees imaginatively, in a form which promotes learning. It is our patients who have taught us to be general practitioners. This seminar technique continues this process with our trainees.

Acknowledgements

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GLUTETHIMIDE—AN UNSAFE ALTERNATIVE TO BARBITURATE HYPNOTICS

It would be unfortunate, however, if glutethimide gained popularity with the decline of barbiturates, since several recent reports make it clear that severe glutethimide poisoning is an even greater danger to life than comparable barbiturate overdose. An American investigation of the drugs ingested in suicide attempts and the associated outcomes showed the mortality from glutethimide and barbiturate poisoning to be 13·9 and 0·7 per cent respectively, while a study from Copenhagen reports corresponding values of 14·1 and 1·8 per cent. Yet another U.S. study found glutethimide to have the highest mortality of all drug-induced comas (17 per cent) . . .

The message is not a new one and by now should be clear to all: if doctors must prescribe hypnotics they should think twice before prescribing anything other than nitrazepam.

REFERENCE

British Medical Journal (1976). Editorial, **1**, 1424–1425.

BEHAVIOUR IN A MEDICAL CLINIC OF PATIENTS WITH WELL-CONTROLLED BRONCHIAL ASTHMA

“Patients with well-controlled bronchial asthma coming to a university health service clinic exhibited often irritating and sometimes unusual social behaviour. For example, they were more likely to arrive late for an appointment, or not to show up for it at all, than non-allergic healthy patients, patients with perennial rhinitis, patients with seasonal rhinitis, or patients being investigated for cardiac disease. Such behaviour may be just as much a sign of bronchial asthma as is coughing or wheezing.”

REFERENCE

Rubenstein, Howard S. (1976). *Lancet*, **1**, 1011–1012.