

Using the first consultation in acute illness for teaching third year medical students

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SUMMARY. We have introduced clinical teaching in general practice for students in their first clinical year. The students are present at the patient's initial consultation for an acute illness and thus see a wide range of morbidity which is seldom found in hospital. Log books are used to record such factors as the patient's presenting complaint, the diagnosis that is made and the presence of significant social and psychological aspects of the physical condition. Although there were only four two-hour teaching sessions, the frequency and the range of presenting complaints seen by students approximates to that in general practice. The opinions of both the tutors and the students to this form of teaching have been favourable.

Introduction

Teaching in general practice at the University of Glasgow extends over the three clinical years of the new five-year undergraduate curriculum.

A recent innovation has been the introduction of general-practice teaching in the first clinical term. During the Whitsun term of 1975, two medical units were involved in a pilot study to decide on the feasibility of demonstrating the acute presentation of illness in a limited amount of teaching time. The students were enthusiastic about this teaching and it was decided to extend it in the following academic year (1975/76) to all third-year students attending the University's two main teaching hospitals.

In their first clinical term the teaching is basically history-taking and examination, but patients often give different accounts of their initial symptoms when seen in hospital.

Method

The students were attached to general-practitioner tutors in groups of two or three, and each group had four mornings of teaching between 0900 and 1045. During Martinmas (winter term), 151 students were taught with 12 general-practitioner tutors and this format is to be repeated in the Whitsun (summer) term.

For each teaching session the tutor booked four to six patients who were presenting for the first time with a new illness which had started during the previous 48 hours. On the first morning (for each group of students) the tutor himself took the patient's history while the students were observers. In the remaining three mornings the students took turns at taking the patient's history, the tutor intervening and giving instruction and explanation when required.

Aims of teaching

The aims of the teaching were discussed before term with all the tutors and these were:

- (1) To introduce the problems of primary diagnosis,
- (2) To show unstructured and colloquial way in which patients express their symptoms and complaints.

(3) To demonstrate the early presentation of common conditions.

The latter two were stressed as the students were only beginning their clinical training and lacked medical knowledge. The students were also introduced to the skills of interviewing and history-taking in general practice.

Students and tutors completed log books which recorded the following information about each patient seen: (1) age and sex, (2) the symptoms complained of by the patient, (3) the diagnosis or problem decided by the tutor, (4) the presence of important social and psychological components of the illness, (5) the treatment given, (6) whether the patient's illness could be assumed to be self-limiting.

All students were given a comment sheet on their first morning and they were asked to return this after their teaching. There were two headings: (a) "Have you noticed any difference in history-taking from that used in hospital?" and (b) "Any comments?"

Results

Both the tutor and the students completed log books, that of the tutor's acting as a master copy.

During 206 individual teaching sessions a total of 899 patients were seen, or 4.36 patients per session.

TABLE 1
AGE/SEX DISTRIBUTION OF PATIENTS

Age	Male		Female	
	Number	%	Number	%
0-5	49	5.5	44	4.9
6-15	40	4.5	37	4.1
16-35	121	13.5	173	19.2
36-65	186	20.7	155	17.2
65+	30	3.3	64	7.1

Morrell *et al.* (1971) in his Lambeth practice has recorded the 12 commonest symptoms presenting as new diagnostic problems in one year. The same 12 symptoms were taken in the analysis of the log books.

TABLE 2
COMPARISON OF PRESENTING SYMPTOMS

Presenting symptoms	Per cent of all consultations (Morrell, 1971)	Per cent of all consultations log books
Cough	9.9	14.7
Rash	5.8	5.2
Pain in throat	5.4	4.8
Pain in abdomen	3.7	7.6
Disturbance of bowel function	3.5	4.4
Spots and sores	3.4	3.4
Pain in back	3.3	4.6
Pain in chest	3.2	5.7
Pain in head	2.9	5.0
Pain in joints	2.6	6.7
Disturbance of gastric function	2.6	5.5
Pain in ear	2.0	3.1
Others	51.7	29.3
Total	100.0	100.0

TABLE 3
 COMPARISON OF DIAGNOSES MADE IN TEACHING SESSION WITH MORRELL *et al.* (1971)

<i>System</i>	<i>Per cent of diagnoses (Morrell et al., 1971)</i>	<i>Per cent of diagnoses log books</i>
Respiratory	25.2	26.9
Psychiatric	12.0	7.8
Digestion	7.8	12.6
ENT	7.2	5.2
Skin	6.9	9.2
Locomotor	6.9	9.6
Circulatory	6.7	6.4
Trauma	5.1	4.6
Genitourinary	4.4	5.3
Other	17.8	12.4
Total	100.0	100.0

Analysis of the log books revealed:

- (a) 49.7 per cent had organic disease above,
 - (b) 33.7 per cent of the patients' problems showed an important social component,
 - (c) 32.0 per cent of the patients' problems showed an important psychological component,
 - (d) 15.4 per cent had both social and psychological components,
- Of the conditions seen 576 (64.1 per cent) were considered to be self-limiting.

The students returned 109 (72 per cent) of their comment sheets and their impressions were almost all favourable. Some students had not completed their comments on their last teaching session and they were asked to post their forms to the Department of General Practice. In the history-taking they noticed that the main emphasis was given to the system principally involved with more time being spent on patient's social history. The students commented on the relaxed atmosphere in the surgery which helped to enhance the doctor-patient relationship. The students felt that the teaching was enjoyable and instructive and felt that it had been very useful to see the more common and less serious conditions. Much surprise was expressed at the number of psychosomatic complaints and at the number of complaints with a social component.

Comments from the students

- " Helps to remove the one-sided view of medicine."
- " Helps to build up a more relaxed attitude to history-taking, creating a sounder basis for student doctor/patient relationships."
- " General practitioners tend to hand out antibiotics and other drugs too freely."
- " In general they are more ' human ' in that they treat people as human beings and not objects."
- " A real opportunity for the study of Materia Medica is discovered."
- " Shows a different side of medicine which can never be seen stuck in hospital."
- " Very broad scope from mumps to scaphoid fracture and appendicitis."
- " I always thought that general practitioners did not do much, but this week's study has changed my view. They do a great job. They get varied problems—sometimes very difficult."

Discussion

The students were introduced to the skills of interviewing and history-taking in general practice and they have been made more aware of the implications of a doctor/patient relationship in general, and of their own reactions to patients as students in particular. This should help the students to overcome their own anxieties and to feel more comfortable and confident in their role as student doctors.

It appears that the broad aims of the teaching have been achieved. The students saw only the

first presentation of new illness, representative of that seen in general practice (Morrell *et al.*, 1971) and involving a variety of complaints in all age groups. This range of morbidity and this stage of illness can only be seen in general practice.

With an average of four patients being seen at each training session there was adequate time for the student to be actively involved in taking a history. The extended consultations also gave the tutor sufficient time to explain the steps he was taking to reach his diagnosis and elaborate on any difficulties that students had in following his thought process. Patients did not object to students being present at their consultation or being involved in taking their history, but both students and tutor have suggested that two students would be an ideal number for each group.

The students were able to appreciate the social or psychological factors which appeared of importance in the patient's presentation of illness. One of their main comments was an expression of surprise at the number of consultations in which these factors seemed to play a significant part in modifying the way in which the patient's complaint was expressed, and the way in which the patient was managed.

A system of structured teaching in general practice is sometimes criticised because of its apparent unreality. This teaching was structured, consultation time was not constrained and totalled seven hours. Each student saw an average of 17 consultations and this was representative of illness seen in general practice.

This method of teaching is to be repeated in the Whitsun term. The broad aims will be extended to include the measures required in the establishment of a diagnosis, initial and follow-up treatment of the patient, and indications for referral to hospital for inpatient or outpatient care. The course will again deal only with acute illness.

Acknowledgement

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REFERENCE

Morrell, D. C., Gage, H. G., Robinson, N. A. (1971). *Journal of the Royal College of General Practitioners*, **21**, 32.

PSYCHIATRIC SCREENING IN GENERAL PRACTICE—A CONTROLLED TRIAL

This study reports the efficacy of the General Health Questionnaire (G.H.Q.) in the secondary prevention of minor psychiatric illness in a primary care setting. One hundred and ninety three consecutive attenders at a general practitioner's surgery were screened for minor psychiatric disorder using the G.H.Q. Thirty two per cent were found to have a conspicuous psychiatric disorder and a further 11 per cent had a hidden psychiatric disorder. The group with hidden disorders were randomly assigned to a treated index group and an untreated control group.

The effects of case detection and treatment were beneficial and immediate with the duration of episode of the disorder being much shorter for patients whose disorder was recognised by the general practitioner. For patients with more severe disorders there are significant differences still demonstrable between the groups one year later, but patients with mild disorders do equally well, some recovering spontaneously but others becoming manifest to the general practitioner over the next year and so receiving treatment. The 'detected' group of patients increased their consultations for emotional complaints over the next year, but their total consultation rate was not increased.

REFERENCE

Johnstone, A. & Goldberg, D. (1976). *Lancet*, **1**, 605.