The contribution of an adult educationalist to a trainers' group

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SUMMARY. I have summarized my findings as a non-medically qualified educationalist attending regularly at meetings of a group of general-practitioner trainers. I believe that it is essential for trainers to learn to draw general principles from specific examples in order to help trainees to learn. Two other contributions an educationalist can make are promoting counselling relationships and helping trainers understand more deeply their own relationships with their patients.

Introduction

IN December 1975 my colleagues from the Boston General-Practitioner Training Workshop invited me to act as adult educational consultant at a weekend school for trainers arranged by the Trent Faculty of the Royal College of General Practitioners. The object of the weekend was to present the basic principles on which the Boston Workshop had developed during the previous five years. What follows is a distillation of my notes as an adult educationalist which were sent to the members attending that weekend. Perhaps they will be helpful in guiding the thoughts of general practitioners elsewhere who may be entering on the difficult business of acting as trainers. The training situation here is more difficult than in other professions because the trainer and trainee are both qualified doctors.

In-service training is fully developed in few professions, and even in these there are few who tackle training as a full-time job. My training work with adult educators has always been over and above my everyday job as a teacher of adults in literature and philosophy. This, of course, is precisely the situation in which general practitioners in training practices find themselves. The advantage is that trainers are in touch with the day-to-day aspects of the work in which they wish to train their colleagues. The disadvantage is that being so involved in day-to-day problems, we ourselves are as likely as our trainees not to be able to detach ourselves and stand back to see the principles on which our daily work is based. This is the root of our difficulty.

The importance of general principles

As practising doctors (or, in my case, as a practising tutor) we know that we want to produce from our trainees men and women who will become better at what we do ourselves, and who will achieve it in a shorter time than we did. To do this effectively we must acquire the ability to present our particular experience in general principles, so that an understanding of what *we* do can be applied to *their* particular tasks when they come to practise.

Five years' experience as the adult educationalist in the Boston Workshop suggests that this is difficult for the general practitioner turned trainer. The very nature of general practice requires that the doctor does not generalize but indeed particularizes. There is thus a big change to be made from seeing oneself as a general practitioner to seeing oneself as a trainer.

At one time I thought that the problem of changing roles was peculiar to my colleagues in the Boston Workshop; however, the Trent Faculty weekend broadened my experience enough to suggest that perhaps any group of general practitioners training to be trainers might encounter the same difficulty. For example, none of the subgroups began by examining the tasks set for them, but immediately exchanged personal experiences. It took a long time before they noted that the tasks before them concerned the setting up of training programmes for *others*. They demonstrated the same unwillingness to tackle these exercises in the mode of generalization that had been the long-term characteristic of the Boston Workshop.

One advantage to a group of general-practitioner trainers of having an adult educationalist in its midst is that he cannot, by definition, contribute to the par-

ticular issues that are the stock-in-trade of the general practitioner. He is thus forced to attempt to generalize from declarations about them. If he is able to canvass for such generalizations, perhaps in the tactful form of questions to his workshop group, he may be able to help them, by example at least, in making the gear change. His position is 'topic-neutral'.

General principles

Here then are some suggestions, extrapolated from the Boston Workshop experience and that of the Trent Faculty weekend, for helping us more readily to see ourselves as trainers:

1. We should guard against the tendency, especially on the part of trainers who are trying to conduct their workshops or seminars through the medium of open-ended discussion, of trainers to revert to particular 'cases' for their own sakes (the clinical information tendency?). Instead we should try to focus the attention of our groups on the selection of 'cases' put forward for discussion so that they can be treated as sets of experiences representative of the general issue which they severally illustrate.

2. There is thus an obligation upon the trainer to ensure:
a) That the material available is comprehensive enough to yield these sets of experiences and that it is so selected that it can be felt to be relevant by each trainee. This case material should be arranged so that it prompts discussion about general principles. To achieve this, the trainer must work through it carefully beforehand. If he fails to do this conscientiously he will not be able to underline or restate key issues when cues about them arrive from the personal testimonies of members of the group; nor will he be able to ensure that the task of turning these issues into principles will not be avoided by the group.
b) That the conduct of seminars is such that the contributions from the trainees, the trainer himself, and any colleagues who support him, can be examined and compared. This requires a briefing both of trainees and of visiting colleagues, especially regarding the outcomes of the seminar, and careful selection on the part of the trainer of such methods of conducting it as are likely to bring about the desired outcomes.

3. It is true that the 'hot topic', as many seminars tend to describe it, has a valuable part to play in training programmes: the selection and presentation of a challenging or puzzling 'case' is frequently a good starter. The problem is to keep it as such. There is nothing to be gained from learning that 2 × 2 is 4 unless you induce the principle of multiplication, which the trainee has to invoke if he is subsequently to wrestle with another sum as yet outside his experience.

Perhaps this example offers a clue to the puzzle facing many trainers of general practitioners. The trainees, and frequently the trainers themselves, fail to see that the hot topic is merely a starter. This is natural enough for the medical education of both trainers and trainees leads them to treat the 'case' exhaustively as an end in itself. This reversal of the mode that we normally use in our day-to-day practice is the change some trainers have to learn to make. As we do so we shall begin to see ourselves as trainers, over and above our function as general practitioners.

Role of an adult educationalist

I return now to the question of the place of an adult educator in a general-practitioner training seminar or workshop which my colleagues in the Boston Workshop and at the Trent Faculty weekend seem to value. The 'topic-neutrality' of his position might be equally true of any 'outsider'.

Promoting counselling relationships

The special value of an adult educator, especially if he also happens to be a practising tutor, lies in his experience of dealing with groups of mature adults who are not after all so very different from the group of general practitioners he encounters in a training workshop or seminar. His influence is thus likely to aid the open-ended and non-authoritarian relationship between tutor and student which is necessary for any training process. Those members of the Boston Workshop who have been trainees in local practices have frequently commented that this is a relationship they have not often found in their medical education. The experience of teaching a typical adult class also inculcates in a tutor a respect for and relationship with each individual student in that group. I have come to understand that this is not so very different in principle from the relationship that a general practitioner has with each of his patients though, obviously, of a lower order.

Two specific contributions

This recognition has enabled me, I believe, to make two positive contributions to the training of general practitioners beyond the function of being a topic-neutral commentator. One is to have helped students and trainers to be sufficiently sympathetic to each other so that difficulties can be brought out for common discussion without loss of face.

The other is to have helped trainer members of the workshop to analyze their relationships with their practice patients more subtly and so to be more able to describe, albeit often painfully, those relationships in the general terms that we are looking for. Both trainers and trainees claim to have benefited from this process, and it seems to us in Boston, at any rate, that this is what a training workshop should be about.