Lecturing to general practitioners

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SUMMARY. We describe the findings of a telephone interview survey among those who have recently been paid through the Department of Health and Social Security (DHSS) to lecture to general practitioners in the North-Western Region. We report the way the lectures are planned and the lecturers' attitudes and motivation. The findings have implications for both future research and policy.

Introduction

THIS study is part of a research programme which is funded by the Department of Health and Social Security (DHSS) and designed to assist in the development of continuing education activities for general practitioners in the North-Western Region.

Previous studies have focused on the nature and distribution of educational opportunities in the Region (Wood and Keele, 1977), the way in which postgraduate centre programmes are planned (Samways, 1977), attendance patterns (Wood and Keele, 1977), and general practitioners' attitudes towards three local programmes.

No systematic, objective information about the part-time teachers, on whose shoulders future developments largely depend, has so far been collected. Research was, therefore, designed to help fill this gap and to provide a more complete picture of the current situation.

Aims

The specific objectives of this enquiry were to discover:

1. The characteristics of part-time lecturers in the North-Western Region (lectures being the mainstay of educational activities in this Region).
2. The way in which they plan lectures.
3. Their attitudes to lecturing.
4. The feasibility of using an apparently novel method of collecting data in medical education, that is, telephone interviews.

Method

Data collection and sample

The study consisted of tape-recorded telephone interviews with 49 out of 60 lecturers listed to speak at DHSS-funded events at postgraduate centres in the North-Western Region over a three-week period (13 November to 3 December 1977).

In the light of recent experience in other fields, telephone interviews were used in preference to other means of data collection because:

1. They elicit better quality data than postal questionnaires.
2. They are more economical than personal interviews.
3. They allow interviews to be conducted close to the event being scrutinized and so minimize errors of memory.
4. The absence of visual clues has been demonstrated not to impair seriously rapport or communication (Williams, 1974).

Table 1. Timing of replies.

Percentage of replies received:			
Before reminder			
First day*	32	18	80
Second day			
Third day or later	30		
After reminder			8
Non-respondents			12
Number of letters sent = 60			

*After initial letter posted.

In the absence of any advance regional list of those invited to lecture at DHSS-funded events, a list was compiled by consulting postgraduate centre secretaries and diary cards. This procedure was less straightforward than originally anticipated, however, as DHSS-funded events were not always clearly distinguished from those funded in other ways.

Method of contact and response

All listed lecturers were sent a letter from one of us as the Professor of General Practice at the University of Manchester inviting them to take part in the study. If agreeable, they were asked to suggest suitable times for a telephone interview. In this way, we hoped to minimize any disruption the study might cause.

Written replies to this letter were impressively prompt (Table 1). Moreover, a few lecturers unexpectedly, but very obligingly, rang the interviewer after receiving the letter rather than waiting to be rung, which is an encouraging indication of their interest in the survey topic.

A reminder letter was sent to non-respondents two weeks after the initial invitation letter and this boosted the response by eight per cent to a highly satisfactory 88 per cent. According to internal evidence, this response rate was higher than it would have been had postal questionnaires been used.

There were no apparent differences between the characteristics of respondents and non-respondents. Respondents may, therefore, be regarded as representative of the total sample.

Three out of four interviews were achieved at the first or second attempt (Table 2), which supports the view that this is an efficient and economical method of data collection.

Table 2. Number of attempts made to achieve telephone interviews.

Percentage of interviews achieved at:	
First attempt	*44*
Second attempt	*25*
Third/fourth attempt	*11*
Fifth or subsequent attempt	*8*
Telephoned interviewer	*6*
Interviews not obtained	*6*
Total number of interviews attempted = 53	

Interviews were semi-structured. The lecturers were asked how they came to be invited to speak, how the topics for the lectures were chosen, the main purpose of the lecture, and how this had been derived. Lecturers' expectations of the audience and the part they played in the planning of the lecture were then explored. The interview ended with questions about their attitudes to various aspects of lecturing, if these had not already been covered.

It was clear from their tone that many lecturers were engaging speakers and enthusiastic about their subject—a finding which might not have emerged had postal questionnaires been used.

Most interviews lasted between five and 10 minutes and all fieldwork was completed between 7 November and 1 December 1977.

Results

The part-time lecturers

Most of the listed lecturers were male and highly qualified in medicine. Nearly three out of four held either a consultant/senior registrar or an academic post (Table 3).

The rest held other medical posts (four were general practitioners) or non-medical. Non-medical lecturers ranged from members of the social services and a policeman, to a speech therapist, a medical historian, and a representative of the Council on Alcoholism.

Table 3. Lecturers' characteristics.

	Per cent
Sex	
Male	*83*
Female	*17*
Type of appointment held	
Consultant/senior registrar	*58*
Academic (medical)	*12*
Non-medical	*8*
General practitioner	*7*
Other medical	*15*
Area of work	
North-Western Region	*75*
Elsewhere	*25*
Number of listed lecturers = 60	

Two out of five of the lecturers were speaking in their own immediate area and three out of four worked in the Region.

In addition to being medically well qualified, many of the lecturers claimed they had substantial experience of teaching medical students, general practitioners, and other health care workers. Many admitted, however, that they had had no training in the use of educational techniques. As one explained: "Not being trained as a formal teacher . . . I tend to do this by divination".

The invitation

Most lecturers said that they had been invited three to six months in advance. However, lecturers from outside the Region and those invited to contribute to a series of lectures or a seminar seemed to have been given more notice than the others.

As far as they could remember, nearly all the lecturers said that they had been invited either by the post-

graduate tutor or by one of their consultant colleagues. A few exceptions had either invited themselves, or been asked by a drug company representative, or by a superior who had declined the invitation.

Why they had been invited to lecture was a mystery to many lecturers. A number attributed the invitation, however, either to previous lectures they had given, or to the reputation they had gained from publications or personal contacts. As two explained: "I did this lecture in Manchester last December and he heard about it . . . and said something similar would be rather nice for them"; and "A friend of mine was arranging a series of lectures and he asked me to speak on this subject because of my interest".

Choice of topic

Two out of three lecturers said the lecture topic had been suggested to them. The remainder said the choice had been left entirely to them or that they had been given one of a number of topics on which they had said they were prepared to speak.

Consultants seemed more likely than other lecturers to be left to choose their own topics, although many said that they would have welcomed clearer guidelines as to what was required.

When given *carte blanche,* most lecturers appeared to be influenced more by 'push' than 'pull' (audience) factors. Typical descriptions of the way they selected topics included: "Well this is what I've always talked about. I've a lot of experience"; and "The reason for the choice of this particular subject is that I've got some very good slides on it".

The emphasis in these cases was, therefore, clearly on transferring available knowledge rather than on working on problems in general practice requiring an educational solution.

Influences on aims

When preparing lectures, all agreeed that it was vital to clarify one's main purpose or broad aims in advance. With a few exceptions, lecturers also agreed that it was important to take audience factors into account as well as the current state of knowledge and opinion in their subject when doing so. A few exceptions seemed to believe that all information was a good thing and that the audience should have little or no influence on lecture aims.

Whatever their opinions, many lecturers realized that in practice it was generally impossible to give much weight to audience factors. Although they were usually given a broad general description of the expected audience, they did not have the specific guidance they needed to be sure their aims were relevant. As one admitted in a despairing tone: "It's a hit-or-miss affair. The whole process is fraught with uncertainty". Such comments suggested that more lecturers than might previously have been supposed are at least vaguely conscious that lectures are a form of educational therapy which has not been preceded by any firm diagnosis of an educational problem.

This awareness seemed greatest among those with relatively little experience of lecturing and those speaking away from home. Others who had more experience, or who were speaking at home, were less conscious of the problem and appeared to believe their aims were soundly based. They claimed that they derived their aims—at least partly—from routine contacts with general practitioners in their area (including their referral letters) and by questions prompted by previous lectures they had given elsewhere.

While the former basis may provide a spontaneous indication of a limited range of real problems in general practice as seen from the lecturer's point of view, the latter, being artificially prompted, seems less likely to do so.

Lecture strategies

The evidence about how and why lecturers adopted one strategy rather than another to achieve their aims was disappointing.

There were several reasons for this. First, some lecturers had not prepared their lecture by the time of the interview; secondly, some were planning to give a modified version of a lecture given previously and they could not remember their original reasons for adopting specific strategies; and thirdly, not all accepted the need to determine precise lecture strategies (or objectives) when addressing postgraduate centre audiences: "The more you can ad-lib in a lecture, the more interesting it will make it"; and "I do think you should have time to listen to what people are picking up as you go along. I'm ready to be influenced by how it goes".

Nevertheless, it was clear from the interviews that lecture strategies ranged from the fairly formal to the very informal. At one extreme were lecturers who were obviously going to give a fairly lengthy, didactic lecture, with a short time for questions at the end, and at the other extreme were lecturers who were going to give a short, informal 'talk' designed to stimulate discussion.

However formal or informal their general approach, many lecturers clearly recognized the need to try and make their presentation as clear and interesting as possible. Nearly all of them were intending to use audiovisual aids of some kind or other, which contrasted with the position two years earlier (Samways, 1977) when audiovisual aids did not appear to be widely used in the Region. This increase in 'sophistication' is encouraging only so long as lectures are appropriately oriented.

Attempts to modify attitudes with a view to influencing practice habits provided considerable cause for concern. There was a dangerous tendency for several well meaning lecturers to rely on shock tactics, despite the psychological evidence which suggests they may be ineffective or even counter-productive.

Summary of findings

The findings of this study may be summarized as follows:

1. The present cadre of part-time lecturers consists mainly of specialists in medicine. Many of them are dedicated to teaching and are experienced lecturers but have had no formal training in the use of educational techniques.

2. Lecturers' own specialist knowledge and personal experience provides the primary basis for selecting lecture aims rather than problems in general practice which could be solved through education. However, this does not always reflect an unwillingness to take the audience's viewpoint into account. One indication of this was some lecturers' reluctance to pre-determine their objectives beforehand.

3. Despite the professional pressure to share knowledge with colleagues and the opportunities provided to lecture at postgraduate centres, many lecturers were not convinced that this was an effective way of bringing about changes in general practice. However, they did not know of any more effective way of doing so.

These findings have implications for future research into educational policy at regional and national level.

Discussion

Provided that the list compiled was comprehensive, and the three weeks examined were typical of the academic year, it seems reasonable to generalize from the findings about DHSS-funded lectures in the Region.

Research implications

The main research implication to be drawn from this study is that telephone interviewing is an acceptable and relatively sensitive method of collecting data, and an effective one for certain purposes in medical education. They therefore merit more consideration by researchers designing similar studies than they have done in the past.

A further implication for research stems from the discovery that not all lecturers pre-determine detailed learning objectives or lecture strategies. Here, there is an obvious mismatch between current educational practice and the orthodox approach to evaluation which depends on the rigid pre-specification of detailed learning objectives.

To overcome this problem, attempts could be made either to 'train' lecturers to pre-determine detailed learning objectives or to encourage researchers to re-think their approach to evaluation. As it is conceivable that lecturers who do not follow accepted doctrine in this respect may have a greater impact than those who do, the second alternative should not be ruled out.

Policy issues

Looked at from the point of view of those who have to make decisions at regional and national level, the findings of this study may serve two functions. First, they may help to bring the chain of random events behind the formal educational opportunities currently offered to general practitioners into sharper focus and fuel a public debate about the following issues:

1. Is optimal use being made of scarce and highly skilled medical manpower in the service of general practitioners' continuing education?

2. Is too much responsibility for teaching general practitioners being placed on the shoulders of part-time staff who generally have no training in the use of educational techniques? Should existing teachers be invited to play a more limited or different type of teaching role?

3. Should more educational guidance and support be provided for existing teachers or different kinds of teachers recruited and trained? If so, by whom?

4. Are any organizational changes needed to overcome the difficulties commonly associated with employing part-time staff?

Secondly, the analysis of lecturers' motives and attitudes points to a number of ways that these issues might be resolved. The choice, however, is at root a political one which will depend upon the specific goals set for DHSS-funded activities for general practitioners and popular myths about how and why changes in general practice occur.

Audience expectations

Although consideration of their audiences generally had only a minor influence on the lecturers' aims and strategies, the expectations that lecturers had rarely made their task any easier.

From experience, or their invitation letter, they generally anticipated a mixed professional audience of general practitioners, medical students, junior hospital staff, consultants, registrars, and nursing staff. Occasionally they also expected community health visitors, professors, psychiatrists, physiotherapists, and general practitioners' wives.

On the whole, lecturers expected general practitioners to be in the majority. According to a few lecturers, however, their numbers had declined since attendance requirements for seniority payments had been dropped.

Since their general expectations were of 'mixed' audiences many lecturers did not direct their lectures specifically at general practitioners. It is possible that such broadly aimed lectures may have a 'shotgun' effect—scattered, weak, and unpredictable. People with varying standards of education and different professional experience cannot be expected to respond equally well to a single approach.

In this situation, it might be possible to regard these lectures as part of an inter-professional rather than an intra-professional programme and supplement them with other activities aimed specifically at the problems of general practice.

Attitudes to lectures

On the whole, attitudes to lectures as one of a range of possible teaching methods did not seem to be very well developed. Most seemed to regard lectures as an all-purpose educational tool and were content to use them to achieve an ambitiously wide range of aims—from conveying factual information and increasing understanding of fundamental principles to developing complex professional skills and changing ingrained attitudes and practices.

Aspects of general practice which lecturers frequently hoped would change following their lecture mainly concerned problems of inter-professional communication and relationships. For example, many hoped that general practitioners would make earlier diagnoses and referrals and better use of hospital and other facilities.

Largely as a result of disappointing and frustrating experiences in the past, however, quite a number of lecturers had lost, or were in the process of losing, their faith in their ability to change their audience's behaviour to any great degree: "I doubt there's much spin-off. I don't think they even remember much of what you tell them".

One or two extremists even dismissed them entirely as a serious educational tool, regarding them primarily as a form of professional entertainment: "It's really entertainment, this traditional method of standing up and giving a formal lecture. I find it useless. They listen, but at the end nobody really understands or learns very much out of it".

Lecturers generally tried to resolve the apparent paradox between their efforts to change professional practice and their doubts about their ability to do so in one of two ways: either they saw no alternative to pressing on regardless, or they attributed the fault to the audience rather than the lecture tool or the craftsman. "What more can you do? You give lectures, you write for their journal, but they don't listen and won't read."

Reasons for lecturing

Further insight into this paradoxical situation, which seems likely to be detrimental to effective learning, was provided by lecturers' mixed reasons for accepting to lecture at postgraduate centres. Perhaps the most important reason was the unquestioned sense of duty that lecturers felt to share their knowledge and experience with professional colleagues. When invited to lecture most were willing to oblige if their other commitments permitted: "We rush round giving all these lectures—a whole evening at a time, quite apart from the time and effort beforehand. We see it as our duty."

This sense of duty reflects the lecturers' adherence to the values or norms of the scientific community (Merton, 1968). Moreover, although not stated by the lecturers themselves, it has been argued that conformity to these professional norms is largely ensured by the expectation, not of financial reward (which is minimal), but of receiving recognition and status in exchange for information (Hagstrom, 1965; Storer, 1966).

A further reason, which many lecturers mentioned, was that these events provided learning opportunities for the lecturer as well as the audience: "I lecture for myself. Having to explain something to somebody else helps clarify my own thinking and to update the knowledge in my own mind."

This suggests that lecturers may benefit as much as the audience from giving lectures at postgraduate centres.

This finding has two implications for subsequent research. First, it indicates that any comprehensive evaluation of these events should take into account the effects, both positive and negative, on lecturers as well as their audience. Secondly, it suggests that even if conclusive evidence were obtained that lectures have a null effect on the audience, it would be unlikely to make lecturers abandon the traditional mode of teaching.

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