

# A simple method of encouraging postgraduate learning in therapeutics

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**SUMMARY.** I describe a new method of encouraging groups of general practitioners to discuss their prescribing policies by revealing their differing views of the suitability of pre-selected drugs for use in specified clinical situations. Subjective evaluation was favourable and the method is clear and easy to arrange.

## Introduction

**I**NCREASING interest in postgraduate training in therapeutics has been generated by a rising awareness of the potential of modern drugs for harm as well as much good, and by the increasing cost of drugs in the context of a limited National Health Service budget. A review of recent literature (Taylor, 1977) suggested a need for increased continuing education in therapeutics.

However, the sensibilities of prescribers can be easily offended by an authoritarian approach on the part of teachers. Rather than preach the orthodox therapeutic viewpoint, it may be better to encourage learners to look critically at their own and others' prescribing habits, and deduce principles from this. Often, but not always, these will coincide with the accepted 'expert' viewpoint.

Herxheimer and Twycross (1976) described two methods of aiding this type of learning using pre-circulated questions and partially completed decision flow charts. This paper describes another method which we have successfully used in postgraduate learning about drugs and their effects.

## Method

### *A simple prescribing simulation*

Briefly, participants are asked to express an opinion on the acceptability of a number of specified drugs for a given clinical indication. The collective results can be used to demonstrate differences in the degree of unanimity (patterns vary from full agreement to full

disagreement) and the existence of widely different viewpoints. The reasons for these differences in opinion can then be explored in group discussion.

### *The questionnaire*

Each member of the group is given a questionnaire to complete at the start of the session. Each question consists of a short clinical story focussing attention on a controversial aspect of prescribing, followed by a list of eight selected relevant proprietary drugs. Two specimen

**Figure 1.** Questionnaire on drug prescribing for patients having rheumatoid arthritis.

In relation to the brief case history, please grade each drug according to how acceptable you consider it to be as a possible prescription.

A = Acceptable  
 B = Acceptable with reservations  
 C = Unacceptable  
 DK = Don't know, uncertain

**Rheumatoid arthritis**

Example: A 52-year-old lady with known mild rheumatoid arthritis has had an increase in disease activity over the past few months and now has quite marked pain and stiffness with noticeable swelling of both wrists and hands in particular (the joints affected are in a classical rheumatoid distribution). She has no history of dyspepsia and was previously stabilized on moderate doses of aspirin. However, she now gets less relief from aspirin perhaps because she is unable (or unwilling) to tolerate larger doses.

'Deltabutazolidin'	A	B	C	DK
'Indocid'	A	B	C	DK
'Orudis'	A	B	C	DK
'Benoral'	A	B	C	DK
'Naprosyn'	A	B	C	DK
'Butazolidin'	A	B	C	DK
'Brufen'	A	B	C	DK
'Tandalgesic'	A	B	C	DK

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**Difficulty in sleeping**

Example: A pleasant, otherwise healthy 58-year-old lady has had great difficulty sleeping since her husband died two weeks before. She was given 'Mogadon' tablets at the time, but these had very little effect. She says that once when she was in hospital some years ago, she had 'Carbrital' capsules and they had been very effective.

'Carbrital'	A	B	C	DK
'Welldorm'	A	B	C	DK
'Mandrax'	A	B	C	DK
'Soneryl'	A	B	C	DK
'Dalmane'	A	B	C	DK
'Melleril'	A	B	C	DK
'Tricloryl'	A	B	C	DK
'Sonergan'	A	B	C	DK

Figure 2. Questionnaire on drug prescribing for patients having difficulty in sleeping.

questions are shown in Figures 1 and 2. Four such questions provide more than sufficient material for a one and a half hour session.

Participants are asked to rate the general acceptability of the selected drugs for prescription in the circumstances outlined, regardless of whether or not they would actually prescribe any of the drugs themselves. Thus each doctor is required to define acceptable prescribing practice for each clinical situation and not simply denote his own favourite prescription. The underlying purpose is to lead each group member, in an indirect and relatively non-threatening way, into examining critically not only his own therapeutic knowledge and beliefs but those of his colleagues also.

*Feedback and discussion*

The completed questionnaires are returned to a central point and whilst the group leader is conducting some preliminary discussion, one or two other members of the group are given the task of analysing the questionnaires with the help of simple tally sheets. This can be done in a surprisingly short time; the results of the first question are available within a few minutes.

**Results**

These results are entered on a prepared acetate transparency and put onto an overhead projector. (They could as easily be shown on a blackboard if preferred.) Tables 1 and 2 show typical results obtained from the use of the two specimen questions (Figures 1 and 2). The results obtained from two separate sessions in similar postgraduate refresher courses have been combined, as both groups of doctors responded in an almost identical way (one session was attended by 23 doctors, and the other by 16).

**Discussion**

Taking Figure 1 and Table 1 as examples, various points can be raised in discussion. The most highly favoured of the drugs listed appear to be 'Brufen' and 'Indocid', whilst the three phenylbutazone-containing drugs rate low acceptability. The reasons for these opinions can be explored and defined and doctors at each extreme ('for' and 'against' a particular drug) can be encouraged to define and defend their standpoint. The participating doctors will be surprised by the extent and depth of their pooled therapeutic knowledge and are given an opportunity to learn from each other.

A valuable aspect of the method is the demonstration that general practitioners can learn much without the help of specialists, simply by using their own resources. It also encourages the development of critical thought, so that not only atypical but orthodox prescribing policies are reviewed. Commonly, a particular drug falls in or out of favour on account of conviction rather than weight of evidence: this method of teaching encourages a healthy scepticism. Ideally, the group should be encouraged to reach their own conclusions, and discussion is less likely to be inhibited if the group leader is a general practitioner teacher rather than a specialist in therapeutics. The group leader may be provided with details of the constituents and cost of all the drugs involved and a reference text (such as Martindale's (1977) *Extra Pharmacopoeia*) may be used to settle any factual disagreements. These resources should, of

Table 1. Acceptability of drugs as possible prescriptions for patients having rheumatoid arthritis.

	Acceptable	Acceptable with reservations	Unacceptable	Don't know
'Deltabutazolodin'	0	7	26	6
'Indocid'	25	12	0	2
'Orudis'	18	15	3	3
'Benoral'	14	16	3	6
'Naprosyn'	13	17	6	3
'Butazolodin'	3	15	21	0
'Brufen'	30	8	1	0
'Tandalgescic'	2	4	13	20

N=39.

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**Table 2.** Acceptability of drugs as possible prescriptions for patients having difficulty in sleeping.

	Acceptable	Acceptable with reservations	Unacceptable	Don't know
'Carbrital'	2	12	23	2
'Welldorm'	25	11	3	0
'Mandrax'	0	0	37	2
'Soneryl'	2	8	29	0
'Dalmane'	22	15	1	1
'Melleril'	13	16	6	4
'Tricloryl'	24	9	3	3
'Sonergan'	1	3	17	18

N=39.

course, be consulted openly. In practice we have rarely had to consult reference materials. However, their obvious presence emphasizes the active participant nature of the method.

A minimum number of about 15 participants is required to produce useful results from the questionnaire. The method is therefore applicable only to larger groups. Although groups of this size can be notoriously resistant to discussion methods, we have found this method to be quite successful. No detailed evaluation has been applied but a simple evaluation of the second of the two sessions previously mentioned, undertaken in conjunction with the rest of the course of which it formed a part, demonstrated encouraging approval. Twelve of the 16 participants felt that the session on the choice of drugs had been highly valuable and a further three considered it of intermediate value. Only one thought it to be of low value. The anonymous evaluation questionnaires returned on completion of the course included comments related to the session such as "Interesting to hear other points of view", "An excellent, relevant discussion" and "Very good . . . stimulating and usefully critical". The only adverse comment related to the need for more time to be available for the discussions.

Thus, it is likely that this method merits more widespread use. The author can supply specimen questionnaires on request, but it is not difficult to construct questionnaires especially adapted to local needs.

### References

- Herxheimer, A. & Twycross, R. (1976). Continuing education in therapeutics: aids to discussions on prescribing. *British Medical Journal*, 1, 1198-1199.  
 Martindale (1977). *Extra Pharmacopoeia*. 27th edition. London: Pharmaceutical Society.  
 Taylor, R. J. (1977). General-practitioner prescribing. *Journal of the Royal College of General Practitioners*, 27, 79-82.

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