The Ages of Man

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SUMMARY. A new approach to continuing education for the experienced general practitioner is described which makes use of small group work, provides a longitudinal framework for planning over several years, and by its flexibility permits the participants to shape the content to their needs. The principles behind the approach are described and each year's work considered with a discussion of the problems that emerged, what the attenders and organizers learned, and how the series evolved.

Introduction

THE Experimental Courses Study Group of the Education Committee of the College exists: "To plan, execute, and evaluate experimental courses and certain other courses required in London, and to advise the Education Committee on the dissemination of information about the courses."

In 1973, when I joined the group, the bulk of courses produced had rightly given priority to trainee practitioners, recently established principals, candidates for the MRCGP examination, and also to giving trainers and course organizers training in educational methods. There had been a lesser emphasis on teaching clinical medicine and on interdisciplinary meetings.

The aims of the College include an emphasis on the continuing education of established general practitioners, and yet there was a gap in the provision of such educational opportunities. Furthermore, the educational courses at the College had produced a large number of general practitioners who felt comfortable in small group work and were aware of the educational opportunities that this approach offers in continuing medical education.

Attendance over many years at annual one-week refresher courses, provided for general practitioners and organized by hospitals and medical institutes, revealed that many did not meet the needs of the established practitioner, in spite of the excellence of individual lectures and the efforts made to take care of the participants. The lecture—that time-hallowed method of imparting information to the notebooks of undergraduates—was the stock-in-trade of these courses. Time was given for a few questions, but no advantage was taken of feedback by discussion or evaluation questionnaires and, to be fair, educationalists had hardly looked at the problems of postgraduate education. The atmosphere was not conducive to participants disclosing their needs and areas of ignorance.

There was clearly room for a new style of course aimed at continuing education for the established practitioner, which he would shape as it progressed to meet his known and emergent needs.

It was decided that a series of courses should be offered which would be patient—not disease—centred, since the patient and his problems form the basis of general practice. The series would be divisible longitudinally by the natural steps of human life in order to provide coherent courses lasting one week each year. This would make specific demands of the attenders, and by allowing the organizers to learn from their mistakes, the annual planning review would permit the series to evolve.

Method

The series would use the College definition of the job of the general practitioner and lean heavily on *The Future General Practitioner-Learning and Teaching* (RCGP, 1972) for the practitioner's educational needs, which are divided into five areas:

Area 1. Clinical practice—health and diseases
Area 2. Clinical practice—human development
Area 3. Clinical practice—human behaviour
Area 4. Medicine and society
Area 5. The practice

The strain of spending seven years over the Shakespearean Ages of Man was thought too much for poss-

ible attenders (and the organizer) and in these modern times five years were judged enough for the journey. Accordingly, the series was divided as follows:

1. The Infant—0 to 4 years
2. Towards Maturity—5 to 18 years
3. The Years of Struggle—19 to 35 years
4. Middle age—36 to 59 years
5. The Elderly—60 onwards

It was expected that attenders would come from all over the British Isles and that, while some stalwarts would attend the complete series, most would come once or twice.

It was necessary to match the needs and psychology of the practitioner, who often has to take authoritative early decisions, perhaps with scant evidence, on the many matters presented to him. This often leads to feelings of inadequacy hidden behind a heavily defended facade of self-confidence. Therefore, it was felt that a group work approach by peers could probe sensitively in order to challenge attitudes and aid self-understanding; and it was hoped that there would be enough attenders with special interests to bring knowledge and skills of certain clinical aspects to the group discussions. Experts would be necessary to give lectures and to look at some of the problems unresolved in group work. It was decided to use general practitioner speakers where feasible, and to invite a different practitioner each year to talk on his research work in the age group concerned. Each speaker would be briefed on the nature of the course and what was expected from him.

Course attenders would be chosen to bring as wide a range of experience as possible, a reading list would be recommended, and participants asked to make a record for a month preceding the course of any special problems they faced among patients in the age group. An assessment would be made of the quality of each session by an evaluation sheet issued at the beginning of the week, and by a session devoted to discussion and criticism at the end of the course. A final evaluation questionnaire would be sent six weeks after the meeting.

Small-group discussion requires restriction of numbers, so it was decided to divide 27 course attenders into three groups, each with a facilitator who would assist both in the group discussions and in the planning and organization of the course. The facilitators would be practitioners who had some experience of group work or group teaching, although this was later recognized as not essential. Combined sessions and lectures would have 30 participants to keep meetings fairly intimate. Group members would be chosen to bring together doctors of different ages and experience, from town and country practice, and of both sexes.

Subjects would be chosen each year by the facilitators after recording details of patients in the appropriate age group seen during a month and, after the first course, by suggestions from attenders about what they would like to consider in the next age group.

The method here illustrated is that of the first course.

Ages of Man 1

The infant (0 to 4 years)—1974

Aim: revision of the management of the young child in general practice having regard to the child's development and behaviour, diseases, and the ways in which society impinges on the child. To consider practice organization and interaction with other health workers, which aid supervision, early diagnosis, and parental education.

The aim was subdivided into objectives under which appropriate subjects were listed, and a selection was made from these to devise a syllabus.

Objective 1. Normal development and behaviour

1. Fetal development and factors affecting this.
2. Measurement and the place of regular assessment.
3. Factors affecting development and behaviour.
4. Place of intervention in early departures from normal.
5. The National Child Development Study.

Objective 2. Health and disease.

1. Margins of normality—bruits, hernias, orthopaedics.
2. Congenital disease.
3. Neonatal problems.
4. Emotional disorders.
5. Diagnosis—rashes, the feverish child, convulsions.
6. Long-term illness and its management at home—asthma/eczema, urinary abnormalities, mental subnormality.
7. Therapeutics.

Objective 3. Ways parents relate to the child.

1. The new family—its tasks, problems, and fears.
2. Social problems—broken home, battered baby, immigrants and their problems.

Objective 4. Practice organization.

1. Age/sex registers.
2. Baby clinics.
3. Research projects.
4. The team and referral agencies.
5. Parental education and counselling.

Results

The timetable (Appendix) gave more than half the week to small-group discussion or plenary sessions where reports presented by the groups highlighted matters for further consideration. Members of the small groups

took it in turn to report each session, and their anxiety to have useful material recurrently focussed the workers on their task. The first morning was devoted to small-group work, the attenders starting by introducing themselves and their practice backgrounds. The choice of subject was such as to allow room for the expression of opinion and this helped the morale and early cohesion of the course. Subjects chosen for small-group work after this introduction were arranged to progress from more factual to more attitudinal ones over the week. Lectures were followed by generous time for questions and discussion. It was discovered that the latter flowed more freely, with better participation, when the chairs were arranged in a circle, and increasingly the lecturers were asked to give their talks in a circle, which encouraged informality and audience interruptions for clarification. Numbers should be kept down, if this method is used, and committal to use of a formal lecture theatre can be avoided.

Most attenders had not taken part in group work before and confessed to being somewhat apprehensive. However, they enjoyed it and felt that it enabled them to gain insight into their approach to certain patients and problems. It was remarked that a group identity enabled shy members to talk, and there was a demand for first names on badges. The use of group discussion was such an improvement in the style of the refresher course that it took time to define some of the disadvantages and to attempt to overcome them.

Two separate periods of group work offered different subjects to each group:

1. *Diseases*
a) Asthma/eczema.
b) Feeding and sleeping problems.
c) Recurrent respiratory infections.

2. *Problem families*
a) The one-parent family.
b) Emotionally disturbed parents.
c) The abnormal child and his problems.

Some attenders felt all groups should have the same topic, but others felt this would be wasteful of the visiting expert's time. This was overcome on later courses by giving all groups the same more broadly based topic, and either letting them find their own topics of special interest, or by giving a broad topic, and after an initial exploration asking each group to focus on a particular aspect. The plenary sessions, when reporters gave the gist of small-group work and a visiting expert commented, worked best in a circle but were somewhat 'hit and miss' as they posed a threat to the visitor and the result depended more on his response to this perceived threat than on his skill.

One speaker failed to arrive and the organizer had planned no alternatives, so in subsequent years appropriate discussion subjects have been held in reserve.

Table 1. Opinions of course members.

Is there any one feature of the course you remember as outstanding?	
Group work, some with enthusiastic comments	15
Individual lectures—battered babies, the general practitioner research lecture, and "From birth to seven"	5
The opportunity to meet other general practitioners and the friendliness of the course	4
Has the course affected your approach to the age group?	
No	5
More awareness of parental anxiety, of the parent/child relationship, or listened more carefully	5
Increased awareness of aetiological factors	5
Greater meaning in their infant welfare clinics	4
Have you changed any aspect of your practice as a result of the course?	
No	7
The institution, or some modification, of an infant welfare or assessment clinic	11
An age/sex register for children	2
Trying to get a health visitor	1
Now sees babies at the postnatal examination	1
Denied change, but stated his wife found him more patient!	1

Some respondents gave more than one answer to a question, and some omitted replies to some questions.

Twenty-eight out of the 30 evaluation sheets issued were collected at the end of the week, and the scoring, with forthright comments, provided useful material for reconsidering individual items on the course and confirmed our confidence in the use of small discussion groups.

Twenty evaluation questionnaires were returned by the 27 attenders about six weeks after the course. The results are shown in Table 1.

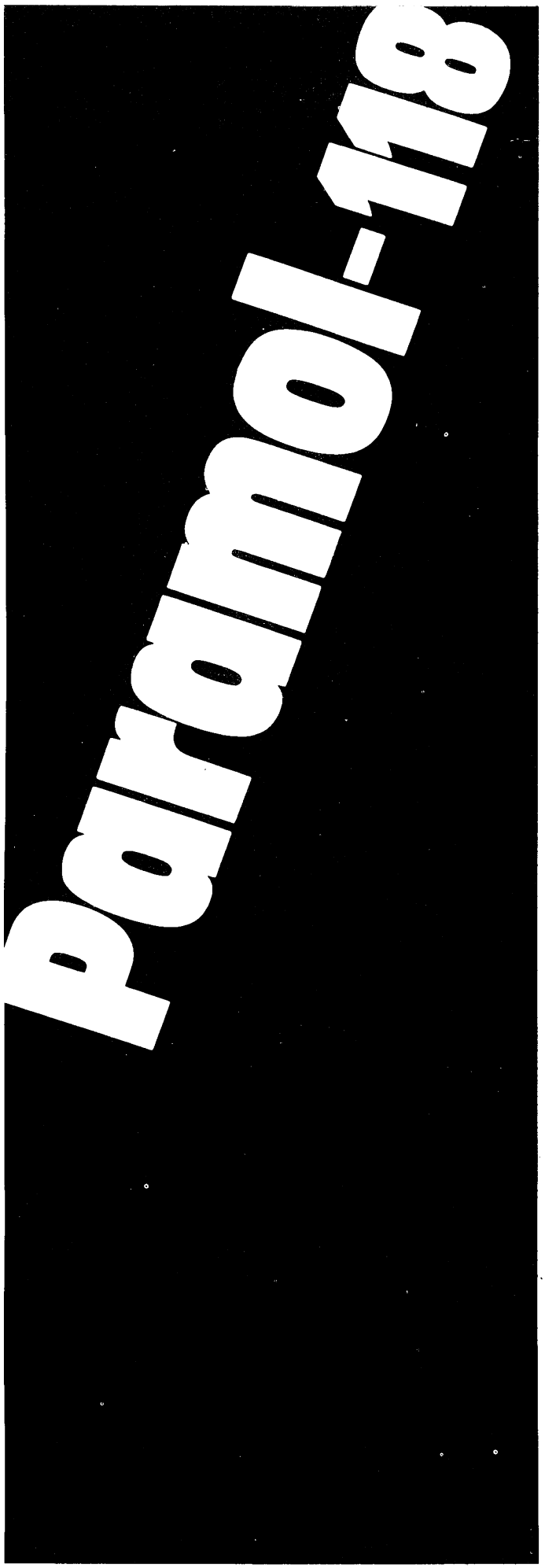
Ages of Man 2

Towards maturity (5 to 18 years)—1975

There were only 20 participants, 11 of whom had attended the previous year. The week highlighted certain problems:

1. Inadequate publicity. Insufficient time was allowed for the advertisements to reach prospective attenders, and inadequate use was made of the available avenues of publicity. *Update* and circulars through family practitioner committees had a better yield of applicants than the College *Journal* or the *British Medical Journal.*

2. Leadership. The organizer sat with each small group in turn, which caused difficulties of an 'in-group and outsider' nature. In subsequent years he acted both as facilitator to one of the small groups and as chairman of the plenary sessions, which solved the problem. This was possible as attenders rapidly felt a responsibility for



the course and undertook some of the day-to-day organizational work.

This spirit of warmth and co-operation, and the understanding shown by participants of the nervousness of some outside speakers, was characteristic of the series.

3. Group reports. The large-group sessions had not been wholly successful and three types were tried as experiments:

a) Group reports and general discussion with the organizer as chairman. The first ("The catarrhal child") served as an introduction to group work for those who were not used to this, and to create cohesion. The second ("Personal problems in diagnosis and management") reached so personal a level of communication in some groups that the reports were felt an intrusion. In subsequent years "Personal problems in diagnosis and management" has been retained as an important part of the week and extended in small-group form throughout the afternoon, with no reporting back.

b) Group reports for five minutes each, then an expert to speak on the subject. The expert tended to speak throughout as he perceived the subject, rather than to take up matters presented by the reporters. This probably represented the defence mechanism of the 'outsider' against the large group.

c) Each group prepared three questions for the expert ("Medical problems in older children") who answered one from each group in turn, put questions back to the audience, and provoked a lively discussion. This proved outstanding and has been adopted as a standard way of dealing with the combined meetings after small-group work. It was found helpful after one group had put its question to ask if other groups had similar questions, and also to provide a note-pad for the speaker to marshal his questions and thoughts.

The evaluation sheets and the discussion at the end of the course emphasized the value of small-group work as an important part of continuing education. This was confirmed by the evaluation questionnaires where answers repeatedly selected small-group work as an outstanding feature. Many felt it had given them an increased understanding of the adolescent. One comment was: "An increased understanding which should

Table 2. Recruitment of attenders.

Previous attenders	8
Update	6
British Postgraduate Medical Federation circular	3
Advertisement in College *Journal*	3
Via postgraduate advisers	2
Advertisement in *British Medical Journal*	1
Did not answer the question	5
Total	28

lead to increased efficiency and improved performance—how do you measure this?"

Ages of Man 3

The years of struggle (19 to 35 years)—1976

The 28 doctors attending came from throughout the United Kingdom. The average year of entering general practice was 1966 (the course being held in 1976), and excluding three outsiders (who qualified 13, 15, and 17 years before entering practice) an average of four years was spent between qualifying and becoming a principal. Five of the attenders were members of the College. Table 2 shows how they heard about the course.

At meal breaks, new attenders showed a considerable interest in those who had attended before. Two of the latter said that they spent much more time with patients requiring the Pill, treatment for acne, and the termination of unwanted pregnancy than before the previous course. Another had started to question her aggressive attitude to some patients such as the obese, and two attenders separately and spontaneously remarked that their wives had found them more kind and tolerant!

Twenty-three evaluation sheets were collected at the end of the course and the ratings of the sessions were tabulated. Comments on the sheets included:

1. Film—probably not the best medium for this sort of course.

2. Small group helpful—sharing problems, imparting information.

3. Group work was open and particularly interesting.

4. (Of a group session) . . . less general participation but those who did take part did so at a much deeper level than previously.

Six weeks after the course, 20 evaluation questionnaires were received (Table 3).

Ages of Man 4

Middle age (36 to 59 years)—1977

The course had over 60 applicants and places were increased to 30. Twenty had attended previous courses and 10 were fresh to the course.

The evaluation questionnaires again found the small-group work, followed by the presentation of questions to an expert, to have been an outstanding feature of the course. The replies suggested that there was a move towards a more listening and preventive medicine approach by attenders.

Ages of Man 5

The elderly (60 onwards)—1978

The course had 27 attenders, three of whom were new to the series. The choice of subjects was again based on suggestions from the previous year's attenders, on a discussion with a geriatrician of problems which trouble his general practitioner colleagues, and on examination of one month's work with patients in this age group. It was made clear that the series was now ending and no decision had been made about repeating it.

In the review of the course at the last session attenders expressed strong views in favour of such a continuing series for the experienced practitioner and felt that it fulfilled two important needs:

1. It acted as an 'escalator' or 'continuous loop' which one could join or leave at an appropriate place, a course whose development the attender could influence, and an encouragement to follow the less popular subjects, such as geriatrics, because of previous good experience in the series.

2. It provided a window on the College for those who considered joining, and several had decided as a result of attending to take the examination.

The results of the evaluation questionnaire (22 replies) are shown in Table 4.

Attendance

Sixty-six doctors attended some or all of the series (Table 5).

Table 3. Opinions of course members.

Is there any one feature you remember as outstanding?	
Group work	16
Group work, followed by questions to outside expert	8
General atmosphere, attitudes, and camaraderie	3
Diversity of topics and balance of course	2
Any feature you found unhelpful?	
Certain lectures	5
Formal lectures in general	3
Film	2
Food	2
Has the course affected your approach to this age group?	
No	10
Understanding and attitudinal changes	7
Greater self-understanding	2
Use of other agencies	1
Have you altered any aspect of your practice?	
No	6
Yes	4
a) Started a research project	
b) i) Discuss and define problems in more detail with patient	
ii) Longer over consultations	
iii) Use fewer drugs	
c) i) Involve midwife in weekly discussions	
ii) Attaching a Marriage Guidance Counsellor	
d) Now using Marriage Guidance Counsellor	
Hope for changes, specifically:	10
a) Thinking of our medical records, antenatal clinics, etc.	
b) We have always 'rubbed along' quite well together. Since discussing the course, we have a much better relationship—more relaxed, more personal, less independent. Are now engaged in discussing plans for reorganization of the practice.	

There were two further problems. First, the organizer found difficulty in preparing and vetting book lists and while the books were available from libraries, many members wished to purchase them and some of the books were out of print. Secondly, the organizer had a responsibility to ensure, by careful listening to attenders throughout the week, that facilitators in group work were neither too directive nor too lax, and that they enabled all group members to make a contribution.

Discussion

The Ages of Man series had four main ingredients:

1. It was centred on a longitudinal time view of the patient rather than on diseases, in accordance with the job definition of the general practitioner as "a doctor who provides personal, primary, and continuing care to individuals and families . . ."

2. An emphasis was placed on the individual in society, and on the need for health education and preventive medicine.

Table 4. Opinions of course members.

*Is there any one feature of the course that you remember as outstanding?**	
Group work—small or question sessions with speakers	11
Speakers	7
The whole series. (e.g. "Ages 1 to 5 have been outstanding! The interplay of lectures, small group/large group has kept the neurones functioning." "The general structure of the course once again enabled a thorough comprehensive survey of illness within the age group!")	4
The Disabled Living Foundation	3
Is there any feature of the course that you found unhelpful?	
No	13
Certain lectures	6
Found certain aspects of discussions unhelpful	4
Has the course affected your approach to this age group? If so, how?	
More systematic approach	7
More care with drugs	5
More appreciative of needs	4
No	4
Slow down pace	1
Some problems more interesting to deal with	1
Feel confirmed and strengthened in my approach	1
Have you changed any aspect of your practice as a result of the course?	
No	6
More diagnostic, less palliative and social approach	3
Ideas on terminal care (drugs and communication)	3
A register of the aged	2
Involve health visitor and social services more	1
Introducing a patient questionnaire	1
"With my partners?!!"	1
Various pious hopes	6

*Some answers were lengthy, and several recalled more than one feature.

Table 5. Numbers of doctors attending.

Attended one part	30
Attended two parts	20
Attended three parts	7
Attended four parts	5
Attended five parts	4
Attended two or more parts with a gap of one or more years between some attendances	8
Attended Year 1	26
Attended Year 2	19
Attended Year 3	28
Attended Year 4	30
Attended Year 5	27

3. The series took place over several years, and by feedback it was possible for a core of attenders to shape it to their needs, rather than to the preconceptions of a course organizer.

4. It was based on small-group work, especially with the subsequent presentation of questions to specialists. This was one of the most successful innovations of the series. There is a danger through the lonely decisions made in general practice of a move from the authoritative to the authoritarian; one may cease to see patients' problems with compassion and regard them as commonplace. The small-group work proved a salutory corrective to this, especially in "Personal problems in diagnosis and management", and small-group work enabled the doctor to compare himself with his peers.

In presenting an educational refresher course, one aims to reinforce desirable behaviour and to cause certain desirable changes of behaviour in the attenders ('desirable' in this sense being defined by the course objectives). Therefore, it is suggested by some educationalists that one should write the objectives in behavioural terms. Then, and here's the rub, one should attempt to show that this change in behaviour has occurred. Instruments to measure this behavioural change would be difficult to devise and expensive in time and staff for the organizers of so broad-based a course, where the teaching is partly created by the attenders as they progress. A good response was elicited to the evaluation questionnaires sent out six weeks after the course. In the fourth year, stung by educational criticism, we also asked attenders to complete a log diary of patients seen in the age group during one day before coming to the course and again six weeks after the course. Twenty-one follow-up diaries were received but the attempt to provide an analysis proved too ambitious and was abandoned.

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Addendum

Details of programmes and evaluation sheets can be obtained from the author.

Appendix—Timetable

Monday

Morning: *Group work*
General practitioner baby clinics: activities, organization and problems.
Reports and discussion.

Afternoon: *Lecture*
From birth to seven years (National Child Development Study).

Tuesday

Morning: *Lectures*
1. Effects of maternal ill health on the fetus.
2. Influence of fetal health on obstetric management.

Group work
Paediatric aspects of antenatal care.

Afternoon: *Group work*
1. Asthma/eczema.
2. Feeding and sleeping problems.
3. Recurrent respiratory infections.

Reports and discussion with paediatrician.

Wednesday

Morning: *Lectures*
1. Normal development.
2. The role of developmental assessment in general practice.
3. The new family and its tasks.

Afternoon: *Group work*
Problem families.
1. One-parent families.
2. Emotionally disturbed parents.
3. Abnormal child and his/her problems.

Reports and discussion with psychiatrist and psychiatric social worker.

Thursday

Morning: *Lectures*
1. The battered baby.
2. My research with children.

Afternoon: *Group work*
Personal problems in diagnosis and management.
Reports and discussion.

Friday

Morning: *Lecture*
1. Correctable abnormalities and operations.
2. Hereditary diseases and parental counselling.

Afternoon: *Lecture/discussion*
Towards an integrated child health service.

Review of course, and future plans.