THE TEAM 3

Teaching about the primary care team: an experiment in vocational training

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SUMMARY. As part of their regular half-day release course trainee general practitioners met with paramedical colleagues and ancillary practice staff for group discussions on aspects of teamwork. The series of meetings extended over two years. The organizer's aim, that the participants should obtain information about and insight into their colleagues' roles, was achieved. There was also evidence of significant professional maturation and interdisciplinary understanding.

Introduction

THE concept of the primary care team appears to be gaining acceptance (Reedy, 1977). Many trainees will become general practitioner principals in such a team; others will continue to practise in a more traditional way and request paramedical help for their patients when required. In either case, some understanding of the work of paramedical and other colleagues is essential, and vocational training scheme organizers are faced with how best to achieve this (Harris and Fletcher, 1974; Hasler and Klinger, 1976).

One obvious way is for trainees to observe doctors working side by side with people in other disciplines (Bennett *et al.*, 1972; Lloyd *et al.*, 1973), but this does not always achieve the desired result. On the St Bartholomew's and Hackney Hospital Vocational Training Scheme, individual trainees visited health centres to look at the primary care teams in action; they reported back with depressing unanimity that 'the team' seemed to be mythical, and that social workers, district nurses, health visitors, and receptionists had surprisingly limited communication with one another. They ascribed this to the layout of the health centre building, whereby paramedical services were separated physically from medical services, and to professional boundaries and time constraints.

Another method is to arrange for trainees to spend a short period accompanying, for example, a social worker. This can be equally unsatisfactory because the social worker tends to present the trainee with set pieces on selected patients and a true picture of the work fails to emerge. Moreover, the contact made by a trainee while working in the practice is not always a satisfactory or adequate one.

Method

For these reasons it was decided to create a long-term discussion group run on Balint seminar lines (Balint, 1964), in which vocational trainees, a health visitor, a social worker, a receptionist, and a nurse could talk about the problems they were encountering in the course of their everyday work. It was expected that the participants would begin by discussing individual patients and clients but that soon the focus would be on interprofessional relationships. It was recognized at the outset that the proposed group would differ markedly from conventional Balint groups in that attendance, for the trainees at least, would not be voluntary. Furthermore, the group would be heterogeneous so far as the disciplines were concerned, and would contain 'mixed ability' to the extent that first-year and third-year trainees would be present. Finally, the composition of the group would remain relatively inconstant, for trainees would be joining and leaving at six-monthly intervals.

On the other hand, the group would adhere to the crucial Balint principle that discussion be based on real, current cases, personally experienced by the participant in a professional setting (Balint, 1964) and deal principally with the doctor/patient relationship.

The challenge was certainly a formidable one, but the

possible gains appeared to be considerable, both for the trainees and for the paramedical and ancillary staff (Payne, 1976).

The regional postgraduate dean and the clinical tutor agreed to the experiment being carried out and a group was recruited from the local district. Initially there were 11 in the group including, in addition to the course organizer and six trainees, a health visitor, a home nurse, a social worker, and a senior practice receptionist. The group was led by a practising psychoanalyst for the first few sessions, and subsequently by a general practitioner who had had considerable experience in Balint groups.

The group met weekly during a mid-afternoon tea-break, usually immediately following a didactic presentation for the trainees (as part of their half-day release course).

Difficulties

Inevitably, there were delays in starting and the hour and a quarter set aside for the session became, in practice, barely an hour. (A further constraint which should have been anticipated, but was not, was the inevitable interruptions as the senior house officers in the hospital answered their 'bleeps'.)

The internal disruptions were of different kinds. Some of the hospital senior house officers, though theoretically 'released' for the afternoon, were in fact still on duty and sometimes had to leave in summons to their 'bleeps'. They were consequently unable to be present at some sessions; this particularly affected those working in obstetrics and gynaecology posts—a well known hazard.

Yet another type of disruption was attitudinal and stemmed from resentments, again mainly on the part of some of the trainees, towards being conscripted into the seminar. This was expressed in a number of classical ways such as unpunctuality or staying away, maintaining a sullen silence, giving vent to extreme scepticism, or by bringing up bizarre or impossibly complicated cases such as psychological 'who-dunnits'. The nonmedical participants, individually outnumbered by trainees and blinded by 'science', reacted initially with defensiveness or by making spirited attacks on doctors generally.

Despite the extreme improbability of this exercise, it gradually took hold and a group identity did emerge, albeit with an inconstant composition. Particularly rewarding was the observation that some of those who came to scoff remained to make valuable contributions to the working of the group.

In such a heterogeneous group, with an assortment of backgrounds and differing expectations, few rules could be laid down, but there was strict adherence to the principle of bringing their real professional experiences, whether doctor/patient, social worker or health visitor/client or receptionist/patient; at times this required considerable self-discipline. Another rule was that the presentation should be the starting point for a process of exploration and reflection, in which no one individual should have more skill than another and to which everyone should contribute.

In conventional Balint groups the focus is on the relationship between doctor and patient, but in the present group the focus was allowed to shift in response to the particular vocational or disciplinary interests of the participants. At times discussion might centre on the way the health visitor had been sucked into a family power struggle; at others, on the sort of conflicts involved in reaching a medical decision on how far to investigate a geriatric patient.

The group became adept at looking critically at everything offered; it could and often did express itself candidly. Nevertheless, it could also be very supportive, an attribute which was often required as individuals developed the courage to be more open about their doubts and anxieties as professional men and women.

Results

The revitalization of the group seemed to coincide with change of leader and the shift of focus from what almost amounted to group therapy to an examination of the individual's professional work. This lesson emerged strongly: increasing the emphasis on the professional/patient-client relationship was a critical change and it was in many ways our most important finding. The health visitor appeared to grow more confident; the social worker felt sufficiently enthusiastic to persuade a colleague of his to join the group; the receptionist gained more understanding of patients' behaviour in the waiting room and was able to act as a more effective bridge between patient and doctor.

The trainees gradually began to look forward to the session instead of being 'switched off'; one remarked, "It's our main contact with reality!". The senior house officers in the hospital in particular appreciated the opportunity to mix with their general practice colleagues; their case presentations often had a flavour of a consultant/trainee relationship with its peculiar frictions.

It was noteworthy that the two general practice trainees who never really became involved and who had difficulty in accepting the group process had trainers who themselves were markedly disease-orientated rather than person-orientated doctors.

The course organizer had to learn to maintain a low profile during the group session. Inevitably he had parental feelings towards the trainees' subgroup and this, as well as his proprietary interest, had to be kept in check. Nevertheless he had an important role in introducing new members into the group and supporting them through their first exposures. Newcomers were clearly puzzled by the novelty of the experience and their initial performance served to demonstrate just how far the others had come in their understanding of their

own difficulties and in their approach to the handling of their patients' problems.

Discussion

The chief aim of the seminars was to give the participants not only knowledge of, but insight into, the work of their colleagues; this was achieved. Personal maturation was also observed. This was of course very pleasing but more important was the evidence of professional growth. Such evaluation is inevitably impressionistic and based on the way individuals report their cases, showing how they handle situations and relate to patients. Many of them, in finding their professional feet, were achieving a better understanding of their role and recognizing that a wider range of options was available to them.

A more valid form of evaluation is provided by external appraisal by the Balint group leaders' workshop at which the proceedings of individual sessions (usually available verbatim in typescript, or occasionally videotaped) are discussed. One of the later sessions of the St Bartholomew's and Hackney Hospital Vocational Training Scheme was presented in this way and the workshop was favourably impressed by the sensitivity and application demonstrated by the trainee participants. The impact was all the greater because at that time Balint-type trainees' groups were a rarity and it was widely held that they defied so many of the ground rules of conventional Balint groups that they could not be expected to produce worthwhile results. The experience of the St Bartholomew's and Hackney Hospital Vocational Training Scheme has helped to encourage the formation of several other trainees' groups run on Balint lines in London and elsewhere.

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Correction

Figure 6 from Dr Clifford R. Kay's James Mackenzie Lecture 1979, which appeared on page 17 of the January issue of the *Journal,* is reproduced below with colour added (See Medical News, page 183).

Figure 6. *Size and composition of lipoproteins. (This figure is reproduced from an article by Dr Maurice Stone which appeared in the February 1978 issue of Modern Medicine.)*