
An extended course in general practice

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SUMMARY. An extended course in general practice sponsored by regional advisers and university departments of general practice in Scotland, consisting of six sessions lasting two to four days interspersed with group discussion meetings and spread over a period of 18 months, is described and evaluated. Participants developed skills in teaching, confidence in group learning and insight into their abilities as teachers and organizers of training in general practice.

Introduction

MUCH of the inspiration and drive behind the development of vocational training in Scotland has been due to the work of regional and associate advisers in general practice who have been able to draw not only upon the guidance of the Royal College of General Practitioners but also on the resources of university departments of general practice. Foreseeing the need to develop a cadre of possible successors to the present regional and associate advisers, the University Department of General Practice in Glasgow offered in 1978 a three month whole-time course on teaching methods in general practice, in which eight doctors took part. Much of the success of the course was attributable to the frank exchange of opinion among participants and the development of a group identity. However, the course placed considerable burdens on those taking part and on their practices, and was expensive to run. As a further course was thought desirable, a working group representative of the four Scottish university departments and of advisers in general practice was set up to consider its aims, organization and evaluation. The working group agreed on the following aims.

Aims

The aims of the course would be to provide participants with an opportunity to discuss complex aspects of general practice, to improve their knowledge and understanding of general practice as a clinical specialty with particular reference to training and to learning by

trainees, to consider the educational approaches best suited to such learning, and to encourage groups of doctors to discuss and report on methods of learning appropriate for trainees.

Organization

The course would be based on a series of six short intensive modules each lasting between two and four days and amounting in all to 20 days over a period of 18 months and spanning two academic years. Each of the university departments would organize at least one module on an agreed topic, and those invited to take part in the course would meet between modules—in five separate small groups based at Aberdeen, Dundee, Edinburgh, Glasgow and Inverness—to explore specific problems related to these topics. After the first introductory module, in which views on general practice and principles of learning and teaching would be discussed, the topics for the subsequent modules would be:

1. a developmental approach to the patient and his illness, taking account of the care of children, young adults, the middle-aged and the elderly;
2. the development of ideas in research, project design, information analysis, and the assessment of research reports, as well as aspects of competence to practise, prescribing habits and the use of records in audit;
3. the consultation, teaching, interviewing and counselling skills;
4. practice management including management objectives and activities, information for practice management, record systems, statistics, special registers, practice activity analysis, evolution of practice policy and the team in general practice;
5. the doctor as teacher and learner, including teaching undergraduates, trainees, patients, and himself; methods of teaching, design of courses, group work, using experts, teaching aids and methods of assessment.

Modules would be based on the presentation of short papers by invited speakers and on general and small-group discussion periods.

The working group appointed one of its members to coordinate the course as a whole, and a member of each

small group to organize local activity. Thirty practitioners from Scotland and two from north-east England—all of whom were established teachers or had shown interest in the organization of vocational training—took part in the course, which began in March 1980. Funding was provided under Section 63 of the Health Services and Public Health Act, 1968.

Evaluation

Recognizing that the evaluation of a modular course over a period of 18 months supplemented by intermodular small group discussions would not be easy, the working group decided that the only feasible way to carry it out would be to ask participants to express their views freely in writing on whether the course as a whole had fulfilled its aims, on the extent to which each module and small-group meeting had contributed to the attainment of the aims, on whether their attitudes to education in general practice had changed, and on whether they had introduced or intended to introduce anything new into their teaching or teaching arrangements. Twenty-seven of the 32 participants gave their views. The unstructured nature of the inquiry made classification of responses difficult, and the following is a summary of the views expressed.

Views on the modular meetings

The first module, which was a two-day introduction to the course at which a number of established general practitioners presented their personal views, had a mixed reception. A quarter of the participants described it as useful or stimulating, but as many thought it overdidactic or too much dominated by the presenters. It is doubtful if this module did any more than kindle a spark of group identity.

The second module, which was a developmental approach to patients and their illnesses, was also criticized for its didactic style although some participants thought its content helpful. The need for participatory learning was crystallized, and only in that sense was the session successful.

The third module on research and audit was based on small-group discussions. Apart from two comments on lack of originality, the overwhelming response of participants was that in both content and educational method this session was successful. Eight described it as valuable, three as invigorating, one as well-balanced, and two others commented on the group interaction which had developed.

The fourth module, which dealt with communication skills, was also successful; seven participants described it as very satisfying and five others as an invaluable learning process. To some the topic had seemed daunting, yet it was found to be both interesting and of practical value. It gave insight into the ways in which a subject, which many had thought could not be taught, could be understood and demonstrated to students. The

value of small-group work as a method of learning was further reinforced.

The theme of practice management covered in the fifth module was thought by most participants to be rather dull and the style of presentation to be overdidactic.

Module six was a success. The topic—the doctor as teacher and learner—was central to the theme of the extended course and, as such, brought together its various elements. Eight participants said that the module had been interesting, useful and stimulating; six others that it had contributed new ideas about general practice education; and many valued the experience they had gained in using the first-class educational resources provided.

Views on the course as a whole

Twenty per cent of respondents thought that the aims of the course had been wholly or partly attained. One third stressed the value of intermodular group discussions, which in some instances took time to develop. At the end of the course more than half were using or intended to use video and/or audio tapes in teaching, just under half were developing a more critical approach to record systems, and about the same number were using group learning. Over one third felt that the course had contributed to their knowledge of postgraduate teaching, and a quarter intended to reorganize vocational training courses in the light of their experience. Four participants had derived new insight into the value of shared experience, and three others into that of interpersonal skills. Four referred to their enhanced critical approach to practice, and three to the acquisition of new teaching skills.

At an additional three-day meeting held in September 1981 the views individuals had expressed in writing were confirmed and there was general agreement that the course had been successful in changing attitudes to teaching, in promoting greater self-confidence, in providing insight into participants' deficiencies as teachers and into the learning needs of trainees and the learning methods and techniques demonstrated in the course would be used in vocational training and in continuing education. Although the topic of management was criticized as inappropriate, many recognized that practice organization was an important subject for inclusion in postgraduate medical education for general practitioners. There was a strong feeling that participants did not wish to be regarded as an elite. Audit and its linkage to continuing education, and hence to improved patient care, was important and was seen as one of the main challenges to general practitioners. The way ahead was to encourage group discussions and exchange of information. Academic general practice was not regarded as greatly different from the rest of general practice, and the work of university departments in teaching and research was thought to be applicable to all practice.

Discussion

There is little doubt that the course was valuable: participants gained skill in teaching techniques and modified their attitudes to both teaching and the organization of training and research methods; they accepted the need to question conventional techniques in education and to be critical of their impact on learning. Group learning, which instilled mutual confidence, was the method of choice in courses of this kind.

Since the course was intended for future advisers and course organizers another course of this type might not be necessary for some years. There might, however, be a need for courses for general practice trainers in certain aspects of teaching such as doctor-patient communications, research and teaching methods. The course had provided an opportunity for departments of general practice to work together; it had also demonstrated the differing contributions to postgraduate education and research which each was able to make to the development of group work at local level. As it had been spread over 18 months, the course had not been too demanding on the time of practitioners or their partners; nor had it been expensive to run.

College of General Practitioners

A scheme, it appears, has been set on foot for the establishment of a 'College of General Practitioners.' Now, since diseases, very generally, are either imaginary, or such as would get well of themselves if let alone, one highly important branch of General Practice is the treatment of cases which do not require it. The General Practitioner, though not a Consulting Physician, must consult his own interest. *Verb. sol. sap.:* but if the College Examiners are not saps, they may take a hint from *Punch*. Teachers must first be taught; and

here, for the benefit of those whom it may concern, is a little

Appropriate Examination Paper: with Answers

Q. What should be the medical treatment of a common cold, which, in fact, requires only white-wine-whey and a footpan.

A. *Pale Antim:* grains five, to be taken at bed-time; and *Mistura Feb:* three table-spoonfuls every three hours, with *Emplast: Picis* to the region of the chest.

Q. If you asked a patient to put out his tongue, and found it perfectly clean, what would you do?

A. Shake my head, and say, 'Ah!' or 'Hum!'

Q. What is the meaning of 'Hum,' Sir?

A. It means, 'I see what is the matter with you'.

Q. How would you look on feeling a pulse which proved natural and regular?

A. Very serious; and I would pretend to be calculating.

Q. A lady, slightly indisposed, asks whether you don't think her very ill—Your answer?

A. I should say that she would have been so if she hadn't sent for me in time.

Q. Suppose a patient, in perfect health, demands what you think of his case?

A. I should tell him, very mysteriously, that he ought to take care of himself.

Q. An anxious mother, Sir, sends for you to see her darling child—What would you first do?

A. Begin by admiring it.

Q. How long, in a given case, would you send in medicine?

A. As long as the patient believed himself ill.

Q. That belief being erroneous, what would you send, pray?

A. I think, *Tinct: Card: Comp:* with either *Aqua Mentha Pip:* or *Mist: Camph:*

Q. Be so good, Sir, as to translate the word 'Iter'.

A. Five shillings.

Source: Anonymous. *Punch, or The London Charivari* 1845; 8: 43. (Reprinted by kind permission of *Punch*.)

My Choice

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