FROM THE FACULTIES

Study days for receptionists in Essex

P. B. MARTIN

General Practitioner, Basildon.

The Essex Faculty has been running a series of study days for established receptionists over the last three years. Because they were easy to set up and were so successful the Faculty Board thought that they should describe the methods to members of other faculties in the hope that similar courses would be organized in other areas.

EXPERIMENTS in providing educational sessions for receptionists in a health centre practice over some years indicated that this kind of activity was needed and was much appreciated by ancillary staff. In 1979 all Essex general practitioners were circulated with a questionnaire asking if their receptionists would like the opportunity to attend a course or some study days. The replies showed that many did want to attend but that there was little demand for long and formal courses.

The idea of running short courses or study days for receptionists was then suggested to various institutions dedicated to further education. There was either a lack of interest or a professed lack of resources and it soon became apparent that any provision would have to be organized by local general practitioners. In 1980 the Essex Faculty Board decided to try out some experimental study days.

Aims and objectives

The aims of the study days were defined as:

-To improve the knowledge, skills and attitudes of receptionists, thus helping them to function more efficiently and sensitively.
-To help receptionists to develop a collective sense of identity and professional pride.

The objectives were:

-To increase knowledge of:

how the NHS works with particular reference to family practitioner committees;
the use of forms, their functions and importance;
how general practitioners are paid and the importance of accurate claims;
other caring services and how to use them;
the significance of symptoms and first aid;
common drugs—their uses and their dangers, and prescribing rules.

-To improve skills in:

communicating with patients both by telephone and face to face;
management of appointment systems, other staff and the doctor.

-To change attitudes:

to increase sensitivity to patients' needs and feelings;
to develop tolerance to anger and aggression;
to develop pride in their skills.

The Board was rather intimidated by this list and by the thought that perhaps we were trying to teach our grandmothers to suck eggs. In spite of this we decided to go ahead with the project.

The first study day

The programme of the study day was designed on the principle that there should be a minimum of formal lecturing and a maximum of discussion. Speakers were asked to keep their talks as short as possible and to involve the audience all the time rather than reserve discussion to the end. A major part of the day was set aside for group work where the receptionists were asked to work out collectively answers to a patient management questionnaire (PMQ). This consisted of a series of problems set out like the modified essay questions that are used in the College examination (see appendix).

The programme was:

09.45	Coffee and registration.
10.00	Two short films on practice management problems.
10.30	The problems posed by the multiplicity of forms. Practice organization. Accurate claiming of fees.
11.30	Appointment systems: how to make them work.
12.30	Lunch.
14.00	Group work with PMQ.
15.15	Tea.
15.30	Plenary session.
16.00	Finish.

This experimental study day was held in Chelmsford in 1980 and was voted a big success by the 25 receptionists who attended.

Expanding the programme

Because the first study day appeared to be a success the same programme was used in other postgraduate centres. It continued to attract large audiences so four programmes were planned along similar lines. These were presented in turn at each of the postgraduate centres.

To ease the burden of organization on the doctors who did the development work, the programmes were presented in the different centres by local general practitioners. The audiences varied from 25 to 50. At Colchester the first programme was so popular that it had to be repeated and about a hundred receptionists participated. Throughout the country over 500 attendances have been registered.

A fee of £7 was charged per head per day. This enabled us to provide a substantial lunch with enough alcohol to lubricate tongues. Enough profit was made to swell the bank balance of the faculty and we hope that this can be used to pump prime further educational activities. The profit was however only due to the generosity of the speakers who did not accept any fees. It would probably be fairer to charge more and to pay realistic fees. The doctors who paid their receptionists' fees were able to claim back 70 per cent from their family practitioner committees.

Conclusions

The response to these study days has demonstrated that receptionists want to increase their factual knowledge and their understanding of the physical and emotional problems of patients. They enjoy meeting colleagues from different practices and profit from the sharing of ideas and problems.

Appendix

Patient Management Questionnaire.

1. At 11.00, just as the surgery is finishing, a tired looking woman (Mrs Young) with three small children in tow, comes to the desk and asks if she can sign on with the doctor. Your doctor's list is not full and he is taking on new patients. She says that she has moved house recently. How do you deal with her?
2. She offers you three rather tatty medical cards which belong to her and two of the children. You also notice that the doctor's name is that of a general practitioner who works close by. What do you do?
3. When you have finished telling her about signing on, she asks if she can see the doctor now as one of the children is not very well. How do you handle this?
4. Some weeks later, at the end of an evening surgery, she rings up and asks for a visit for her youngest child who is about one year old and who has had diarrhoea and vomiting for two days. What do you ask her and what do you do?
5. You do not hear from the family again until one morning when Mr Young turns up at the surgery and says he wants to see the doctor as he thinks that he has the 'flu'. You have a full appointment system in the practice and there are no more appointments left for that morning (the surgery ends at 10.45 anyway). What do you say?
6. Mr Young appears to have a simple cold and looks quite well. He insists that his employers have demanded a private certificate and if the doctor will not see him now he will go home and call him out. What is your next move?
7. Your doctor declines to see him immediately but he is offered an appointment for. the evening surgery. Mr Young is not happy. He tells the waiting room at large that this is a bloody useless practice as you need to be dying before the doctor will see you. He then crashes out of the surgery. Do you do anything about this?
8. Six months later Mrs Young rings up just as your doctor is starting the evening surgery and says that her youngest child is having a fit. What do you do?
9. Mr Young comes one evening at the end of surgery for a medical for an HGV licence. He is fifteen minutes early. The doctor, on the other hand, is half an hour behind with his appointments (not an unusual occurence with this particular doctor). There are still another five patients waiting ahead of Mr Young. Do you do anything about this?
10. A month later Mrs Young comes in for an appointment. She looks very run down. When she comes out she is in tears and tells you that Dr X has been sharp with her and requests that she sees another doctor in the future. Dr X appears to have been in a bad temper all morning. How do you help Mrs Young?
11. Dr X goes on being bad tempered with staff and patients during the next few weeks. Is there anything you can do?
12. That Christmas Mrs Young comes in with chocolates for the staff. Why has she done this? Do you feel guilty?

Acknowledgements

This series of study days was only a success because so many faculty members gave up their time to organize the sessions and to take part in the discussions. The Board is particularly grateful to Norman Paros of Colchester, Tay Aung of Southend, Simon Jackson of Chelmsford and Don Woods of Brentwood for their hard work.

WORKING WITH OTHER PROFESSIONS

Zoonoses and veterinary–medical cooperation: a missed opportunity?

JOHN STERRY

Chairman, Public Health Committee, British Veterinary Association

Similarities between medical practitioners and veterinary surgeons are often closer in the minds of their clients and patients than they are in reality. 'Don't you wish they could talk?' is frequently asked of the small animal practitioner and, on occasions, the busy general practitioner must wish that they couldn't. However, in spite of the similarity of many of our clinical problems, there is little interchange of ideas between the two professions.

ZOONOSES are a group of diseases which, by definition, demand a bilateral approach, although for a number of reasons this does not always happen. The aims of this article are to look at some of the occasions where cooperation could occur, to consider why this has not occurred in the past and to highlight the merits of a joint approach.

In 1975 the Zoonosis Order was implemented. The Order instituted a system of controls and procedures following outbreaks of salmonellosis and brucellosis in domestic species. Initially the Order was limited to cattle, sheep, pigs and some types of poultry, but there are provisions to extend this list if necessary.

Operation of the Zoonosis Order

Following the identification of salmonellae in one of these species, usually at a Ministry of Agriculture, Fisheries and Food Investigation Centre, information is passed by the veterinary officer to medical officers of environmental