

Open University course—*Topics in drug therapy*

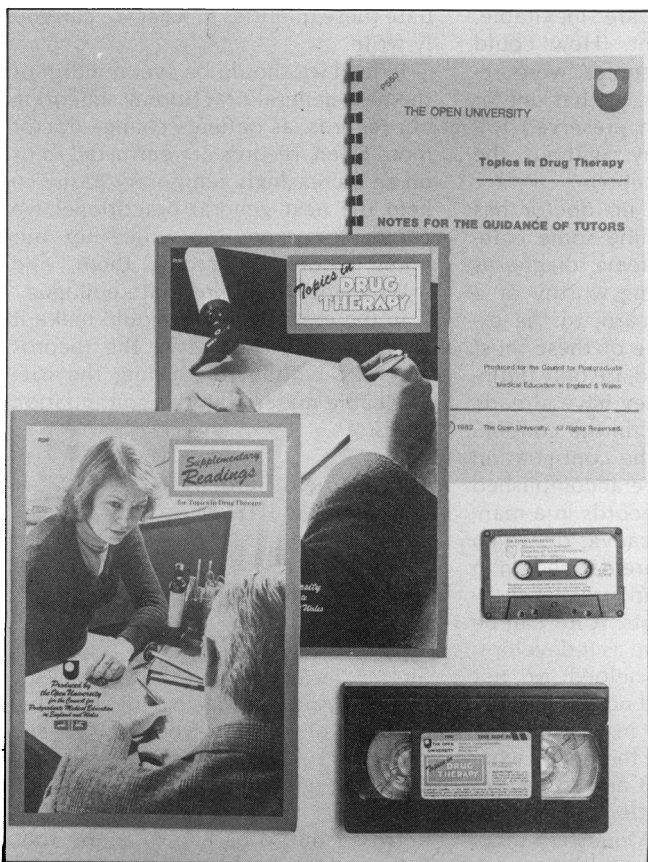
JANET GALE

Maintenance Course Team Chairperson, Centre for Continuing Education, The Open University.

Topics in drug therapy is the Open University's first course intended for doctors, and is a pilot project funded by the DHSS and made in collaboration with the Council for Postgraduate Medical Education in England and Wales. It combines the technological and educational expertise of the Open University with the clinical and academic expertise of 11 course team members from the medical profession and a large and varied group of doctors who have tested the course at various stages in its development.

THE course consists of a pack of materials to be studied by each doctor individually, and a group leader's pack of materials to be used at group meetings. The individual pack consists of a workbook in three short modules with interspersed activities and questions, a reference booklet of supplementary readings which give specific information about drug interaction, modes of delivery and research findings, and an audiocassette which has a patient interview concerning multiple prescribing and a discussion between partners who had been auditing their prescribing. The group leader's pack contains notes on running group sessions and generally organizing the course for vocational trainees or peers and a videocassette for use at group meetings.

Group meetings have activities, exercises, examples and discussion topics focused on the videocassette material, which is designed to be fully integrated into the course as a whole. Group sessions, therefore, take up topics and issues raised in the texts and provide the opportunity to consider and clarify these further in the clinical contexts shown on the videocassette and in relation to participants' own clinical practice and experience.



Course materials for 'Topics in drug therapy'.

Course outline

The course consists of a first module, introducing participants to background knowledge about drug therapy and to a style of thinking about treatment that is relevant to drugs generally, and two further modules—see panel.

Module 1—problems and issues in drug therapy

★ The social context of prescribing: social and psychological factors that affect patient and doctor, helping to determine whether drugs or other forms of therapy are used.

★ How drugs are dealt with by the body—absorption, distribution, metabolism and excretion—and how this relates to drug use.

★ Finding reliable information about drugs—similarities and differences between related drugs; evaluating the claims of drug companies for their products.

Module 2—anxiety and benzodiazepines

★ The use of benzodiazepines in the management of anxiety and their use for inducing sleep. Prescribing for three different types of anxious patient. Treatment other than by drugs.

★ Examples of the importance of the pharmacokinetic differences between related drugs (building on Module 1).

★ Appropriate prescribing policies, considering both short and longterm adverse effects of the drugs. How to manage withdrawal from benzodiazepines.

Module 3—antibiotics

★ Problems and principles in the use of antibiotics.

★ Application of pharmacokinetic principles and consideration of relevant factors such as age, differential organ function and specific disease.

★ Building up an antibiotic policy. Logical decision making: the range of choices available; selecting them with regard to efficacy, safety, convenience and cost. Changing the policy.

Development of the course

The course materials went through three stages of development, drafting and testing:

Firstly, an initial enquiry tested out the idea of the course, before any draft materials had been produced. Discussion meetings were held with general practitioner course organizers, regional advisers, vocational trainees and clinical tutors in four areas of the country, at which plans for *Topics in*

drug therapy were outlined and discussed by the participants. A report of each meeting was presented to the course team and recommendations for the development of the course were made.

Secondly, the second draft of each module was sent to a group including general practitioners, course organizers, recent trainees, clinical tutors and a postgraduate dean. They were asked to work through the draft and its activities and to annotate it as fairly and fully as possible with their thoughts, reactions, comments and criticisms. Reports were discussed in course team meetings and revisions made in the drafts.

Finally, the group sessions and draft group leader's notes were tested in practice with an established, informal continuing education peer group of general practitioners and a vocational training group. As it would be in practice, each

tutor planned and used the module and ran the group meetings according to his own needs and those of the group. The group meetings were observed by evaluators and notes taken. In addition, the group leader was asked a variety of specific questions about the adequacy of the guidance he had been given. All findings were taken into account in preparing the final group leader's notes.

Topics in drug therapy has now been available and used for over a year. During this time a field testing programme using survey and observation methods has been underway. Results will be available this year when the possibility of producing further modules will be reviewed.

Further information and order forms can be obtained from Ms Monica Howes, Centre for Continuing Education, The Open University, PO Box 188, Sherwood House, Sherwood Drive, Bletchley, Milton Keynes MK3 6HW. Tel: 0908-71231.

LETTERS

Discarding Patients' Records

Sir,

I wish to make a plea to my fellow general practitioners to be more scrupulous about a practice which to my mind has a disturbing currency. When records are being prepared for summarization, some letters and some continuation cards are being systematically destroyed on a rather wholesale basis, often because they are bulky or old. No doubt summarization is well intended: problem orientation, prominence of salient information, storage space liberation, an instantly accessible yet often not updated medical history useful for referral letters and insurance forms, computer record preparation and so on.

However, once the records are summarized and tagged into chronological order, the temptation is to discard some of the original letters and pathology forms. Some of these are repetitive and have copies elsewhere and some of these details can be entered retrospectively onto the continuation cards. There may be, then, a good case for carefully discarding some of them.

My concern arises when continuation cards themselves are discarded. The views often stated in defence of this practice are that the entries are trivial, irrelevant, illegible or not significant, or, indefensibly, not disposed to easy summarization.

My views on this practice are that it is misguided and presumptuous.

Doctors do not own patients' records. They are held on trust, and the patients expect the doctor to keep them carefully, in their entirety, even if the edges are trimmed here and there.

Also, a doctor has a right to expect that what he writes will be preserved. If continuation cards are destroyed, there is no way of knowing how many have been destroyed, by whom or for what reason.

I reserve the right to make my own summaries without the earlier evidence being destroyed. It is all too easy to rely on other people's summaries uncritically. I have little confidence in them. Summarization is particularly arbitrary and mistakes are inevitable. Omissions are inherent. (How could one be sure that adenoids were removed with the tonsils, or that one or both ovaries had been preserved following a hysterectomy, without the original details being kept?)

When summarizing, no doctor has the right to predetermine some categories of events, problems, diagnoses or other labels as being worthy of a place on a summary card, to the exclusion of others. Some of these must be uncategorizable, and are only definable in the way that they have already been expressed, in full, in the contemporaneous entries on the continuation cards. Some doctors are accomplished artists in using these records in a manner likened to using a canvas on which images of the patient are dabbed on in a variety of colours and strokes whenever the patient presents. A lot can be learned from the picture as it develops: how the patient is helped or not helped, attended or did not attend, the mood the doctor was in, the diffuseness or conciseness of the entry, what was said by the patient and so on.

Even the most subtle punctuation can relay a message. A question mark placed before a diagnosis may represent the doctor sticking his neck out; if

placed after the diagnosis, maybe second thoughts. Such brushwork defies classification and should be preserved, even if open to several interpretations. It is often more accurate in its own way than a label on a problem list.

Unfortunately, I find when looking through old records that most are ungraphic, often dreary, too often unintelligible and ever too often illegible. The remedy is not to destroy what was written, but to be careful not to perpetuate these qualities in what we currently write.

Indeed we should be ever mindful of the next general practitioner inheriting our records: as patients change doctor more often, records are entrusted to us on an increasingly temporary basis. To help the next general practitioner we could, for example, spruce up our notes before forwarding them, and maybe write an appropriate epilogue.

In the meantime, we should make it our business to preserve the records carefully without discarding the irreplaceable material in the continuation cards.

MICHAEL JOLLES

78 Greenfield Gardens
London NW2 1HY.

John Stevens Memorial Fund

Sir,

In 1983, (*April Journal*, p.250) I reported the loss of John Stevens at sea and asked for suggestions for ways in which we might remember him and his work.

The East Anglia Faculty have formed a Trust Fund to be known as the John Stevens Memorial Fund. The Fund will be administered by four trustees ap-