Trainee projects

GENERAL practice is hard work. There are few general practitioners who do not feel tired after a long surgery simply because the range and depth of problems seen make great intellectual and emotional demands upon them. Working consistently against the clock, general practitioners have to think and think hard about the best way of dealing with the infinite variety of problems they meet.

Learning to think is thus an essential component of a doctor's education and training. Commentator after commentator has emphasized that much that passes for medical education is merely concerned with factual recall. Undergraduate medical students constantly refer to the memory task and most prepare for examinations by learning long lists. Is postgraduate education any better? Sir George Pickering suggested that far too much postgraduate medical education consists of stuffing endless lists of facts into weary, albeit intelligent, minds.[1]

Against this background, project work emerges as particularly important. Here is one part of vocational training where memorizing facts is not a necessary prerequisite, nor indeed valued. Here is an educational experience where the learners can participate in a subject of their own choice, study at their own pace, gather their own facts, and think for themselves about their significance. It is not for nothing that educationalists operating from primary school level to the higher postgraduate level encourage discovery learning or project work simply because it encourages thinking rather than just remembering. In an age when electronic recall of factual information is coming ever closer, the importance of training doctors to think becomes proportionately more important.

But what do trainees do in projects? What subjects do they choose, how do they tackle them, what are the principles upon which projects should be based, how can they be encouraged, what do trainees think about them anyway? These and a number of other questions are tackled in *Trainee projects,* published this month by the Royal College of General Practitioners as *Occasional Paper 29.*

Trainee projects consists of nearly 50 summaries of trainee projects which have been awarded the Syntex Prize in local vocational training schemes, and the full text of three projects which have won national awards. In addition to these practical examples, *Occasional Paper 29* includes three descriptive articles which fill in the background to this important educational development. First, an article by Professor J. G. R. Howie of the Department of General Practice at Edinburgh University emphasizes the theoretical approach to project work and outlines principles which should be invaluable to all those undertaking or advising trainees about projects. Secondly, Dr D. J. Pereira Gray, from the Department of General Practice at Exeter, writes about project work in that department and analyses the characteristics of those trainees who have completed projects there in the last eight years. Thirdly, Dr M. Mead, who was recently a trainee himself, writes about project work from a trainee's point of view.

In 1979, an editorial on this subject in the *Journal* noted the development of project work during the trainee year and the fact that trainees were examining clinical work as well as other aspects of the practice.[2] It is encouraging to see from the project titles in *Occasional Paper 29* that this trend is still continuing.

Compared with colleagues in the other main branches of the medical profession, general practitioners have been relatively deprived of the opportunity to learn skills in data handling and analysis that hospital doctors learn routinely in their higher professional training. Project work is likely to mark the emergence of general practice from the dark ages of anecdotal teaching, and 'sitting by Nellie',[3] into a new world of honest appraisal and critical assessment of practice activities. Project work is about learning to think and as such it has at present no substitute in postgraduate education. Its rapid development among vocational trainees gives great cause for optimism about the future of general practice.

Trainee projects, Occasional Paper 29 is available from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £4.50 including postage. Payment should be made with order.

References

1. Pickering G. *Quest for excellence in medical education.* London: Oxford University Press, 1978.
2. Anonymous. Trainee projects. (Editorial.) *J R Coll Gen Pract* 1979; **29:** 452-455.
3. Byrne PS, Long BEL. *Learning to care.* Edinburgh: Churchill Livingstone, 1973.

House dust mite avoidance and atopic dermatitis

Eighteen patients (aged six to 44 years) with severe atopic dermatitis completed a six-week period of intensive efforts to reduce house dust mites in their home. This included regular vacuum cleaning of the bedding, bedroom carpets and curtains, and the use of a plastic mattress cover. Patient (or parents) kept a daily diary card of their symptoms and were assessed every two weeks using a simple clinical scoring system for extent and activity of disease. Fifteen patients improved, some of them dramatically, and three remained unchanged or showed a slight deterioration in their eczema. There was a generally good correlation between patient's and doctor's assessment. This study strongly suggests that a house dust mite avoidance programme may be beneficial in atopic dermatitis, although no firm conclusions can be made as it was an uncontrolled trial.

Source: Roberts DLL. House dust mite avoidance and atopic dermatitis (letter). *Br J Dermatol* 1984; **110:** 735-739.