LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing.* Failure to comply with this may lead to delay in publication.

Preferences for salbutamol delivery systems among young asthmatics

Sir,

In 1988 there were at least four new developments for administering bronchodilators. Each claims to have an advantage in ease of use or efficacy but little emphasis seems to have been placed on patient acceptability.

In a four week cross-over study of young asthmatics who required regular salbutamol medication we found that there was no difference in the perceived or measured effectiveness of three commonly used delivery systems. In five to nine year olds where coordination is a problem a Ventolin Rotahaler (Allen and Hanburys) was compared with a Ventolin Volumatic (Allen and Hanburys) and in nine to 13 year olds an ordinary aerosol inhaler was compared with the breath actuated Rotahaler. However, there was a great variation in the acceptability of the different methods. No clear trends emerged and personal choice seemed an important factor. Understandably the Volumatic was perceived as too large and very embarrassing to use in public. Most younger children preferred to use the Rotahaler at school, while some were maintained on the Volumatic at home. Among the older children there was a clear preference for the aerosol inhaler, not based on efficacy, but on perceived acceptability by peers.

Instruction and breath activated devices overcome the problem of coordination. However, no device will be accepted and used unless it is convenient and does not cause embarrassment. This may indicate a role for specific health education within schools. The parents of the younger children, particularly, appreciated the extra information about the disease that they received and the use of peak flow meters, and we feel there is a place for an interested doctor in a practice to supervise the routine care of asthmatic children. This would ensure that the children and their families were using the delivery system(s) that suited them best.

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Circular random case analysis

Sir,

I should like to report an educational technique which is used in the Gwynedd vocational training scheme. It combines elements of the objective structured clinical examination (OSCE) and random case analysis.

Trainees are asked to prepare 12 consecutive consultations using a sheet similar to that used for the log diary of the MRCGP examination and to prepare an aide memoire. Those trainees doing hospital posts are asked to record 12 consecutive admissions.

Trainers are invited to attend the half-day release programme for the circular random case analysis and each mans a station. The trainees move around at set intervals from one station to another. The trainer at each station selects one of the trainee's cases at random and questions the trainee on that particular case. The trainee is allocated marks for his or her performance and also for communication skills. The trainers are asked to document any comments they have on each trainee's performance. The trainer ticks the log diary indicating which case has been discussed.

Since there are more trainees than trainers a proportion of the stations are unmanned and at these the trainees are either set multiple choice questions or a short topic question.

At the end of the random case analysis there is time for discussion and both trainers and trainees are encouraged to discuss their experiences. The results of all the trainees are tabulated and distributed to each participant. Each trainee is given a letter of identification to preserve anonymity. The comments by the trainers on the individual trainee's performance are only given to that trainee.

The random case analysis, as an addition to the OSCE has the advantage that the time taken by the course organizer to set up the programme is much less than to set up an OSCE. It is, therefore, possible to do random case analysis more often. It gives trainees experience in presenting and discussing their cases with different trainers, increasing their confidence and preparing them for the MRCGP oral examination. Each trainee is able to compare himself with his peer group in the marks allocated for performance and skills, and he also has specific feedback from the trainers' comments.

Circular random case analysis increases trainers' experience of carrying out case analysis and allows them to meet all the trainees on the scheme. It also gives the trainer experience of the standards of the trainees as a group. Course organizers receive feedback on the progress of the trainees throughout the three-year vocational training programme. Circular random case analysis also provides feedback on the attitudes and skills of the trainers taking part.

My experience of circular random case analysis is that trainers, trainees and course organizers find it both useful and enjoyable, and it helps to achieve some of the educational aims of the Gwynedd vocational training scheme.

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