

# A joint course for general practitioner and practice nurse trainers

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**SUMMARY.** *An experimental multidisciplinary course for prospective general practitioner and practice nurse trainers is described. Factual knowledge and attitudes were measured before and after the course and some of the changes measured emphasized the importance of multidisciplinary training. The ideas generated by the group of nurse trainers in terms of their future professional development were identified.*

## Introduction

FOR the past 12 years the Department of General Practice at Exeter University has run an annual week long residential course for prospective general practitioner trainers. This has catered for about 24 general practitioners each year and has emphasized interactive small group work as the method of learning.<sup>1</sup>

In 1979, the department identified as one of its main aims the setting up of educational courses with professions allied to medicine, as described by Bolden and Takle in the *Practice nurse handbook*.<sup>2</sup> In 1986 one of the authors (KJB) and a practice nurse wrote an article pointing out the similarities in the needs of practice nurses and general practitioners, with many of the problems now facing practice nurses echoing those that faced general practitioners 25 years ago.<sup>3</sup>

The training of practice nurses is becoming increasingly important,<sup>4</sup> without there being enough courses to meet their needs. The Department of General Practice at Exeter University has a strong philosophy of multidisciplinary learning<sup>5</sup> so it was decided to set up a joint residential course for practice nurses who were planning to train other practice nurses and for prospective general practitioner trainers.

It was felt that many of the learning needs of practice nurse and general practitioner trainers would be similar, both groups requiring help with educational theory, curriculum design and assessment techniques. There would also be a common need for improving interpersonal and communication skills, an area best approached from within small groups. Of great importance in the successful working of any team is close cooperation, and it was felt that this was sometimes clouded in the primary health care team by role barriers, particularly between doctors and nurses. The time thus seemed ripe to take this opportunity for two professional groups to work together in small groups to overcome these barriers.

## Course structure

Of the 36 course participants, 24 were general practitioners and 12 practice nurses. The groups were led by a senior lecturer in the Department of General Practice with three general practitioner course organizers and research fellows, all of whom were

very experienced in group work. The practice nurse facilitator of the Department of General Practice acted as practice nurse resource for the course. The aims of the course were that the participants:

1. Will be familiar with educational theory.
2. Will be able to use educational resources appropriately.
3. Will have a greater self-awareness of themselves as a person and their impact on others especially in the learning situation.
4. Will be familiar with the principles of teamwork and more easily able to identify and solve the problems of working with others.
5. Will be able to apply a wide variety of teaching methods and theory to the appropriate learning situation.
6. Will be familiar with and able to use the various methods of assessment.
7. Will be familiar with the criteria required for approval as a general practitioner trainer (general practitioners).
8. Will have devised their own criteria for training (practice nurses).
9. Will be aware of Pendleton's rules and able to analyse videotaped consultations effectively.
10. Will be aware of the importance of learner-centred teaching.

Rather than allocating course participants randomly to one of the three groups, they were allocated using the results of the FIRO-B personality test (which measures the way an individual relates to those around him or her in the areas of inclusion, control and affection)<sup>6</sup> and Honey and Mumford's learning style questionnaire.<sup>7,8</sup> These were administered prior to the course and it was felt that this method would enhance the effectiveness of the groups.

After exercises designed to encourage cohesion of the groups on the Sunday evening, each group identified its own aims and objectives for the week. Many of these were about educational theory and method, but there was also a strong emphasis on self-awareness and interpersonal skills. The course was designed to be a mixture of theory and practice. During the first three days it was fairly structured but by the last two days the groups decided their own programme and activities. Some topics were specific to each professional group, for example, the minimum criteria for general practitioner trainer selection, and for these, different sessions for the two professional groups were timetabled.

Among the areas of knowledge covered were:

- Educational theory;
- Consultation analysis;
- Use of case material for teaching and learning;
- Use of personality tests and learning styles;
- Trainer assessment criteria;
- Practical teaching resources;
- Practical teaching skills, especially one to one;
- Audit.

The areas of attitudes explored included:

- Doctor-nurse relationships, especially employed status and hierarchy;
- Personal perceptions of role and relationships;
- Self awareness of strengths and weaknesses;
- Awareness of one's relationships with others;
- The concepts of teamwork;
- Personal professional development.

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During the week the groups generated material in response to tasks set and at the end of the week this was collated together with the various handouts and feedback results into a course handbook for each member.

### Assessment

Each session was assessed by the participants using global rating scales as well as by open comments and ideas for improvement. A pre- and post-course test of knowledge relating to educational theory and the discipline of practice nursing showed a large increase in knowledge scores by participants. The mean scores for practice nurses rose from 11.9 (range 7–17) to 26.6 (22–30) out of a possible maximum score of 34.0. For general practitioners the mean scores rose from 17.6 (range 7–27) to 29.5 (range 22–34). Thus, the mean score for all the participants rose from 14.7 to 28.0.

Changes in attitudes were measured using 40 statements related to inter-professional issues, personal skills and attitudes. Examples of these statements included 'I feel confident in dealing with difficult patients', 'Practice nurses should be allowed to prescribe hormone replacement therapy', and 'Being employed by a general practitioner undermines the status of a practice nurse'. These were scored using rating scales from 1 to 5 (1 representing agreement and 5 disagreement). There were major changes in a number of areas: more participants felt confident in dealing with difficult patients, more felt that being employed by a general practitioner undermines the status of practice nurses and more felt that practice nurses should be able to prescribe hormone replacement therapy. Of particular importance was the change in role perceptions which the assessments highlighted and which could be seen developing throughout the week. At the beginning of the week doctors were more dominant in the groups, but by the end of the week both professions were equally interactive.

### Practice nurse development

There were two sessions set aside to facilitate the practice nurses in developing their future role. Among other plans, they agreed to identify local practice nurse training practices with the aim of helping them develop suitable protocols, to encourage increasing links with family practitioner committees, to encourage RCGP faculties to support local practice nurse groups, to request the English Nursing Board to involve them in decisions about practice nurse training and to encourage course organizers to look at joint general practitioner trainer–practice nurse workshops.

### Conclusion

General practice training has been established for nearly 20 years. The changes which this has produced in the quality of care and standards of entry to general practice have been enormous.<sup>9</sup> Practice nurses have similar training needs as their role expands rapidly with their increasing importance in the primary care team. The development of training skills for this group is as important as it was for general practice some years ago. This course has demonstrated that general practitioners and practice nurses can work together meeting the mutual needs of both groups, while breaking down many of the traditional barriers between doctor and nurse. Further interprofessional training of members of the primary health care team should be encouraged.

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