THE POSTGRADUATE MEDICAL JOURNAL

London

June 1963

CONTINUING EDUCATION IN AN AREA HOSPITAL

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Yesterday and Today: Time for a Change in Undergraduate Teaching

FIFTY, even thirty years ago qualification was a signal for most doctors to consign their books forever to a dusty shelf. The metal of their student learning tempered by experience was still sufficient to ensure a fair standard of practice. The main channels for the spread of new knowledge were the *British Medical Journal*, *The Practitioner* and 'The Medical Annual', and if unwrapped and read they were enough when supplemented by smoky clinical meetings.

But by 1930, if not before, things began to change. In every field of medicine the momentum of advance we know today had already begun, and this meant that doctors in professional isolation, who were the majority, found within five years of qualification much of what they read and heard incomprehensible.

The exceptions had acquired almost by chance a habit of reading and an attitude of research-mindedness, the hall-marks of the life-long student, and attributes upon which the success of any form of continuing education must depend. Today some medical schools are achieving this objective, but others have yet to try. Until they do it is not going to be easy to help doctors to learn to swim with the flood of new knowledge and not to be drowned in it. A first necessity, therefore, is to correct the present deficiencies in the training of the medical student, and to do this some of the time spent in suffocating him with facts of doubtful validity must give way to the inculcation of a life-long attitude of enquiry.

Postgraduate Training in Area Hospitals: The Academic Nucleus

Previous contributors to this series have dealt faithfully with the task of continuing education of senior and junior hospital staffs, and I do not wish to dwell on this, but as it is indivisible from the similar needs of general practitioners I cannot leave it entirely alone.

The success of both projects, as well as the patient's welfare, depends on the creation of hospital units large enough (300 to 400 beds minimum) to provide a viable academic nucleus. This involves the thorny problem of amalgamation or closure of anachronistic, uneconomic, and inevitably inefficient small general and cottage hospitals, with the possible exception of remote areas where they must be upgraded irrespective of their size/cost ratio. The Minister must resist attempts to water down his proposals ('Hospital Plan').

At the area hospital I serve (Ipswich and East Suffolk, population 330,000) there has been a steady expansion of postgraduate training of junior staff since 1950, and most departments have now recognized this as a duty with as many advantages to the teacher as to those who are taught. Where inadequate staffing is the difficulty, execution of the Platt Report should resolve it.

Teaching Methods

The teaching methods are the usual ones: departmental and inter-departmental discussions, meetings, tutorials for higher diplomas, and journal clubs. For example, the whole depart-

ment of medicine attends a journal club at 12.30 to 1.15 p.m. once a week, at which all take their turn from consultant to the most junior pre-registration house-physician. A single article is presented rather than a whole journal, and this affords time to thrash a subject out completely. Also the club teaches house-physicians to use a periodical library—as yet a facility too rarely acquired as a student—and to learn how to evaluate articles by reading between the lines. For some it has established a habit which they have taken away with them into practice where they have started journal clubs of their own.

The Medical Library

None of this would have been achieved without the medical library which opened in January 1953, and perhaps our experience may be of use to area hospitals trying to do the same thing today with the perennial shortage of money. We thought that periodicals should take priority over textbooks, which are mostly out of date by the time they are printed. The Ipswich Medical Library is therefore based on periodicals given to the library by the consultant staff one month after their receipt, and in this way most specialties are well covered for British and American literature with over 50 journals.

The H.M.C. and R.H.B., doubtless influenced by the fact that the medical staff were providing £200 worth of journals each year, have given the library increasing support, and we are eternally grateful to them. In addition, the idea may also commend itself to consultants' wives who can say farewell to stacks of faded paper. With the H.M.C. grant the library is enabled to employ a part-time librarian, to bind its journals, and to purchase certain essential journals and the Index Medicus. Twenty textbooks are available by a subscription to Lewis's Library.

A library somewhere is better than one nowhere, but it must be remembered that it will only reach its full potential if it is (a) warm, (b) comfortable, (c) pleasantly decorated, (d) well lit, and (e) accessible.

Continuing Education for General Practitioners

Plans for refresher courses were well advanced by the outbreak of war in 1939, but not without the usual wrangle with reaction. Strangely the very excellence of these courses in most delectable places has also revealed their limitations. This is hardly surprising as they were the first answer to the problem. Nevertheless, it should now be clear to everyone that doctors cannot be kept up to date solely by a triennial, biennial, or even an annual 'shot in the arm'.

At present the best thing about the courses are the incidental discussions over coffee or beer. Lecturers can console themselves if they have succeeded in sparking these off. If they fail it is because they have been too erudite, or have aroused the hostility of their audience by talking down to it. Today's students will not accept this attitude, and general practitioners, the most independent-minded group in the profession, are even less likely to do so.

Another defect is that too much is attempted in too short a time; the promoters seem to feel they must give value for money, and some lecturers use the occasion as a chance to exercise their hobby-horses.

For several years I have thought how area general hospitals with their wealth of material and highly trained staff could give to general practitioners what they provide for their own staff—the painless acquisition of knowledge by informal discussion in small groups at the bedside, or better, at coffee, lunch or tea.

Early attempts to encourage general practitioners to come to ward rounds, journal clubs, and small departmental meetings failed. Two attractive programmes, one on a Saturday and the other on a Sunday, were flops. Four hundred doctors within a 40-mile radius were invited to the Saturday meeting, and the greatest number who attended at any one time during the day was ten. I should have remembered that Saturday, though a good day for hospitals to hold meetings, is a bad one for practitioners. Sundays can always attract a constant group of the diligent, but the majority prefer not to choose to work on a day of rest when they so often have to do so in any case.

Getting Inside the Problem

Gradually I saw the need to get inside the problem, and I received two valuable pieces of information. The first came from a G.P. friend who told me that there comes a critical time after qualification when a practitioner becomes afraid of small meetings or rounds because he may be compelled to reveal his ignorance. He may still feel safe at big meetings as long as he does not open his mouth, but then too often goes home dissatisfied and angry with the question or comment left burning on his lips. From this it seemed clear that if continuing education were to succeed, all younger practitioners would have to be made at ease in the academic forum afforded by the area hospital from their very entry into practice and before the point of no-return had been reached, or be lost to the drug travellers like a friend of mine who now finds them more helpful than the *Lancet*.

Professor Hewer of Bristol provided the second piece of 'know-how': I was fortunate enough to sit next to him at a dinner. He said G.P. attendance at his C.P.C.s had been good since he began to write a personal letter to the doctor whose patient was to be demonstrated, inviting him to give his side of the story. Not only did many accept, but asked to come again to subsequent C.P.C.s. Application of this technique to short clinical meetings at teatime in my own department was immediately successful. The ice had been broken. Soon doctors outside the group were clamouring to come in—such is the attraction of any exclusive society. I strongly recommend this gambit to any area having difficulty in arousing interest. Meetings such as this required little organization beyond a few letters and telephone calls, but the remarkable offer by the Nuffield Provincial Hospitals Trust early in 1962 encouraged us to broaden our horizon.

The Friday Club

As a result of a grant from the Trust 'The Friday Club' was launched in October 1962 and has been an outstanding success, with 40 to 50 G.P.s attending, and in my opinion the reasons are as follows: First, the time chosen is in the middle of a normal working day, no one is tired and it intrudes on very few half-days. Tuesday would do as well, but Monday and Saturday are by general agreement out of the question. Secondly, a club atmosphere has been fostered by starting off with a buffet luncheon for 3s. in the residents' mess. This does not put too big a load on domestic staff and the problem of how to find space for this dream of bringing hospital staff and G.P.s together informally and regularly has been solved by the buffet idea. Thirdly, a habit has been

purposely established by keeping to the first and third Fridays in the month. Fourthly, in the business which follows lunch at 1.45 p.m. we have avoided lectures and didactic teaching, and have encouraged full discussion by restricting groups to about 20. Consultants leading the groups have been asked to be as brief as possible, and to avoid killing discussion by answering too soon all questions put to them by members of the group, but to turn the question back to the group to answer first.

The first session finishes at 2.45 p.m., and for those who can stay, usually about half, the two groups switch over and finish at 3.45 p.m.

A business meeting provided helpful suggestions which have improved efficiency; they will be held from time to time. This is only a beginning. We now have plans for a residents' refectory of a size to seat an additional 75 visiting staff and general practitioners for lunch or tea, together with appropriate common rooms. This with the existing library and research space will form an institute which if it is to reach its maximal potential must, in our view, not be divorced from the hospital; the residents must be an integral part of it. Weekly meetings are the eventual aim: it will not be long before practitioners, feeling more and more that they belong to the hospital, will be running groups of their own. An obstetric group will probably be the first.

For some, Yugoslavian compulsory courses, or Russian Sabbatical years, may seem tidier than the proposals suggested here, but in my opinion the gains of such programmes, limited by their sporadic nature and by the negativism inseparable from compulsion, will be further outweighed by the losses caused by disruption of practice and family life.