The student elective period*

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SUMMARY

The student elective in general practice can be a most rewarding experience for both teacher and learner. The doctor should not view it as a time where he must keep the student occupied and fed with facts. Of greater importance is the quality of the experience and the attitudes, concern and empathy which the doctor displays towards his patients. A major limiting factor is the degree to which the student can become involved in the practical management of patients, and the implications of liability should problems arise. The student should be an active member of the health team during his elective and not a disinterested on-looker.

Western Medical Schools have for many years included the concept of an elective period in the undergraduate medical curriculum. In this period the student is free to pursue a learning experience in any medical field of his or her own choice, within a broad set of guidelines.

Since 1978 the University of the Witwatersrand has granted the fifth year students the opportunity to spend a 10 week period prior to their final year commitment in any recognised medical or allied medical setting in Southern Africa or abroad. These experiences have varied from surgical research in Boston, (USA) to observing a traditional healer in consultation in Alexandra township in Johannesburg; from quasi-rural general practice in Amanzimtoti, (Natal) to community medicine experience at Patel Hospital in Surat (India), or researching pharmacokinetics with reference to renal transplant patients in Basel, (Switzerland).

One of the main objects of the programme is to broaden the student's appreciation of subjects which would not normally be included or adequately catered for in the curriculum, and ultimately to improve the student's insight of vocational choices. The students are responsible for arranging the posts and the costs involved, but the attachments must be approved by the medical school staff.

Since 1981, it was compulsory for the students to spend a minimum of three weeks in South Africa in either a community medicine programme such as an epidemiological or sociological survey, or a 'Medicine in the Community' elective which included general practice, rural hospitals or polyclinics.

GENERAL PRACTICE ELECTIVES IN SOUTH AFRICA

Since the inception of the programme 169 Wits students have spent elective periods with general practitio-

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ners in South Africa. The numbers have increased steadily from nine in 1978 to 115 in 1981. Each student was requested to complete a report on the elective. An analysis of the reports was made, and I have added comment from my own experience as a GP teacher. In each year, 75 to 87% of the doctors involved were practising in major cities, with the students spending an average of 25 days with each doctor.

Our South African experience has shown that the students accept the GPs as teachers — and regard them as good teachers

The most impressive aspect to emerge was that related to the general practitioner's teaching and supervisory ability. An overwhelming majority of the doctors were considered to be very good or good in both capacities.

Our family practitioners can be proud of these figures since they compare extremely favourably with those for electives spent in teaching units where teaching and supervision were non-existent in many cases. Another noteworthy comment frequently made was that this is a totally new experience for the students. They were exposed to patient problems never seen in their hospital training environment. In our specialist orientated medical schools the students learn very little about the majority of the illnesses and conditions which account for the loss of man-hours and absenteeism of the South African work force.

A major problem experienced in the programme was the shortage of doctors who were prepared to become teachers. The clinical teacher in general practice does not know how much he knows, or how effectively he uses his knowledge. Because his encounters with the specialist have always been within the field of his colleague's speciality, the myth of clinical paucity in general practice is constantly reinforced. The specialist/GP relationship often resembles a teacher/learner relationship and therefore *GP's don't readily* identify or *accept their roles as teachers*, but our South African experience has shown the students' acceptance of the GP's as teachers.

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CURRICULUM VITAE
General Practice in Johannesburg since 1973

APPOINTMENTS: — CMO to Unilever and Melrose Foods 1973
— MO St John's College, Johannesburg 1979
— Part-time District Surgeon and MO Pioneer House, Home for the aged 1975
— Part-time lecturer in Sexology in Dept Psychiatry Wits Medical School 1979
— Part-time lecturer Dept Medicine, JHB Hospital 1982
— Examiner Gold Medals SA Red Cross Soc
— Commandant and Officer Commanding 7 Mobile Hospital SAMS, SADF 1974 - 1982
— Staff Officer (Logistics) S.Tvl Medical Command, SAMS 1982

COMMITTEES:
— Governor of University of Witwatersrand Foundation 1979
— SA Academy of Family Practice/Primary Care
Member National Executive 1981
Chairman S. Tvl Region 1980
— Faculty of General Practice of the College of Medicine of SA, Member National Executive 1979
Chairman S. Tvl Region 1980
— Medical Graduates' Assoc of the University of WITS
Member of Council 1974
Vice Chairman 1975 & 1976
Founder of the Group for the Study of Human Sexuality 1976
Convenor of the annual Alumni programme 1977
— Member of Selection committee for students to Faculty of Medicine at University of Witwatersrand 1979
— Chairman of the Fund for the establishment of the Chair of Family Health at the University of the Witwatersrand 1978
— Chairman of the Congress Committee for the 3rd General Practice Congress, Sun City ,Bophutatswana.

Fig 1

STUDENT ASSESSMENT OF GPs

	TEACHING ABILITY %				SUPERVISORY ABILITY %				
	Very Good	Good	Fair	Poor	No. Students	Very Good	Good	Fair	Poor
1978	40	60	0	0	9	40	40	0	20
1979	50	37,5	0	12,5	19	62,5	37,5	0	0
1980	73.4	26.6	0	0	26	93	7	0	0
1981	61,1	33,3	5,5	0	115	66,6	27,7	5,5	0

In the elective period the learning experience has been reciprocal: The student is as eager to learn as he is to teach the GP the latest theories

Another anxiety expressed by the doctors was the possible superior knowledge of the students, but I have personally felt that *the learning experience has been reciprocal* with the student as eager to learn as he is to teach me the latest investigations and theories and correct my inaccuracies. A complaint voiced by the GP's was that there was no recognition of part-time teaching status by the university. They did not expect financial remuneration but some recognition for the time spent teaching.

The students themselves occasionally complained of boredom where the GP's practice load was such that no time was available for instruction. If adequate teaching is to be given then more time must be made available for each patient - an obvious financial liability.

One reason for concern in the first three years of the programme was that many students were using the overseas elective as a means for an unofficial vacation. Some doctors also felt concern that many new graduates were emigrating and that if they were exposed to local practices and research units in their elective period, they would realise the South African medical profession had much to offer, and thus reduce this 'brain drain'. In 1981 it was therefore made compulsory that undergraduates should spend 3 of the 10 weeks in South Africa in a community orientated elective. It is too early to judge the effects of this decision.

The patient should be warned that a student is present for teaching and be given the final decision

The patients accepted the student's presence in most cases. A few patients have indicated to me that they were unable to speak as freely about their problems as they would have wished. Although some doctors have allowed these students to be present at all consultations and examinations, I personally feel that the patient should be warned that a student is present for teaching purposes, and be given the final decision. Occasionally the patient has requested privacy. Far from being a spoilt learning situation, this often reinforces lessons about the communication between doctor and patient, questions of confidentiality and contract.

Occasionally students themselves have felt anxious in the consultative environment, especially in sexual counselling sessions. They felt they were intruding. Perhaps this was indicative of their own prejudices and sexual attitudes.

THE CONTENT OF THE ELECTIVE IN GENERAL PRACTICE

In all cases the students observe the GPs at work in their consulting rooms. Many accompanied the doctor on hospital and home visits, assisted at operations, and attended part-time clinics at schools, in industry and hospitals. The extent of student involvement varied from purely observing the consultation to total patient care under supervision in some cases. What can the student learn best from consultation?

There are certain facts which can be incomparably learned, but their presentation is entirely haphazard

There are certain facts which can be incomparably learned here, but their presentation is entirely haphazard. He is unlikely, elsewhere, to see the rash of rubella, or pityriasis rosea, to see a perianal haematoma evacuated or observe the diagnosis and treatment of acute bronchitis, impetigo or acute torticollis.

Perhaps the most important aspect of medicine available for the student to learn in the general practice consultation concerns the processes of clinical problem solving. This can be best understood if the student is guided through the 'Flow-chart' of the doctors (and the student's) mind by discussing the thoughts, differentials appropriate actions and alternatives at each stage of the consultation.

SUGGESTED GUIDELINES

Obviously no fixed curriculum can be designed for this elective as every practice differs in the socio-economic status of its families, ages of patients, type of medical care, ability and experience of its teachers and many other factors. If the student is to benefit from the experience, he or she should meet with the doctor and plan a programme to meet the educational needs of the student - he may wish to study the doctor/patient relationship and not be taught diseases and their management.

The following are suggested guidelines for use by the GP as a possible basis for his teaching content.

1. The Discipline of General Practice/Family Medicine

The uniqueness of family medicine lies in the type of commitment made by the family doctor to his patients.

- it is a commitment to the person and his family, regardless of age, sex, or type of problem;
- it is a commitment to the family as a unit by providing primary and continuing care with the realisation of the importance of interpersonal relationships within that unit;
- it is a commitment not terminated by resolution of the problem, or by referral, or by failure of therapy.

The relationship of the family doctor with his patients and their famiilies transcends individual episodes of illness and even death.

2. Patient/Family

An understanding of the interpersonal relationships within a family and their bearing on the presentation,treatment and course of diseases is essential. The student should also gain experience in handling a variety of patients such as the angry, the aggressive, the dying, the aged, the young and the seductive.

3. The Illness

Some diseases or illnesses are unique to the general practice setting. The GP could demonstrate the special physical signs and discuss further investigation and management.

4. Consultative Process and Interviewing Skills

The stages of the consultation and how to achieve the maximum benefit from the consultation, including examination techniques in general practice.

5. Procedures/Techniques

Practical application of techniques should be demonstrated and also the side-room procedures, often unique to general practice - eg. syringing ears, skin allergy testing, rectal snips for bilharzia.

6. Special Investigations

Here the GP can discuss the value of side-room tests and pathological laboratories including the cost structure in relation to his practice setting. The importance of avoiding excessive investigation and the creation of the 'Ulysses syndrome' should be stressed.

7.Social and Financial Background of Patients

The student should understand the influence of these factors on the presentation of illnesses and diseases and the future management of the patient.

8. Health Team Improvement

The interdependence and unique relationship which exists between the family practitioner and the pharmacist, consulting specialists, radiologists, pathologists, nurses, hospital and nursing home staff, social workers, physiotherapists, dieticians, municipal clinics and many others including the undertakers, should be discussed and if possible, the students should spend some time with these individuals to understand this relationship.

9. Ethics and Confidentiality

The ethics relating to the GP and his colleagues should be stressed with reference to the rules of the medical council. When opportunites arise the importance of the patient's right to confidentiality should be illustrated - eg. in 'sick notes' executive examinations on behalf of companies, reports to schools. The ethics relevant to prescribing for drug addicts, or treating a minor without parental consent can be discussed.

10. Practice Management

This could include discussions on partnerships, staff appointments, bookkeeping and computing services, record systems or cost of practice. If the student spends time in the reception area and with the bookkeeper learning the intricacies of WCA accounts, PAYE payments, UIF forms or credit control it will stand him in good stead for any form of private practice

11.Community Services and Organisations

Knowledge of the services available in the community is important - eg. SANCA, AA, Diabetic Association, Cardiac Society, Mastectomy Clubs, Old Age Homes and services, etc.

12. Preventative Health and Health Promotion in General Practice

The student can be actively involved in the innoculation of patients and learn to use every patient contact possible to encourage a health promoting life style.

13. Research

There is an immense wealth of research material within a general practice. The student may well wish to be involved in a research project within his elective period.

14. The GP's Extramural Activities and Family Life

This aspect should not be neglected in discussions with the student. Items to be mentioned include medico-political organisations, medical clubs, societies and associations, academic bodies, continuing education, and most important - the GP's family life and his wife's invaluable role within his practice.

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From the Journals ● Van die Tydskrifte

Author: Dawes KS
Title: Competition for Vocational Training
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Summary:

A study in the SE Thames region of the U.K., shows keen competition for Vocational Training scheme vacancies advertised nationally. The study highlights the need to know more about general practice manpower needs.