Educational Ideas and Lessons Learnt

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Introduction

The details of the curriculum and the way training is arranged in Flanders may not be as useful to us in South Africa as are some of the principles and paradigms on which the training is based. This section looks at some of those we came across which may be useful in developing the education of Family Physicians.

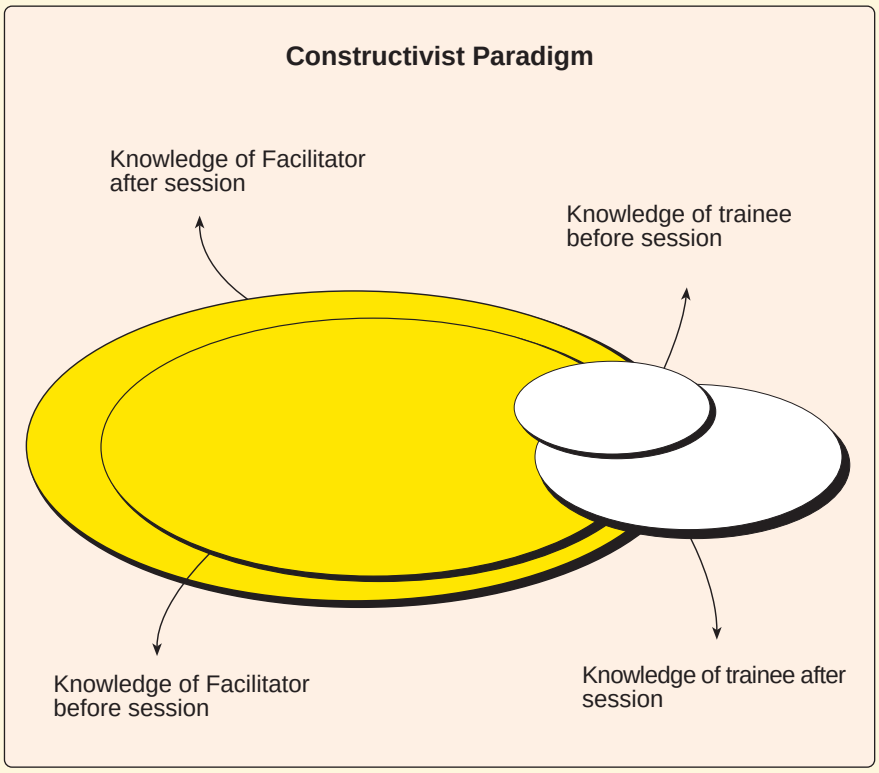
Educational approach

In terms of the educational approach seen in the Flanders programmes, the following were important insights and lessons learnt:

- Training is done within the framework of theoretical models. There is a focus on educational theory and research in developing a sound educational base for the programmes and assessment of students. ICHO has the services of an educationalist/ researcher, which appears to add a lot of value to the programme and its on-going development. The educationalist is involved in the process of accrediting training practices, runs workshops for trainers and the facilitators and does on-going research into the impact and development of the programme.
- Reflection on practice seems to underlie the whole training programme in Family Medicine. Structured times are set aside to reflect with the trainer in the practice on a one to one basis, as well as regular group reflections with other trainees and a facilitator.
- A principle that has come out of the research done on Family Medicine training and assessment is, that the best way of presenting knowledge for complex issues (e.g. clinical problems) is through the trainer asking a series of well thought out, probing questions.
- Trainers go through a course on teaching and personal development, and develop their own learning portfolio. An aspirant trainer has a time of preparation and attends the courses prior to taking on any trainees. Trainers also develop their own training and learning portfolio with assistance and input from ICHO staff. There is a process of drawing up a learning plan. Learning gaps are sought and a learning plan for the trainer is developed. This seems to be a valuable but laborious exercise and a "coach" for encouragement and facilitation of the process is essential.
- Trainers and trainees keep a learning diary for assessing how various needs are met, as a tool for reflection and discussion. This can be used on a monthly basis.
  - The trainer assesses: trainee unmet needs (TUN); trainee actually met needs (TAN); trainer educational needs (TEN).
  - The trainees assess: patient unmet needs (PUN); patient actually met needs (PAN); doctor (trainee) educational needs (DEN).
- Teaching about the consultation and communication training are linked. At Ghent University e.g., communication training continues throughout the 7-year long undergraduate pro-gramme and is linked to human psychological development. Students are

connected with a family at the birth of a child, and for several years share and communicate with people through different developmental phases, joyous events (e.g. birth of a child) and crises.

- Observations of videoed consultations have shown that there is no value in students seeing a patient alone and then reporting and discussing the encounter. Little correlation has been found between report and what actually happens. Therefore use of a parallel (with the trainer present) or a videoed consultation is found to be of much greater value, particularly for junior Family Medicine trainees.
- Usually the difficult trainee is the one who has difficulty with reflection and response to feedback. They frequently react defensively to feedback and problems are often based on the personal difficulties of the individual.
- The development of knowledge and skills, in practice, has been given a lot of attention in the 7th year under-graduate/1st year post-grad training. We found the model used in Antwerp, a useful one, particularly for looking at internship training in Family Medicine.
- The approach to developing the training and education programme is based on the premise that a good doctor needs to be more than a treater of patients. As a result, comprehensive training goals or "lines" are set, with specific outcomes well defined for each of these:
  - Medical expertise.
  - Communication.
  - Teamwork.
  - Management
  - Prevention and health promotion.
  - Life-long learning.
  - Personal & professional development
- The curriculum is based on these "lines", with blocks of reflection, practice and projects to integrate the lines. This is very similar in principle to the "Outcomes" for Post-graduate training, as defined by FaMEC.
- Three lines in didactic concepts are used in training. All are important for different aspects of learning and for different, individual learning styles and trainees. The lines simultaneously overlap & are different:
  - Problem orientated line: Case reports.
  - Thematic line: Modular line: self-directed learning, assignments are the motor of the learning process.
  - Free-discussion line: collaborative learning, using only original research articles.
- The constructivist paradigm of learning underlies the approach taken and is summarised in the diagram.
- Metacognition is a concept developed by Prof Dr Jan Degryse in Leuven, through his research on evaluation of students. Self-directed learning is based on the assumption that one can identify ones own knowledge gaps. Medical competence is regarded as one's ability to identify one's own limits of competence. His research showed that there is no correlation between knowledge and confidence about this knowledge, and ability to identify ones own limits of knowledge. We are poor at identifying our own learning needs, unless we are helped by external, objective assessment. This has important implications for formative assessment, feedback, reflection, and daily practice of students, interns, Family Medicine trainees and even trainers and senior family physicians.[1]
- A visit to a practice in Antwerp, and sitting in on consultations and a practice meeting with a trainee highlighted the importance of helping students and trainees find meaning in their work as Family Physicians. The senior partner in the practice drew my attention to the book, Kitchen Table Wisdom, by Rachel Naomi Remen[2], a series of stories and reflections that highlight this aspect of ones development as a physician. In our facilitation of the education of interns and registrars in Family Medicine, the development of the



appropriate knowledge and skills is extremely important. Crucial to developing a more humane and caring, quality service and discipline, is helping trainees to discover meaning in their medical practice through their exposure to Family Medicine.

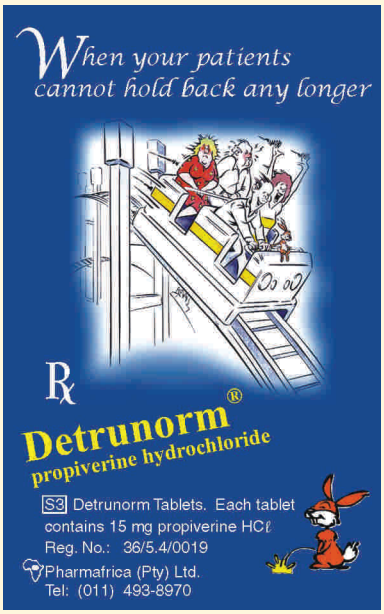
- The place of the humanities and humanity in medicine is recognized in varying degrees in undergraduate and post-grad training. This is important in, and related to, helping people to find meaning in their work. At Ghent University within the framework of a 'studium generale' an evening seminar was held on "The Heart", which was collaboration between undergraduate students and the Department of Family Medicine in Ghent. The seminar was linked to an art exhibition on the heart, held in the city. A debate was set up between the head of Cardio-thoracic Surgery and a well-known Belgian poet, facilitated by the head of the Family Medicine Department. The debate was interspersed with poems, prose, video clips of cardiac surgery and songs. It ended with parallel running of 2 videos, contrasting/comparing the traditional Belgian craft of lace making with a heart-valve replacement.

In another evening session of the 'studium generale', the South African scholars presented the issue of HIV/AIDS in a by following the story of a patient in South Africa and her family, and highlighting social, personal, epidemiological, virological, clinical and political issues, to about 300 undergraduate students.

Suggestions:

On reflecting on our experience of the Flanders practice and training system, the following are suggested as points to be incorporated into Family Medicine training in South Africa:

- Educationalists are involved in advising on the theoretical basis for the approach taken in the programmes, assisting in developing the educational skills of trainers and researching the impact and value of approaches taken.



- Trainers go through a course on learning and personal development, and develop their own learning portfolio, with assistance of a coach with an educational background and experience.
- Programmes consciously vary the lines, didactic concepts, paradigms and methods through which they present the training to accommodate different styles of learning and acquiring different knowledge, skills and attitudes.
- Communication training is integrated into undergraduate training, internship and post-graduate training, in an experiential way, linked to human development, culture and family life cycle, in a similar way to the Ghent programme.
- Reflective sessions with trainees, interns and undergraduates are structured into every teaching and supervision programme, using tools like parallel consultations, videoed consultations and learning diaries.
- Recognising the findings of research on metacognition and the shortcomings of making the assumption that doctors are able to identify their own competence, limits of knowledge and learning needs; there is a need to put emphasis on feedback in the reflective times and integrate formative evaluation throughout the course.
- To train good family physicians and add value to the district health service, it is essential to facilitate the development of the essential knowledge and skills in the consultation and of common procedures. In addition, as crucial and important, but perhaps less tangible in developing a more humane and caring, quality service and discipline, is helping undergraduates, interns and post-graduate trainees to discover meaning in their medical practice through Family Medicine.

- Programmes in medical humanities to integrate it into undergraduate and post-graduate training, and broaden the perspective on health and healing and the relationship between art and technology, knowledge and intuition, should be planned and implemented.

References

1. Degryse J, De Eindproef Huisarts-geneeskunde. 2003, Katholieke Universiteit Leuven. Doctoral Thesis)developed and implemented.
2. Remen R. Kitchen Table Wisdom. London: Pan Books, 1997.