



Teaching in general practice setting – knowledge, skills and attitudes


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By the end of the presentation you will

- Know the knowledge, skills and attitudes, which should be adopted during FP attachment
- Understand the scope of FP attachment
- Value the importance of FP attachment for training skills and building up students' attitudes
- Know a Chinese proverb

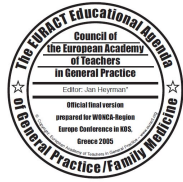

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The European definitions of the key features of the discipline of general practice: the role of the GP and core competencies.

Justin Allen, Bernard Gay, Harry Crebolder, Jan Heyrman, Igor Švab, and Paul Ram

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Misconceptions

- Students need more practice - we can use FP instead of overloaded hospital doctors
- FP is diminished internal medicine..., FP just know less, perform less than "real" specialists, and refer a lot
- We should accept students as this makes us important in the eyes of academics in Medical Schools
- *"When a finger points to the moon, the idiot looks at the finger" Chinese Proverb*

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We know, but what students say...

- *"I was aiming to continue as surgeon and I was blinded by big city FP, that FP do not perform a lot of medicine, but after working with your tutor in his practice, I saw, what could be provide to patients in FP..."*
- *"You should continue to teach us communication skills, train to think from broader perspective and show us common patients' problems..."*
- *"After standing your tutorship in your practice, I feel confident to answer any question..."*

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Teaching knowledge in FP

- There are more effective ways of acquiring knowledge base:
 - Reading textbooks
 - EBM
 - Writing assignments
- FP provides but ideal setting to train application of knowledge
- *Chinese proverb: "I hear and I forget."*



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Teaching application of knowledge in FP

- What would be a typical response of a student to 30-year old female patient presenting with following complaint:
- "In the past 14 days several times I experienced pain in my chest, tightness in my neck and tingling in my left arm. Nearly every night this wakes me up in the middle of the night. I became worried as I might have died out of that."*

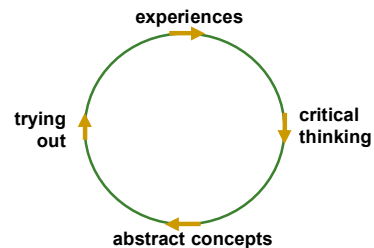
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How to teach application of knowledge

- Adult learning cycle (Kolb)



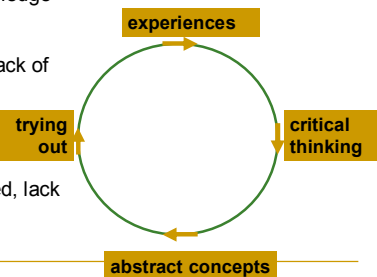
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"SWOT analysis" of student's abilities

- S:** large knowledge-base
- W:** scattered information, lack of experiences, "shyness"
- O:** motivated, goal oriented
- T:** disillusioned, lack of motivation, stubborn



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30-year old female patient

- Student: acute coronary syndrome
- Theory: What are differential diagnoses?
- Practice: Direct observation of this consultation
- Chinese proverb: "I see and I remember."*
- Discussion
- Reflection
- Trying out

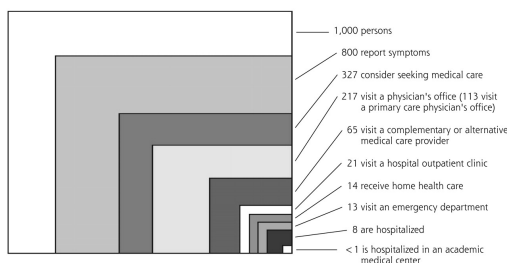


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Learning from practice epidemiology



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Teaching agenda: THEORY

Performance = DOES

Competence = SHOWS HOW

Skills = KNOWS HOW

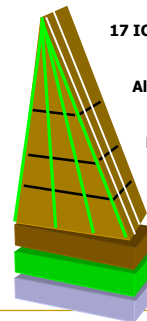
Knowledge = KNOWS

17 ICPC chapters + 6 components

All patients at all age groups

From Health promotion, prevention, cure & care, to palliation

Contextual basis
Attitudinal basis
Scientific basis



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Skills

- Communication skills
- Consultation skills
- “Manual” skills
- Procedural skills
- Record keeping
- Patient management
- Breaking bad news
- *Chinese proverb:*
“I do and I understand.”



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Attitudes

- Professionalism
- Ethical issues
- Team work
- Societal needs



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What GP can contribute to teaching at medical schools *besides being a “zoo” lab*

- Primary care approach in solving problems
- Epidemiology of health care problems
- Communication and consultation skills
- Building up relationship with patients
- Training in application of knowledge to every day health problems

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I hear and I forget.
I see and I remember.
I do and I understand.

Confucius (551 BC - 479 BC); Chinese philosopher