

How to enjoy GP medicine to the max: the importance of a high quality, all-round GP traineeship

Warum sich um ein GP-Weiterbildungsprogramm kümmern, wenn Sie selber schon ein GP sind? Wozu diesen Artikel eines holländischen «GP Trainee» lesen? Lassen Sie sich inspirieren durch den Zugang zur Allgemeinmedizin, wie er an der Universität Nijmegen vermittelt wird.

Pourquoi s'inquiéter d'un programme de formation continue pour généralistes, si vous en êtes déjà un? Pourquoi lire cet article rédigé par un «GP trainee» hollandais? Pour s'inspirer de l'abord de la médecine générale comme on la pratique à l'Université de Nijmegen.

Mark van der Wel

Report form a workshop at the Wonca Europe Congress 2004 in Amsterdam¹

“The human doctor” workshop

It was at the WONCA Europe congress in Amsterdam last June that I had an opportunity to speak with Bruno Kissling, the chief editor of this journal. We were both attending a highly interesting workshop entitled “The Human Doctor”. In this workshop a GP and a psychologist from Ireland introduced their training programme on the theme of how to become a human doctor: a doctor not only able to diagnose disease accurately but one who also knows how to communicate with his or her patients and who is alive to his or her (emotional) development as a human being, which is one of the foundations of a GP's capacities.

Most of those present at the workshop were amazed at this – what they believed to be new – approach to GP medicine and the training of new GPs. The speakers at the workshop believed in GP vocational training based on several pillars instead of one, consisting not only of medical skills and knowledge but equally of communication skills and personal development. It all seems so logical, does it not?

The “human doctor” training programme was presented as something new and exciting, and for most participants in the workshop it was. For me and several other young Dutch colleagues present the material was most interesting, but it did not cover en-

tirely new ground. On the contrary, it visited domains of the general practitioner's person all too familiar from our own training programme.

Major differences in GP vocational training programmes throughout Europe

During the WONCA congress, meeting people from all over the world, I became increasingly aware of the major differences in GP vocational training programmes throughout Europe and the world. After weighing up all the pro's and con's of several different programmes, I thought myself lucky to be part of a generation of GP trainees in Holland whose education is based on a sound, well balanced educational programme with the right mix of personal development, communication skills, practice management and, of course, medical knowledge.

It is these major differences in educational programmes, and my personal belief in the underlying vision on which the training in Holland – and more particularly in the university city of Nijmegen – is based, that convinced me of the usefulness of writing this article. I would now like to explain in further detail how this programme works, in the hope of stimulating policymakers, teachers and GPs in Switzerland and persuading them of the virtues of a training programme that, after one more year from now, will have given me a solid basis for my future work as a well trained, professional GP.

¹ Moderated by Michael G. Griffin and Declan Aherne, Ireland.

The Dutch GP vocational training programme

Three years only, but very well structured ...

The GP training programme takes three years and trains doctors to become general practitioners able to assume the basic job responsibilities defined by the Dutch Society of General Practitioners.

These basic job responsibilities are divided into four main aspects of work as a general practitioner:

- Tasks concerning the process of relief work and assistance;
- Tasks derived from categories of patients, signs, symptoms and affections;
- Support tasks (tasks concerning practice management, cooperation with personnel, registration, etc);
- Tasks in personal development and function.

... one hospital based year ...

The three years of training can be divided into three periods of one year. One of the three years of the GP training programme is subdivided into three periods: six months of work at an hospital emergency room, three months in a nursing home, rehabilitation centre or other chronic care facility, and three months' training in a psychiatric facility.

... two practice based years

Two thirds of the training programme consists of work in a GP surgery under the guidance of a coach. This coach is a GP her/himself, is required to have at least five years' working experience and to meet a number of standards concerning *inter alia* his/her personal skills and his/her surgery (availability of a separate working room for the GP trainee, availability of video equipment to record consultations, etc). In these two separate periods of a year the GP trainee will have two different GP trainers.

Personal 1:1 learning relation between GP trainer and trainee

GP and the GP trainee are matched up by means of questionnaires and face-to-face talks. In a group of e.g. seven GPs and seven trainees, each GP will talk to every GP trainee and vice versa, after which preferences are inventoried and matched. Serious effort and time is spent on this selection procedure, because for the period of one year there will be an intense working relationship between trainer and trainee.

The trainee conducts consultations with the GP's patients. The time gained by the trainer, thanks to

this workload reduction, can be spent on educating the trainee; at the end of the day he is required to set aside at least one hour for coaching/training. In this hour both trainee and trainer decide what will be the subjects of the day, e.g. evaluation of a video recording of a consultation conducted by the trainee, (medical) questions concerning day-to-day work; discussion of one of the NHG (Dutch College of General Practitioners) standards on a certain disease, etc.

Every week, one day of guided theoretical education

Every week the GP trainee will attend one day of theoretical education. This will take place in groups of twelve GP trainees under the guidance of a GP and a behavioural scientist (psychologist). In this education programme attention is paid to medical knowledge and skills, personal development, professional behaviour and communication skills. The meeting always starts with sharing of personal experiences of the previous week and group reflection on these experiences. They may be both personal and work-related; both medically based and psychological or communication-based. Learning goals, either individual or for the entire group, can be derived from these sessions, in particular through the influential role of the two coaches in guiding the process. They stimulate discussion, steer the group towards relevant subjects and put things into perspective; they are the guardians of the educational programme at the level of practical teaching and coaching.

Every three months, a new main theme following the educational programme

Every three months a new main theme forms the basis of the educational topics at hand. These themes form the backbone of the educational programme and are drawn up by the GP university department (responsible for the GP training programme). Within the boundaries of the programme the GP trainee enjoys a certain amount of freedom to make his or her own educational choices, thus stimulating motivated GP trainee efforts to improve skills and knowledge tailored to their personal needs.

Subjects derived from the trainees' practice experience are discussed and ...

The GP trainees determine the use to which about half of the available time during the group days is

put. The GP trainees decide as a group, in conjunction with the group coaches, what subjects will be addressed on the basis of the needs they have encountered in practice. The education is then planned, organised, prepared and executed by the GP trainees themselves.

... influence the learning process in practice

The things learnt during these educational days can be put directly into practice in the subsequent surgery days. If, for example, we have talked about the role of personal emotions during a consultation, it is possible to define a personal learning goal, e.g.

“To improve my ability to detect, understand and use personal emotions while communicating with a patient, I will make video recordings of consultations to evaluate and improve these skills by the use of introspection and feedback by my trainer.”

Back in the surgery I will inform my trainer of my new learning goal and ask him or her to monitor these skills on a regular basis and provide me with feedback on this particular subject, for instance by taking the time to jointly evaluate a video recording twice a week and focus on this particular learning goal.

My personal way and experience

Finally, in a more personal vein, before I started GP vocational training I worked for several years in different medical institutions, from academic hospital to nursing home. I learnt a great deal, but it was mainly medical knowledge and I realised that communication with patients is a difficult but challeng-

ing, important and fascinating aspect of being a doctor. It was one of my reasons for choosing our fine profession. For me communication was an underdeveloped skill in my toolbox. Thanks to the GP training system as described above, I was able to make communication – such as making real contact with patients, conducting difficult psychosocial dialogues and using my emotions as a communication tool – one of my personal learning goals. With frequent video recording of consultations and a great deal of effort on both my part and that of my supervisor, I was able to learn in a rapid and stimulating way. I was motivated to do so because my learning goals were personal and not imposed, my working environment was up to date, and my teachers both at the surgery and university motivated and inspiring. The fundamental educational programme is well thought out, with modern learning/teaching methodology, and facilitates complete preparation in all aspects of my future job as a GP.

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References

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