

# BRITISH MEDICAL JOURNAL

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*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.*

## Trainer-teaching techniques

SIR,—I recently attended a five-day course for general practitioner trainers, the object of which was to teach inexperienced trainers how best to teach their trainees and experienced trainers the modern methods of teaching. I have been involved in the teaching of undergraduates and postgraduates in one way or another for most of my life since qualification—that is, over 30 years.

I attended the course with my mind keyed-up to learn at first hand of the modern methods of teaching about which I had heard so much in recent years. As a member of a selection committee whose job it is to select suitable GP trainers, I had joined with the majority in stressing the importance of applicants attending such courses, being very conscious of the fact that I myself had only a secondhand and necessarily nebulous idea of what such courses involved.

Nearly 30 doctors attended the course; they were divided into three groups, each with its own group leader. There was an overall leader of the course who took a major part in leading the daily plenary sessions. Throughout the course the group leaders showed themselves to be men of considerable charm and intelligence; their main function seemed to be to act as catalysts to the discussions provided by the members. The overall leader impressed me as being a man of strong personality; he never got rattled and his comments were always pertinent and delivered with firmness and confidence. He also never seemed to draw other than one conclusion—namely, that the results were inconclusive.

A whole day was spent discussing the problems in assessing a trainee and working out his curriculum for the trainee year. I found the discussion endlessly boring and overwhelmingly contrived—akin to someone padding out an essay to a predetermined length when he had written all he knew in the first few lines. Another whole day was spent discussing the modified essay question as a teaching tool. Questions were drawn up, answered, dissected, discussed, discarded, resurrected, redrafted, and re-examined until it was time to go home.

I could go on and on—as this particular course seemed to me to do. I will contain my writing to overall impressions. Throughout the course stress was laid on certain maxims. These included such statements as "Never be guilty of offering to the trainee solutions to his own problems." This would be tantamount to a criminal offence. Allied to this was the view that it was wrong to answer a straight question with a straight answer. This was too didactic and didactics were outmoded. To obviate the trainee killing a few patients and distressing many, great stress was laid on the value of role-play—play-acting contrived situations designed to condition the trainee until he was deemed worthy to be let loose and "do it for real." Imagine a balding, middle-aged, highly respected doctor playing a distraught, weeping, attractive young lady threatening to kill herself if she did not procure an abortion!

Clinical aspects and therapeutics were throughout the course relegated to a very minor role. I was constantly fascinated by

the sight of grown men and women, doctors with experience of dealing quickly with problems in large numbers every day of their lives, problems of such magnitude as would daunt any weakling, being forced to take part in an impossible task. The task was to make a solid brick out of a wobbly jelly. The loose jelly was squashed this way and that, pushed and pulled, squeezed and dissected; and at the end of each day it was still the amorphous, shapeless matrix it had been at the outset. And always no conclusions were drawn.

How do the organisers and protagonists of this "new learning" get away with this confidence trick? They invent a new language, designed to mystify, which includes such meaningless phrases as "reflective technique," "non-directive teaching," "workshop programmes," "supervised involvement," "high feedback," "total feedback," "the dynamic aspects of interviewing," "ongoing relationships"—the list is endless. Among the many other plays used in the indoctrination process was the most effective of all: that known for years to help the not-very-successful music-hall entertainer—the trick of audience participation. In our case the teacher, having delivered his thrust that our methods were outdated, outmoded, didactic, and authoritarian, went on to encourage, in fact mildly demand, audience participation to such a degree that we were to believe we had actively contrived to produce the perfect teaching-learning programme. We were hooked. Or were we? Perhaps I am too old to learn and should just quietly give up.

And yet I wonder how many of the doctors who attended the course went back to their practices and gave their teaching programmes the "new look."

I would welcome "feedback"—whether it be "high" or "low."

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