I'm not sure of what I don't know, nor what I should – What kind of CME do GPs need?

By Dr Wong Tien Hua

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General practitioners (GPs) practising in the estates are busy people. We are running the clinic daily from early morning till late into the night, and if we are fortunate to have many patients, the clinic stays open even longer. Weekends are not spared as Saturdays and Sundays are typically days where families have time to visit for less acute problems. Now that CME will be compulsory, the additional commitment of time will seem to be a burden to some doctors. It will help if CMEs are planned with relevant GP topics in mind, and no doubt many sessions will cover the clinical aspects of medicine adequately. However, not all of general practice is about clinical medicine. Other issues we face daily are equally important. What kinds of CME do GPs need? Should we continue to expect more clinical guidelines and structured topical lectures?

WHAT WE DON'T KNOW

A recent BMJ editorial commented that medical education is changing. "*In the old world you were expected to know what you should know, learning was thought to be complete at the end of training, and uncertainty was discouraged and ignorance avoided. In the new world the most important thing to know is what you don't know. And you should feel good about not knowing.*" The words "I don't know" are the three most important words in medical education[1].

However, relying on ourselves to identify our own learning needs may be problematical, as Tracey et al found in a study of doctors in New Zealand[2]. They found a poor correlation between doctors' self assessment of their knowledge and their subsequent performance in objective tests of their knowledge. Given the freedom to select which educational events to attend, doctors often choose not to stray outside their "comfort zone".

Therefore, we can't be sure of what we don't know. So the next question is, what is it that we should know?

WHAT WE SHOULD KNOW

General practice is a very wide field encompassing many areas of medicine, and yet at the same time maintaining unique features not evident in specialist care. CME for GPs should take into account such features.

General practice is unique by virtue of the fact that it is practised in the community, and sometimes even in the patient's home where there is a chance to observe the person in the context of his environment. GPs therefore have a different view of illness and suffering, which are understood in the context of the person's whole life experience and circumstances. This is different from hospital-based care, which removes the patient from his accustomed environment. The GP uses his knowledge about the community, and trends on the local prevalence of diseases, to apply to the individual seeking help. GPs also accept all patients irrespective of age, sex, or nature of the problem. Knowledge must therefore be broad but not necessarily in depth. As the first point of care, the GP sees cases that are undifferentiated and unorganised. Diseases are often seen early, before the full clinical picture has developed. GPs must therefore be able to deal and live with uncertainty. Lastly, the relationship with patients is continuous, transcending individual episodes of illnesses. This creates an open-ended relationship, which gives the physician the benefit of time in making diagnosis and in managing the patient; he is in no hurry to solve all the patient's problems in one session.

There is general consensus that clinical medicine should be regularly refreshed and reviewed through a CME programme, as it serves to improve the technical skills and scientific knowledge of the GP. However, a CME programme that is focused entirely on health and disease may not be complete in equipping the GP for work in the community. Other essential skills are also required and need to be reinforced. What are these?

One suggestion is to have CME programmes focus on "patient management", which is an essential skill of general practice and is the area of knowledge possibly unique to family physicians. In general practice, the doctor-patient relationship is a key element and this relationship takes precedence prior to the content of the illness. Developing an effective doctor-patient relationship is central to the function of the GP because it is a therapeutic tool, and oftentimes, the success of diagnosis and treatment depends on it.

Another CME topic of relevance to GPs is "human behaviour". It should cover such topics as why patients present, consultation models, doctor-patient and interpersonal relationships.

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... "practice management", another practical area that is important for GPs. This involves learning about finances, records, and premises, to general management skills such as delegation, time management and team development.

Consulting skills aimed towards an effective doctor-patient relationship have led to the development of several models such as Berne's transactional model, Rosenstock's psychological model, Neighbour's inner consultation, and others. Doctors interested in improving their consultation skills will first need to develop self awareness, which necessitates opening up their own consultations to observation and critique. Video-taping consultations and sharing them may be an effective way to do this and may be a possible useful CME model.

A third broad area for CME is "practice management", another practical area that is important for GPs. This involves learning about finances, records, and premises, to general management skills such as delegation, time management and team development. CME activities focused on this will be attractive to many GPs.

Finally, perhaps CME points can be awarded for small group case discussions amongst GPs. Such small group sessions encourage doctors to place value on their interpersonal skills, learn more about themselves by discovering the limits to their own competence, and refining effective communication skills by discovering where their personal blind spots may be in their interaction with patients.

Given the breadth of knowledge and skills required of a GP, can anyone really be sure of all that he should know? Therefore, identifying these areas should be an important feature of CME programmes in Singapore. ■

References

1. *"I don't know": the three most important words in education. BMJ 1999; 318:0*
2. *Tracey J, Arroll B, Barham P, Richmond D. The validity of general practitioners' self assessment of knowledge: cross sectional study. BMJ 19970; 315:1426-1428.*