

Glossary of Primary Care

Second Draft

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A. GENERAL TERMS

A.1. HEALTH

A state of optimal physical mental and social well-being and not merely the absence of disease or infirmity. (IGPC: WONCA modified WHO definition)

That state of physical mental and social equilibrium which permits optimal independent function of individuals or communities. (MJB:NLG)

Health designates a process of adaptation. It is not the result of instinct, but of an autonomous yet culturally shaped reaction to socially created reality. It designates the ability to adapt to changing environments, to growing up and ageing, to healing when damaged, to suffering and to the peaceful expectation of death. Health embraces the future as well and therefore includes anguish and the inner resources to live with it... (Ivan Illich "The Limits of Medicine" 1976)

A.2. HEALTH CARE

Assessment, health maintenance, therapy, education, promotion of health, prevention of illness, and related activities (provided by qualified professionals) to improve or maintain health status. (IGPC: WONCA)

Concern for and attention to the provision of that which is necessary to preserve or improve health. (OED: MJB: NLG)

A.3. HEALTH CARE SYSTEM

The organizational structure through which health care is provided. (16PC:WONCA)

A methodical arrangement of competent personnel, facilities and administration, for the provision of health care. (OED: MJE: NLG)

A.4. PRIMARY HEALTH CARE

(Syn. Primary Care, Primary Medical Care)

That part of health care provided by qualified professionals in a defined locality which is directly-accessible to individuals, families and communities, which they freely contract to use, and which shares with them on a continuing basis the responsibility for the management of their health and their appropriate use of the health care system. (MJB: NLG)

Health care that emphasizes responsibility for the patient, beginning at the time of the first encounter and continuing thereafter. This includes overall management and coordination of health care, such as the appropriate use of consultants, specialists, and other medical / health care resources. In addition, maintenance of continuity on a long term basis, including coordination of secondary and tertiary care is required. (IGPC: WONCA)

Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic community. (Declaration of Alma Ata.)

A.5. COMMUNITY MEDICINE

Syn. Social Medicine.

That specialty of medicine devoted to meeting the health care needs: of particular populations rather than individuals and therefore includes epidemiology, mass screening. environmental health etc.(MJB:NLG)

A.6. HEALTH CARE PROVIDER

Syn. Health Care Professional and Paraprofessional.

- A qualified person who renders health care services. (IGPC:WONCA)
- A.7. TEAM
A group of people who make different contributions toward the achievement of a common goal. (PRITCHARD)
- A.8. PRIMARY CARE TEAM
A group of health care providers and ancillary staff serving the same population or geographical area, sometimes occupying the same building, working together to provide different but complementary services which are directly available on demand. (MJB:NLG from IGPC:WONCA)
- A.9. GENERAL PRACTITIONER
Leeuwenhorst Definition. Revision Nov. 1981.
A physician who provides and coordinates personal primary and continuing comprehensive health care to individuals and -families. He provides care for both sexes of all ages, -for physical, behavioural, and social problems. (IGPC:WONCA)
A medical practitioner with whom the individual primarily shares responsibility for his/her health, who attempts to define problems in their full context, who attempts to help the individual to integrate medical information, advice, treatment, services, and other Solutions in his/her life, and who assumes this as a continuing responsibility unless temporarily and appropriately delegated. (MJB)
Synonyms in other countries. (See booklet).
- A.10. GENERAL PRACTICE
The medical specialty composed of general practitioners. (MJB)
- A.11. SPECIALIST
A medical practitioner who by his training, or his experience, or both is specially competent in one particular field of medicine, defined in terms of physiology, pathology, a particular skill or a level of patient care. (MJB from IGPC:WONCA)
- A.12. CONSULTANT
A medical practitioner who is specially competent in a. particular -field of medicine and who provides services-related to that -field at the request o-f another health care provider. (N.JE -from IGPC;WONCA)
- A.13. COMMUNITY PHYSICIAN
A medical practitioner whose primary concern is the health status o-f the population within a defined geographic area, who is usually responsible -for assessment and evaluation o-f the community's health needs and -for the organisation of health services to meet those needs. He will generally not render primary health care, except -for specific disease entities such as selected communicable diseases. His role varies from country to country, but he is usually employed by a government agency. (IGPC:WONCA)
- A.14. TO PRACTISE (verb.)
To exercise the profession of medicine. (OED)
- A.15. PRACTICE (noun.)
The professional work of a medical practitioner. (OED)
Also a vague term applied variously to the organisation buildings and other structural elements used, or the geographical area or population served, by one or more medical practitioners. (MJB from IGPC:WONCA)
- A.16. PERFORMANCE
The execution of a professional duty or role. (OED)

A.17. SERVICE

The process by which professional assistance is rendered and health needs are satisfied. (OED)

A.18. REDUCTIVE THEORY'

Syn. ontological theory.

'According to which diseases are entities, caused by external agents, with an existence almost separate from the people who suffer from them. The physician's task is to place the patients' illness in its correct disease category and prescribe a remedy that will remove or neutralize the causal agent.' (McWHINNEY)

A.19. HOLISTIC THEORY

The tendency in nature to produce wholes from the ordered grouping of units. (J.C. Smuts 1926)

A.20. HOLISTIC MEDICINE

Syn. Whole Person Medicine

The science and art concerned with the cure alleviation and prevention of disease and with the restoration and preservation of health primarily in the interests of the whole person. (OED, FUNK&WAGNALLS)

(It) recognises that illness is closely related to the personality and life experiences of the patient, and that man cannot be understood in isolation -from his environment. (It) acknowledges that every illness is different, just as every patient is different and that the physician himself is an important aspect o-f the healing process. (McWHINNEY)

A.21. ANTICIPATORY CARE

Primary health care devoted to anticipating patients'

B. TERMS OF MEDICAL EDUCATION

B.1. UNDERGRADUATE EDUCATION

That part of medical education which comes before the granting of a university/college general medical degree or diploma. (MJB:NLG)

B.2. POSTGRADUATE EDUCATION

That part of medical education which -follows the granting of such a degree or diploma; sometimes it refers to vocational training, sometimes to continuing education, or even to both!

NOTE: Because graduation occurs at different stages of a student's progress in our different countries, these terms may be confusing and perhaps should not be used. (MJB:NLG)

B.3. BASIC MEDICAL EDUCATION

That part of the learning and teaching o-f medicine which is intended to -form a common -foundation for all doctors, and which should prepare the student for any specific vocational training so that the maximum benefit can be derived -from it. (First used in a Report of British General Medical Council 1967, quoted in 'Training for General Practice' by DJ Pereira Gray)

B.4. SPECIFIC VOCATIONAL TRAINING

That part of the learning and teaching of medicine which is particularly intended to prepare the trainee to perform a defined job as a doctor. (MJB:NLG)

B.5. CONTINUING MEDICAL EDUCATION

That part of the learning and teaching of medicine, intended for doctors in practice, to enable them to maintain, develop, and improve the quality of their performance in meeting the health care needs o-f the people they serve. (MJB:OLG)

B.6. LICENSED

Legally entitled to practise. (OED)

B.7. REGISTERED

Listed on a register of those entitled to practise. (OED:MJB)

B.8. INTERN YEAR

(Syn. Preregistration year, Internship, Intern Period).

A mandatory year (period) in hospital and/or general practice posts with a limited license to practise only under supervision within the hospital/practice. (MJB:NLG)

B.9. GENERAL PROFESSIONAL TRAINING.

A period in hospital/general practice posts following the intern year and preceding entry for training to the specialty of choice.

(First used by the Royal Commission on Medical Education TODD 1968 as quoted in 'Training for General Practice' DJ Pereira Gray.)

C. TERMS OF THE EDUCATIONAL PROCESS

C.1. JOB DESCRIPTION

(Job definition)

Leeuwenhorst 1974.

SEQUENCE IN EDUCATIONAL TERMS

Aims, Goals, Objectives. (THE FUTURE GF- 1972)

C.2. AIMS

(Syn. "Overall Aims" "General Aims", ' AusbiIdungsziele/Absicht')

The purposes of an educational programme; the changes, particularly in the behaviour of the learner, which it is intended to achieve and which may be derived from the job definition. (MJB from THE FUTURE GP 1972)

C.3. GOALS

(Syn. "Broad Goals" "Lernziele")

A subdivision of Aims, usually expressed in terms of behavioural changes; the components of the learning required. (MJB from THE FUTURE GP' 1972)

C.4. OBJECTIVES

(Syn. "Specific Objectives" 'Lernschritte')

A sub division of Goals; the detailed items of learning to be required of the student, described in terms of changes in his behaviour, and which often indicate the manner in which they may be assessed. (MJB from THE FUTURE GP 1972)

Explicit formulations of the ways in which students are expected to be changed by the educative process in their thinking, their feelings, and their actions. (TAXONOMY OF EDUCATIONAL OBJECTIVES ed .BLOOM)

"To describe what performance is to be assessed, the standard required and the conditions under which the assessment will take place, is to describe an educational objective. " " It is essential to define what knowledge, skills and attitudes are to be exhibited and assessed. They constitute the criteria by which a candidate will be judged." (FABB&MARSHALL)

NOTE: These three terms are often used interchangeably. "When the objective is a very broad one covering a wide area of medicine ...the terms aim or goal are sometimes preferred. But the- terms of medical education are only flags of convenience. In this book we adopt the simple expedient of using the word 'objective' Throughout. " (MARINKER in TEACHING GENERAL PRACTICE)

C.5. LEARNING NEEDS

That which the student needs to learn as determined by initial assessment. (MJB:NLG)

C.6. MOTIVATION

That which provides the incentive to action; it may be INTRINSIC originating from within the student's own value system or the work being done; or it may be EXTRINSIC coming from outside the student in the form of inducements or sanctions. (MJB -from OED, FUNK&WAGNALLS)

C.7. PROMOTION

A form of extrinsic motivation which depends upon the active encouragement of an assumed intrinsic value system in the student. (MJB:NLG)

C.8. SYLLABUS

A summary o-f what should be learnt in an educational programme. (THE FUTURE

GP 1972) "the topics which are to be learned...a. set of educational objectives.
(MARINKER in TEACHING GENERAL PRACTICE)

C.9. CURRICULUM

An ordered list of learning situations selected for the achievement of particular objectives. (THE FUTURE GP 1972)

An INTEGRATED curriculum is one in which an attempt is made to consider many aspects of the learning situation simultaneously without the artificial divisions of specialist academic disciplines. (MJB:NLG)

C.10. METHODS

(Syn. "Teaching Methods").

The ways in which the selected learning situations are used, choosing those which are most suitable -for achieving particular educational objectives within particular learning experiences. (THE FUTURE GP)

C.11. LEARNING AND TEACHING

Learning is acquiring knowledge, skills and attitudes. (MJB)

Teaching is imparting knowledge, skills or attitudes. (MJB)

C.12. DIDACTIC

Having the character or manner of a teacher; characterised by giving instruction. (OED)

Has come to refer to authoritative teaching in passive learning situations. (MJB "the so called didactic style, more crudely described as "telling and selling". Here the teacher is authoritative, gives ^acts, expresses opinions and quotes sources." (MARINKER in TEACHING GENERAL PRACTICE)

C.15. SOCRATIC

A dialectic style of teaching using questions to lead the learner to correct conclusions as determined by the teacher. (MJB)

"more inclined to ask questions than to give answers. It is the learners who are invited to give answers or to look more closely at the nature o-f the questions which they are asking. " (MARINKER in TEACHING GENERAL PRACTICE)

C.14. HEURISTIC

A system of education under which the pupil is trained to find out things for himself. (UED)

C. 15. PEDAGOGIC

Pertaining to the art or science o-f teaching; intending to teach others how to teach. (FUNK&WAGNALLS)

C. 16. INTERACTIVE

Acting upon each other; in this context learning situations in which participants teach and learn at the same time. (MJB from OED)

C.17. RESOURCE

A source of expertise which can be drawn upon; a. person or service (e.g. a library) to whom one can refer.(MJB:OED)

C.18. FEEDBACK

The response of the learners to a completed learning situation; which is sought by, or directed to, the programme planner; and which may be POSITIVE or NEGATIVE. (MJB)

C.19. SETTING

The place in which learning may occur e.g. the practice, the patient's home, the library.

(MARINKER in TEACHING GENERAL PRACTICE)

C.20. KNOWLEDGE

Information, which may be recalled, comprehended, applied, analysed, synthesised, and evaluated. The last four of these are sometimes called "cognitive skills" and classified as such.

"does not only comprise the knowledge of 'facts' but also knowledge of working definitions, concepts, theories and methods useful in everyday practice," (Wright in Teaching General Practice.)

C.21. SKILLS

Practical knowledge in combination with ability. (QED) Activities expertly performed: technical ability. (FUNK^WAGNALLS)

C.22. ATTITUDES

Settled behaviour or manner of acting as representative of feeling or opinion. A habitual mode of regarding anything. (OED)

States of readiness or predisposition; feelings, for or against something, which predispose to responses. They involve emotions (feelings) and knowledge (or beliefs) about the object and emanate in behaviour. They are not inherited but learned and, though relatively stable, are modifiable by education. (Wright in Teaching General Practice')

'a mental and neural state of readiness...exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related". (GW Allport quoted by Wright in Teaching General Practice)

'Attitude has almost as many meanings as there are people who use the word' (GE MILLER quoted by Wright in Teaching General Practice).

C.23. LEARNER CENTRED

(Syn. "Student centred ").

Designed primarily to meet the needs of the learner. (MJB:OED)

C.24. MAJOR DOMAINS OF BEHAVIOUR (BLOOM)

i. cognitive: arranged in six classes

Knowledge

Comprehension

Application

Analysis

Synthesis

Evaluation

This includes interpretive skill and problem solving skill.

ii. affective: arranged in five categories

Receiving (attending)

Responding

Valuing

Organisation

characterisation by a value or value complex. This includes the commonly used affective terms 'adjustment', 'value', 'attitudes', 'appreciation', 'interest'. It also includes interpersonal and communication skills.

ii. psychomotor

This includes perceptual and manual skills.

D. TERMS USED IN VOCATIONAL TRAINING

D.1. COURSE ORGANISER

(Syn. Course Director).

The person whose responsibility it is to organise programmes of specific vocational training. (MJB:NLG) 'Their role is to organise day release courses, coordinate arrangements for hospital posts, secure an orderly succession of rotations, complete the administrative requirements of the regional and national organisations, promote and develop a local trainers workshop and trainee group, and attend meetings of the appropriate advisers/organisers group and regional general practice subcommittee where indicated. Most organisers play an active part in the selection process of other general practitioner trainers (and of trainees) and are usually concerned with career counselling and serving on appropriate local education and library committees.' (DJ Pereira Gray Training for General Practice.)

D.2. DESIGNATED HOSPITAL/COMMUNITY MEDICINE POSTS

(Syn. 'Approved Posts').

Those posts which are deemed educationally relevant and suitable -for specific vocational training, by Colleges or Health Authorities and which in some countries - form part of prescribed experience. (MJB:NLG)

D.3. EQUIVALENT EXPERIENCE

Experience in hospital or practice posts which while not-prescribed or equal in all respects, is regarded as being of equal value in the assessment of specific vocational training. (MJB:NLG)

D.4. ACCREDITATION

The granting of status or credentials to a programme or individual indicating that, in the opinion of the accrediting body, certain requirements or standards have been met. (MJB from OED)

D.5. MANDATORY

Obligatory; Essential to accreditation or recognition. (OED)

D.6. RELEASE COURSE

(Syn. Day Release, Half Day Release etc.)

An organised programme of learning and teaching which forms part of specific vocational training and to attend which trainees must be released from their service commitments for the duration of the course. (MJB:NLG)

D.7. TRAINEE

One who is being trained. (OED)

D.8. TRAINER/CLINICAL TEACHER

A medical practitioner who is willing and able to teach his discipline and ready to make time available to do it. He must be clinically competent, experienced and active. He must be able to establish and maintain good relationships with patients and colleagues. His practice must be organised and housed as a suitable training setting. (MJB from Criteria for the Selection of Trainers JCPTGP 1976).

CLINICAL TEACHER is the term applied when a general practitioner is teaching within his own practice, the term TRAINER when he does so specifically in relation to vocational training. (MARINKER in TEACHING GENERAL PRACTICE)

D.9. VOCATION

One's ordinary occupation or profession. (OED)

D.10. PRINCIPAL

(Syn. "General Practitioner Principal").

One who has achieved the highest grade in his profession. (MJB from OED and DJ Pereira Gray)

Became a legal title in the U.K. when incorporated in the Vocational Training Act. (1976), and implicitly officially recognised General Practice for the first time as an independent clinical discipline.

D.11. TUTOR

One who himself or through others, provides teaching for individuals or small groups.. (MJB:NLG)

D.12. FACILITATOR

One who makes communication easier. (MJB:NLG)

D.13. ORIENTATION

The action of ascertaining the relative position of anything or of oneself. (OED)

To adjust the learners thinking in the direction of a definite goal. (MJB:NLG)

E.TERMS OF PERFORMANCE REVIEW AND CONTINUINE MEDICAL EDUCATION

E.1. ASSESS

To determine the value or the amount of something and to express this in terms of something which is known, i.e. may be quantitative or qualitative and implies comparison. (HORDER-ANTWERP)

The awarding of a score or value which may be arbitrary rather than direct measurement. (KVIST from Crombie)

"Measurement, by as objective a method as possible, of the learning achieved by an individual". (DJ PEREIRA GRAY)

E.2. EVALUATE

A generic term covering the application of techniques in the quest for measurements of quality in medical care.(KVIST from Crombie)

"Measurement by as objective a method as possible, of the learning achieved by a programme or by groups or learner."(DJ PEREIRA GRAY)

'The making of judgements about the value, for some purpose of ideas, works, solutions, methods, material, etc. It involves the use of criteria as well as standards for appraising the extent to which particulars are accurate, effective, economical, or satisfying. The judgements may be either quantitative or qualitative, and the criteria may be either those determined by the student or those which are given to him.'
(BLOOM in TAXONOMY of EDUCATIONAL OBJECTIVES).

E.3. QUALITY

The degree of excellence; the relative value.(OED)

E.4. QUALITY ASSESSMENT

The measurement of the degree of excellence of the services rendered. (HEYRMAN)

E.5. QUALITY ASSURANCE

A guarantee by the providers of medical services that they are being maintained at a certain standard, based upon the actual measurement of their degree of excellence and their modification where necessary to reach it. (HEYRMAN)

E.6. MEDICAL AUDIT

A study of some part of the structure, process, and outcome of medical care, carried out by those personally engaged in the activity concerned, to measure whether set objectives have been attained, and thus assess the quality of care delivered. It includes self audit and peer review. (SHELDON).

E.7. EXTERNAL AUDIT

Assessments of performance carried out by persons or authorities not personally involved in the activity under review. (SHELDON)

E.8. COLLEAGUE

One who is associated with others in office or employment. (QED)

E.9. PEER

An equal in standing or rank. (OED)

E.10. PEER REVIEW

A critical study of their mutual performance by persons of equal standing. (NLG:MJB)

E.11. STANDARD

Any established measure of extent, quantity, quality or value.(NLG:MJB)

A definite level of excellence, attainment, wealth, or the like, or a definite degree of any quality, viewed as a prescribed object of endeavour or as the measure of what is adequate for some purpose.(OED)

ABSOLUTE: based on mastery or perfect performance.

CRITERION-RELATED: require explicit specification of the level of performance required, but differ in that it may be set at any chosen level.

RELATIVE: where the performance of one is compared with that of another.
(FABB&MARSHALL)

E.12. ESTABLISHED

Proven or placed beyond dispute.(OED)

E.13. VALUE (noun)

That which is desirable or useful or both, (HORDER)

E.14. PERSONAL VALUES

That which is regarded by an individual as desirable or useful or both. (NLG:MJB)

NOTE:

Standards may be derived from: (MJB)

Personal values

Peer review

Research literature

Authoritative sources

(the values of those regarded as experts).

E.15. NORM

A rule or authoritative standard. (QED)

E.16. NORMATIVE

Derived from the standard textbooks and the work of experts. The "best" level of care.(DONABEDIAN 1966)

Establishing a norm or standard. (OED)

E.17. EMPIRICAL

Derived from many studies where the statistical average is obtained after evaluating the habits of many doctors. The "average" level of care." (DONABEDIAN 1966)

That which is guided by mere experience, without knowledge of principles. (OED)

E.18. CRITERION

A characteristic attaching to a thing, by which it can be judged or estimated. (OED)

E.19. EMPIRICAL STANDARDS

Those derived -from statistical averages obtained from similar settings. (McWhinney)

E.20. NORMATIVE STANDARDS

Those derived from traditional sources of orthodox medical standards. (McWhinney)

E.21. EFFECTIVENESS

The quality of being able to accomplish a result. (OED)

A measure of the success in achieving a clearly stated objective.(McCormick JRCGP May 1981)

E.22. COST

The price which must be paid, whether in objective terms, (money), or subjective terms (distress, discomfort) in achieving the objective.(McCormick 1981)

E.23. EFFICIENCY

Cost effectiveness, that which is most effective at least cost. (McCormick 1981)

- E.24. **STRUCTURE**
Is the sum of the doctor's personal attributes, the facilities available to him, and the administration used by patients to gain access to his services. (SHELDON) 'The settings and instrumentalities available and used for the provision of care.'
(DONABEDIAN)
- E.25. **PROCESS**
The sum of activities to which inputs are subjected in order to achieve the objective.(MJB:NLG) 'The activities of ...health professionals in the management of patients.'
(DONABEDIAN)
- E.26. **OUTCOMES**
The state of the inputs (whether or not that is measurable) at any time after the process is complete.(MJB:NLG)
'The end results (of health care) in terms of health and satisfaction.'
(DONABEDIAN)
- E.27. **PERFORMANCE**
The manner in which a defined activity is carried out or a defined role fulfilled.
- E.28. **COMPETENCE**
The sum of personal attributes required to carry out a defined activity or fulfil a defined role.
- E.29. **ACCESS**
The manner in which an individual wishing to avail of health care may do so, and in which health care providers allow their services to be used. (NLG:MJB)
- E.30. **ACCESSIBILITY**
Ease of access. (MJB)
- E.31. **PERFORMANCE ASSESSMENT**
A generalisation about the performance of an individual derived from an observation of a sample of his behaviour (assuming that the observation is valid and reliable).
(FULOP).'
- E.32. **PROGRAMME EVALUATION**
The making of an informed judgement about the character and quality of an educational programme or parts thereof.
"In-formed Judgement" = using all relevant data, reliably gathered from dependable sources, a considered decision based upon comparison with sound criteria. (FULOP').
- E.33. **TREATMENT EFFICACY and EFFECTIVENESS**
EFFICACY= "Does it work under ideal circumstances?"
EFFECTIVENESS' 'Does it work under the realities of clinical practice?"
DM BARR in COMMON DILEMMAS IN FAMILY MEDICINE ed. FRY.)
- E.34. **TEST VALIDITY**
The accuracy with which a test measures what it purports to measure.
Content Validity: concerned with the adequacy of sampling of the specified universe of content, avoiding overemphasis of some areas and under emphasis of others.
Criterion Related Validity: test performance related to some accepted external contemporary criterion of performance.
Predictive Validity: test performance related to subsequent performance in practice.
Construct Validity: inferences made about phenomena which cannot be observed directly, from phenomena which can be observed directly. (FABB&MARSHALL)
- E.35. **TEST RELIABILITY**
The extent to which results obtained in an assessment are consistently

reproducible.(FABB&MARSHALL)

E.36. TEST OBJECTIVITY

The extent to which the test items and their scoring are free from subjective bias.
(FABB&MARSHALL)