The role of general practice in Basic Medical Education in Maastricht, the Netherlands

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questions of Filipe..

tell us about:

- The GP-part in BME in the Netherlands.

  the role of GP-teachers and trainers in BME

- its esteem / reputation within the faculty of medicine

- the lessons to be learned

General Practice in the Netherlands

- Is highly appreciated by the public and the government:
  “a system with a well developed primary care is proven to be effectice (Barbara Starfield).”
  Still.. Take care every politician has a good GP!

- GP is gatekeeper

- < 10% of the problems is admitted to secondary care

- 1 GP (of 8000) on 2350 inhabitants

organization of BME

8 universities with 8 departments of GP

There are considerable differences between the 8 in GP involvement in BME. History is ‘to be blamed’.

Leiden is more than 400 years old, Maastricht 40 years.

differences in:

* time allocated to GP-education
* sort of tasks
* duration of GP rotations (4-10 weeks)
* people involved (Maastricht 12 fte; some others 2fte!)

specialty training

(is much younger, 35 years!)

- all 8 universities have the same curriculum
- intensive collaboration
- trainees spend largest part in general practice

recruitment for general practice is not a huge problem.

WHY?

salary is good, women friendly, respected, specialty training well organized,

good role models in BME?

What is the advantage of specialty training related to the university?

- Researchers teach and teachers research.
- Being part of a organization which provides:
  - facilities (IT assistance etc.)
  - an educational climate
  - an intellectual / academic climate
- The usual disadvantage of bureaucracy is less because the speciality training is governed by the ministry of health and not education. It is hosted by the university.
- Advice: try to house next door!

Maastricht, pbl curriculum

360 students entering medical school, each year

Three C’s of PBL education

Contextual

Constructive

Ccollaborative

Contextual

- NOT: this is a case of appendicits .. Etc.
- But: The GP answers a telephone call from the mother of Filipe Rodriguez, 14 years old, a normally healthy child, and says: Filipe is so pale , sitting silently on his bed, complaining of pain in his ‘stomach’.

Constructive

New knowledge should be related to prior knowledge, to allow the student to construct a knowledge-network.

This implies:

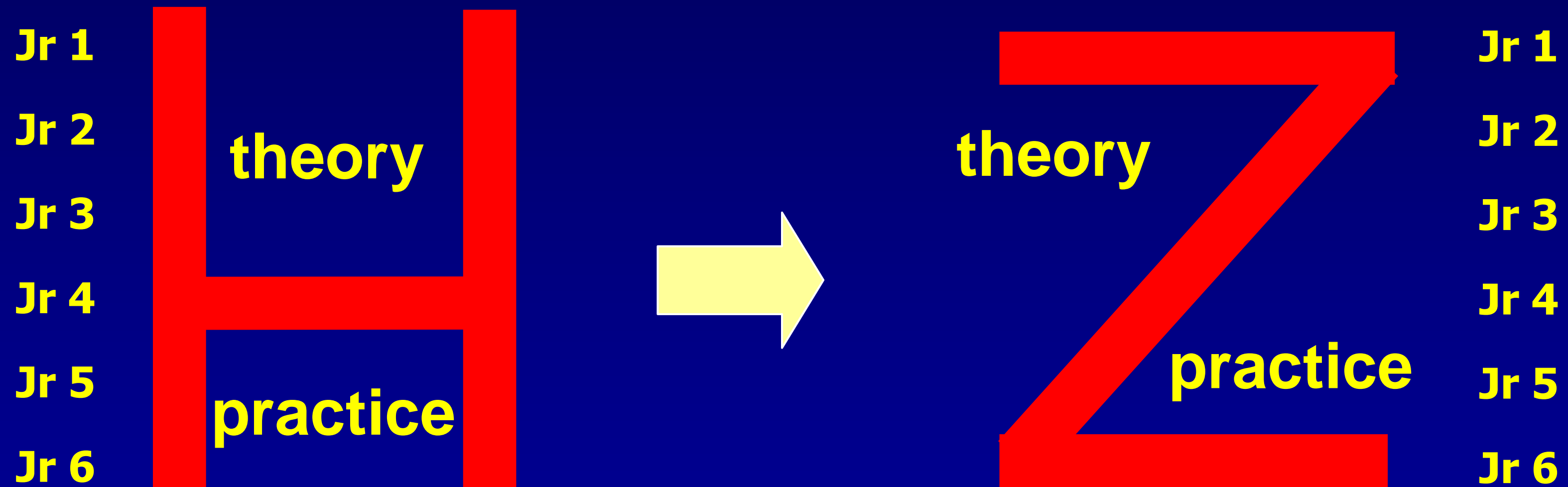
Increase in complexity through the years, always connected to prior knowledge.

Jear 1: simple problems, classical illnessscrips

Jear 2: more complex problems, clinical reasoning

Jear 3: authentic tasks in clinical context

Constructive: integration of theory and practice



Collaborative

Working together in learning groups improves collaborative skills…

… is assumed.

Is PBL better?

Anyway not worse!! …in collaborative studies focussing on knowledge and skills)

But

NOT (yet) proven to be better in literature searching, attitudes, DPC, several years after certification.

But

it is a lot more fun.

Roles for GPs

- Tutor
- Mentor
- (communication-)skills trainer
- Coach
- Member of the block ‘designer’ comittee
- Block coördinator
- Trainer in clinical rotations

GP involvement
Jear 1-3: themes, not disciplines

Jaar 1 emergency medicine and regulatory mechanisms

emergency	trauma	dyspnoea	shock	abdominal pain	uncounsiousness
TT		TT		T	T

Jaar 2 stages of life and diagnostics

Cel I	child	adolescent	adult	old age	elective
	T	TTTT	T P	Co P TTTT	

T = tutor, P = planning group member Co = coördinator

Year 3

Year 3 chronic diseases; **GP is here the coördinator**

Abdomen	Locomotor system	Circulation and lungs	Psychomedic
PCCC	P CCC	PCC	

P= planning group member, C= coach

Some introductory lectures by GPs

- About family medicine / contextual health care
- About morbidity patterns, unspecified complaints and how to deal with low a-priori's
- About the tool: knowing your patient.

Narrative medicine

Challenges, problems, solutions

- financial cuts (by the university)
- too many students / not enough participating practices.
- not enough teachers (much less paid than GPs)

.

Therefore:

. Trainees teach students

. More students per practice

. Patients are invited at the university

. Distant learning (webcam)

Secrets of success

The GPs involved are nices guys, punctual and motivated. “you can count on them”

their ratings as teachers and trainers are high.

they have for years been part of boards.

they construct GP oriënted educational material: all cases start in primary care.

students like narrative medicine!

advice for teachers

do what you are good at,
and do it with all your heart!

Steve Jobs

(see You Tube ‘Steve Jobs at Stanford University)

in other words..

teach the heart of our matter

(and not only communication skills)