The background of the slide is a blurred photograph of a city square. On the left, a large, ornate building with a prominent spire is visible. In the center, a flagpole stands with a flag. The overall scene is bright and slightly out of focus.

General Practice in Flanders (Belgium):

Training the Trainers

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Primary care in Flanders



1. Prevention

- pap smears
- cardiovascular risk

2. Curation

- infections
- small surgery

3. The chronic patient

- diabetes/heart-failure
- at the office/house

Trainees

- After 7 years medical training: MD, candidate for GP training (2 years).
- Shortage of GP students, thus 99% accepted (communication, personality).
- 120 start every year in first year in Flanders (population 6 mio).
- Also 120 graduate in second year, thus continuously 240 in training.
- Work in a 1-1-training practice for two years (1 trainer for 1 trainee).

Trainees

- Autonomous with daily supervision (trainee does consultation 10-30 patients per day).
- Every two weeks seminar in small regional intervision groups (1-15 trainer, max 15).
- Regular tasks to fulfill and submit (elaborated cases, continuous registration, learning agenda, portfolio, educational needs detection, evaluations from 1-1-trainer, literature search, ...).

Examinations

- At the end of two years (interuniversity for Flanders = only one circuit).
- Submit a scientific paper (master thesis): practice improvement project (two years work).
- Oral examinations: two independent juries of two examiners, five cases.
- Written multiple choice items (166), generated from recent literature.
- Skills examination (20 stations OSCE) or 5 videotaped consultations from own practice.
- Final evaluation from 1-1 and 1-15 trainers after two years.

Task of the 1-1-trainer

- Provide sufficient number of patients.
- Provide time for learning and supervision.
- Construct learning agenda with trainee.
- Daily report from trainee to trainer: experienced difficulties.
- Weekly case discussion.
- Monthly global evaluation.

Task of the 1-15 trainer

- Intake with every trainee: learning agendas and expectations.
- 17 times per year meeting with 15 trainees in seminar.
- Guide free case discussions, discuss elaborated cases, work with continuous registration, follow-up of learning agendas and portfolios, work with educational needs detections, discuss evaluations from 1-1-trainer, supervise literature searches, ...

Training of 1-1 trainers

Selection

- Is interuniversity, thus only one pool.
- Candidates submit evidence of good practice.
- Decision after advice from regional coach (practice visit).
- Heads of departments and deans take decision together.
- Number of trainers needed based on students graduating as MD.
- 95% accepted (shortage; mostly lack of time for trainee, alternative medicine).
- Trainer licence two or four years.

Training of 1-1 trainers

Training

- Also interuniversity.
- Must attend a minimum of training to keep trainer licence.
- Start-up training 4 afternoons before the first trainee (learning agenda, case discussion, giving feedback, evaluation conversation, learning styles, doctor-patient communication, portfolio, ...).
- From then on 3 afternoons every year in regional groups (15) with regional coach.
- Work with personal learning plan: report progress to regional coach.
- Subjects: learning needs defined by group (self assessment) and by regional coach.

Training of 1-15 trainers

- 20 trainers over Flanders, each 12 trainees from own region (total 240).
- Educational: small group techniques, group dynamics, case discussions, leadership, specific tools (portfolio, learning agendas, presentation skills, ...).
- Medical: decision making, evidence based medicine, literature search, system theory, ...
- Subjects are subject to progress in medical - educational literature and new tools.

Training of 1-15 trainers

- Two training afternoons each year in groups of 10 (west and east in country).
- One afternoon with whole group: retrospection and planning with all regional coaches.
- Three meetings with regional coach and staff member in own region (four 1-15 trainers).
- Personal supervision of work in seminar: feedback from staff after videotaped seminar.

Handbook: Effective learning in Family Practice

- Learning styles
- Adult learning theory
- Educational goals
- Practice organisation
- Communication learning
- Practice management
- Assessment of trainees

Seminar

- Feed-back on previous seminar, follow-up.
- Tasks: e.g. Pun/Pam/Den.
- Quizz on a recommendation or guideline.
- Case presentations.
- Dermatological case.
- Stories by trainees.
 - What I have on my chest.
 - A practical question.
 - A case-problem.

Plaster is a disaster

A lady 45, BMI= the same, falls in front of the GP's office.

The trainee doesn't recommend a plaster for the injured knee. Patient and 1-1 GP trainer do.

The trainee plasters the limb

A week later a letter from the hospital informs that the lady is now with pulmonary embolism at the hospital. No news from the knee.

?Trainee:I feel so frustrated.

Johnny is 24

He comes to consultation with severe pain in the chest, heartbeat and fear to die.

He delivers beer to café's and admits to drink too much.

Current clinical exam, ECG and a blood sample are perfectly normal.

?? Trainee:what can I do for this patient.

A 45 year lady with metastated lungcancer

Trainee is asked for a house call with that lady, she is in great pain. A fortnight ago she was given by the 1-1 trainer GP a Diclofenac injection.

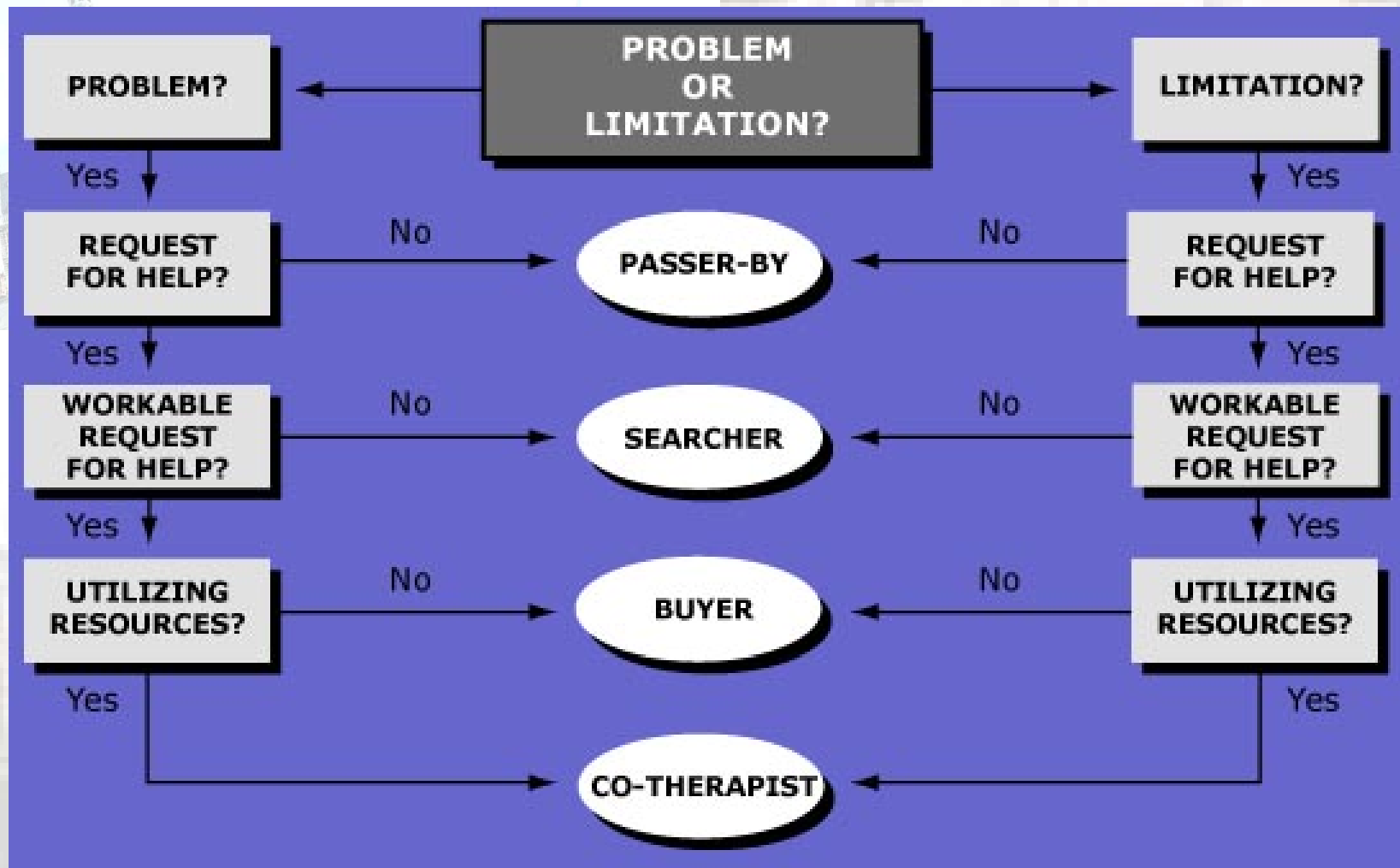
The trainee has no file, doesn't know what the lady knows on her cancer and gives a IM Diclofenac.

?? I feel so frustrated.

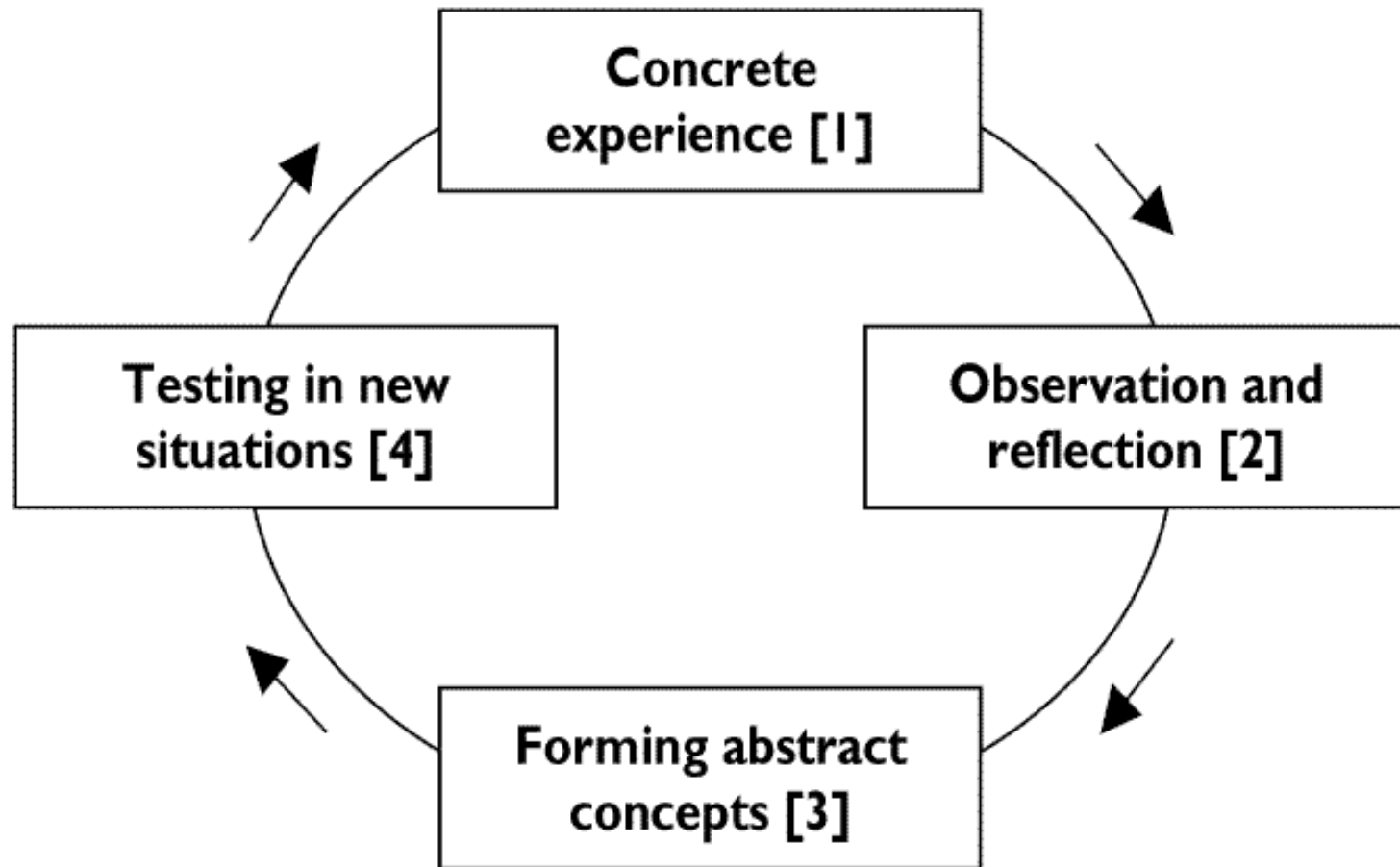
Brief therapy

- Set of Questions _ Facing the problem at hand we can limit ourselves to asking four fundamental questions. We can determine the working relationship at a given moment in the therapeutic conversation using these meta-diagnostic questions. For each stage of the working relationship, we have devised an appropriate intervention. The "Bruges flowchart" helps the therapist to supervise him- or herself: The position indicates the interventions which are most effective in the respective situation.
- Question 1: Is it a problem or a limitation?
- Question 2: Is the client asking for help?
- Question 3: Is there a workable goal?
- Question 4: Is the client utilizing his or her resources?

Brief therapy



KOLB'S CIRCLE



David Kolb on experiential learning

David A. Kolb (with Roger Fry) created his famous model in the famous experiential learning circle (after [Kurt Lewin](#)):

PUN/PAM/DEN

- Consultation diary: PUN/DEN/PAM
- Patient unmet needs (PUN)
- Doctors educational needs (DEN)
- Patient actually met needs (PAM)
- originates from real practice
- has to be done in a systematic way
- not all PUNs lead to DENs
- there are also other DENs

PUN/PAM/DEN Practical

Details of consultation	PUN	DEN	ACTION
<i>Parents of 15y old son consulted with fear around uncontrollable behaviour of their son</i>	<i>They asked how to find out eventual drug abuse</i>	<i>I need to know more on specific symptoms on drug abuse. I need to know more on local support facilities so that I can refer more adequately</i>	<i>Consult the local organizations guide, and contact appropriate organizations, or look for good literature</i>

Example: Significant event analysis

A 42-year old woman has often visited our practice.

All doctors have treated her, including myself.

She has more than ten years history of left-sided ear pain (otalgia) with unclear symptoms. She has been examined precisely every time, with records being taken on every visit.

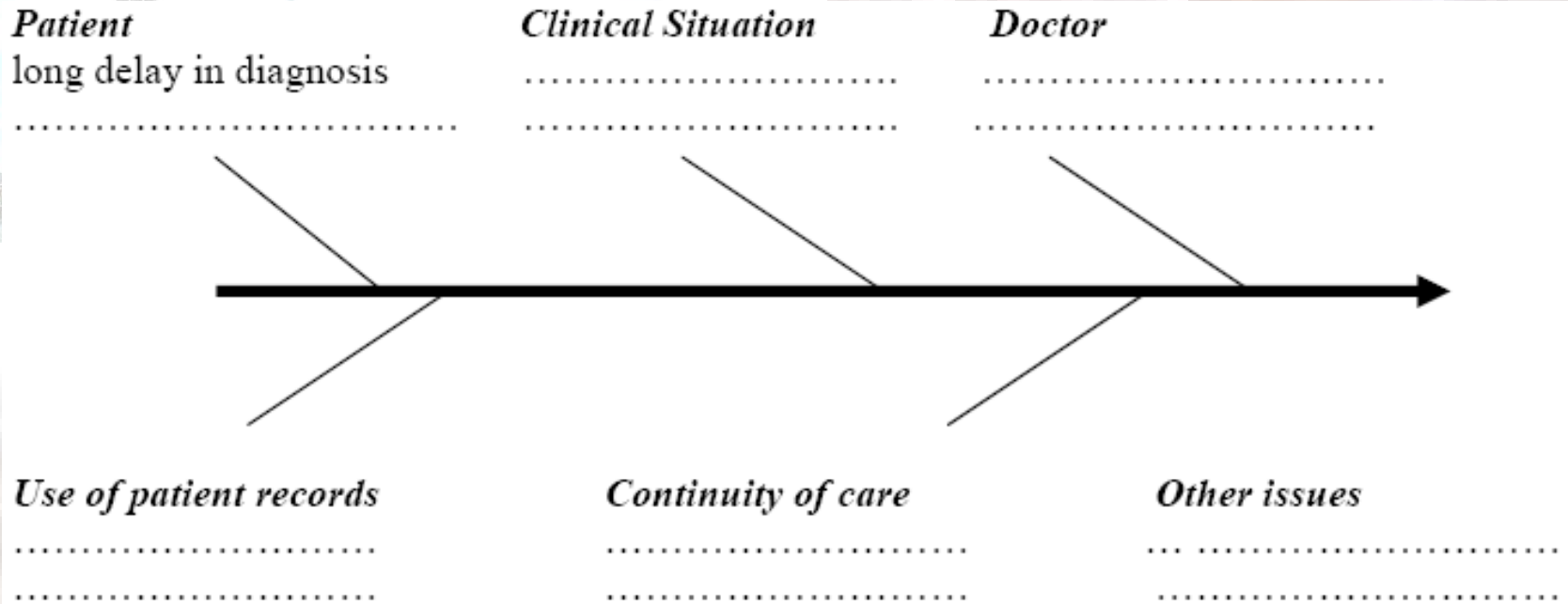
Last week a new young doctor stated she had referred the patient to an otologist, and the patient had been diagnosed with cholesteatoma.

The patient came to meet me today. I discussed the matter with the patient, and she said she will not make an official complaint.

Significant event analysis

- Something happened.....
->....and then something went wrong or almost wrong or very well.
- Can be done alone, but will be more fruitful in groups with all the people concerned.
- A trustful atmosphere is needed.
- Sometimes sensitive.

Fish bone diagram as a help



Can be elaborated in workshop

- Everything mentioned above, e.g.
- Elaborated case discussion (Dirk Avonts).
- Master thesis plan (meldingsformulier).
- Pun-pam-den.
- Continuous registration.
- Portfolio: self reflection (scientist, practitioner, person).
- Medical skills checklist.
- Communication skills checklist (common ground).
- Typical cases in seminar.
- - ...