# Education is not the filling of a pail but the lighting of a fire



HASLAM'S VIEW

Education is not the filling of a pail but the lighting of a fire

Professor David Haslam

'THERE JUST HAS TO BE A BETTER WAY, BUT I DON'T KNOW WHAT IT IS.

I'm talking about hearing the dreaded phrase: 'Now, let's go into small groups and then we'll return for a plenary and feedback,' which bedevils so many medical meetings.

Small groups and plenaries have been the fashion for many years. Back in the dark ages, when I first became a GP, the fashion was entirely different. It was based around lectures, given by experts, even though the word expert was frequently entirely inappropriate.

Back in those days the sole criterion for being declared an expert was that you worked in a hospital. But as we GPs soon realised, the expertise required to deal with the population of patients who are referred to hospital is very different indeed from that needed to deal with the unsorted, confusing mixture of patients who present at the frontline.

One of the first meetings I was involved in organising was a GP education session on otitis media. We had invited two consultant ENT surgeons along, but had failed to tell them that they weren't the first act. Instead, the first speakers were two GPs who presented their experience of seeing, diagnosing, and treating otitis media.

I will never forget the response of one of the ENT surgeons. 'I had no idea you saw so many cases,' he said. 'I just see the ones that pitch up at hospital – I never realised I was seeing the tip of the iceberg. You're the experts.' It was a delightfully honest, humble, and insightful response.

Perhaps the most effective series of events I can recall involved different local surgeries and health centres hosting our monthly meetings. Each practice presented the three things that they were most proud of, and the three things that caused them problems.

'The things that may have caused one practice a problem had been solved by another practice and vice versa'

The things that may have caused one practice a problem had been solved by another practice and vice versa. By sharing our pluses and our minuses we were able to evolve and develop.

Then the fashion, particularly in larger meetings, moved on again to the inevitable and ubiquitous format of 'big presentation, small group discussion, feedback in a plenary, and close'. Has anyone ever been the slightest bit interested in these feedback sessions? Are they not a recipe for yawning, and duplication, and looking at watches, and – these days – consulting smart phones for something more interesting? Or is it just me? I suspect I am not alone.

Education should inspire, not bore. As someone put it so beautifully: 'Education is not the filling of a pail but the lighting of a fire.' Yet the number of educational events where I have left feeling genuinely inspired can probably be counted on my fingers – and that's over an entire professional lifetime.

Technology is far from being the answer. I love the saying: 'Power corrupts but PowerPoint corrupts absolutely.' That doesn't mean I don't ever use it when giving presentations, but I do worry about its overuse. After all, the very first lecture I recall going to which used exciting new projection techniques to illustrate the talk was indeed one I will never forget – in a way.

The next day I was describing the fantastic effects, the visual treat that I had experienced. 'That's great, David,' said one of my partners. 'What exactly was the lecture about?'

I had absolutely no idea. The medium had completely overwhelmed the message. But at least we didn't have small groups and a plenary.

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## Dear Editor

I enjoyed reading Haslam's View in the May issue, *Education is not the filling of a pail but the lighting of a fire* (*Practitioner* 2014;258(1771):35). However, I am disappointed that Professor Haslam felt he could only count on his fingers the number of educational events where he had left 'feeling genuinely inspired'.

As well as my role as a GP, I also work as a medical educator, and teach medical students. I am very aware that we continually need to inspire colleagues and keep the fires alight. In the current general practice climate, increasingly more is expected of us and we spend a significant amount of time in front of our computers and less time discussing cases. Our role has evolved as well, as Professor Amanda Howe says 'GPs are experts in whole person medicine'.

Surely education, with the opportunity to share and learn together, is one of the most important tools to inspire and revive our profession and enhance patient care. Collaborative learning and enhancing GP confidence, using educational events, could also help unite and inspire our profession.

I am not a fan of the old PGEA, but our meetings incorporate evidence-based information and we try to choose skilled entertaining speakers. We encourage all feedback – both appreciative and critical – and act on this feedback for future sessions. Most events are in the evenings or on half days.

Time to talk over tea is highly valued and the meeting place is very conducive to this, more so than the practice at times where hurried lunch is eaten at our desks.

**'Primary and secondary care colleagues meeting to discuss local patient pathways and altering ways of working can be immensely valuable'**

I also speak at an annual sixth form conference for students considering the health professions. Just by talking through your patient experiences during a surgery you can capture their imagination. Each year sixth formers tell me they did not realise the variety of patients, with complex medical and social conditions, GPs see on a daily basis.

As an appraiser, I often find GPs cite Quality Improvement work stimulated by a local meeting. We encourage speakers to suggest QI work which may be useful to follow an educational event.

It's good to have a variety of verbal, on-line and published material from which to learn, from bullet points to topic summary articles.

However, primary and secondary care colleagues meeting to discuss topics, local patient pathways and significant events and altering ways of working can also be immensely valuable, and delve deeper than just written words or PowerPoint presentations.

GPs have a large volume of patient conditions with which to be familiar within a dynamic medical and social world. An objective I read continually on colleagues' feedback is to update their knowledge on a particular area. Educational events are among the many different ways we learn, and within events we often signpost these other options. We often suggest and include reviews of NICE guidance which has been transformed in its usefulness to primary care.

Sadly, I have never read anything from Health Education England about generalist GP education. For the future of primary care and our patients, the important issue of ongoing generalist GP education needs to be raised at a national level.

Education has been a highlight of my career, and is now one of my main roles. I often bring tips back to help my patients.

A favourite is an introduction to shared decision making, learning to work with patients using tools such as decision aids and option grids to help them focus on their goals

and make informed decisions.

Last year, all the leads for education provider organisations in our deanery jointly won an award from the Severn Deanery School of Primary Care for innovation in GP training and teaching, an award of which we are extremely proud. We can make a difference, working collaboratively, with education.

We need to share how we can do this positively, not filling pails but to light the many more fires from school students onwards through their medical careers, to help inspire GPs for the future and to enhance the care of our patients.

With the rugby and cricket world cups coming up this year, (which will be much discussed over tea breaks at meetings as well!) I smiled reading Haslam's View in December *The healing power of the magic sponge* (*Practitioner* 2014;258(1777):35).

For me *The Practitioner* remains a valued educational publication 'Supporting general practitioners for 147 years.' Let's help education triumph this year too.

**Dr Nicole Howse**
GP and Programme Director, Bath GP Education Research Trust, Bath, UK

**Professor Haslam replies**

This may surprise you, but I am delighted at your response and agree with every word.

The point I was making is the importance of stimulation, and variety, and new approaches to education – and that sadly far too many educational events are just 'more of the same'.

I am also really pleased that you have been inspired by meetings you have been to, and that you have such a passion for education.

I have spent my life trying to promote the value and values of generalism, and feel greatly reassured by your response.

My key message was that inspiration and stimulation are infinitely more important than the simple provision of facts. On this I know we both agree.

**Professor David Haslam**
Chair, NICE, London, UK

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