

The Educational Planner

Traditional medical teaching tends to be reductive in nature - any curriculum, used on its own, will reinforce this tendency.

This planner was devised to counteract this and to provide a framework within which **any** chosen subject could be explored.

The planner consists of a series of questions, not all of which will be appropriate to every topic and, if applied systematically, little of importance will be left out. The words on the right-hand side of the planner merely act as a quick reference guide to the contents of each section.

Questions

The historical context

Is this a new issue?

What is the national picture and incidence?

What factors have caused change?

What changes have and will occur?

Aetiology

Pathological? Sociological?

Do we need to discuss this?

Patient care

Is the problem fully assessed in physical, psychological and social terms?

Are the patient's perceptions and anxieties explored ?

What are the effects on the family, friends and society?

What are the problems with selective history taking?

selective physical examination?

selective investigations?

How will emergency care be affected by competence and facilities?

Does patient management involve surgery, drugs, psychotherapy, nursing or anything else?

What are the problems with these areas of patient management?

Is the family involved?

Key concepts

incidence

changing pattern

causes

problem assessment

patient's beliefs

effects on others

selectivity

clinical diagnosis

emergency care

patient management

patient's family

How can the team help?
Should the problem be followed up? If so, how?

Is there a place for health education, screening, case finding, or any other preventive activity?

How can we monitor the care we are giving?

Medico-legal

What are the legal, contractual and insurance considerations?

What are the ethical considerations?

Communication

With whom do we need to communicate?

Do any special skills need to be learned?

Where and how do we communicate?

Will any changes occur in relationships between the patient, the doctor, and the team?

Are meetings necessary and who should facilitate them?

How do patients acquire responsibility for their own management?

Is there a role for support groups?

Organisation

Should there be a protocol and what should be in it?

What is the responsibility of each team member?

Where are the lines of accountability?

What equipment and facilities are necessary?

Will change affect people, affect time, affect finances, affect systems?

What recording system is needed? How do we protect confidentiality?

Is the organisation acceptable to the patient?

Is time and its management a problem for anyone?

How do patients obtain access?

Professional values

What are the implications of our attitudes, prejudices and values?

How do material and psychological rewards affect our behaviour?

Are there cultural, racial and sexual considerations?

team support

education & prevention

audit

obligations

ethics

consultation skills

settings

practice team

meetings

patient responsibility

support groups

protocol

accountability

equipment & facilities

change

personnel

management

records &

confidentiality

acceptability

time management

access

attitudes

prejudices

values

rewards

How do we respect patient dignity and confidentiality?

patient respect

Do we monitor and protect our own physical and mental health?

health

How do we support other members of the team?

support

How do we demonstrate that we accept responsibility?

responsibility

Personal and professional growth

Can the doctor identify her own strengths, weaknesses and emotional needs?

strengths

weaknesses

How does she cope with her own anxieties?

Does she seek peer review?

seeking excellence

Does she improve performance by assessment?

Does she support the educational and personal needs of those around her?

Does she accept change?

accepting change

Source: RCGP Occasional paper