



<b>Title</b>	<b>General practitioners as teachers</b>
<b>Author(s)</b>	<b>Dixon, AS</b>
<b>Citation</b>	<b>Hong Kong Practitioner, 1994, v. 16 n. 8, p. 385-386</b>
<b>Issued Date</b>	<b>1994</b>
<b>URL</b>	<b><a href="http://hdl.handle.net/10722/45154">http://hdl.handle.net/10722/45154</a></b>
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## EDITORIAL

### General Practitioners As Teachers

I remember very little about the innumerable lectures I sat through at medical school, and what I do remember has more to do with their circumstances rather than their content.

They were, generally speaking, delivered at excessive length in lecture rooms characterised by hard seats and a total lack of ventilation. They were given by busy clinicians with little expertise in teaching, were poorly prepared, and usually on topics of only marginal relevance to most practicing physicians. Few questions were ever asked at the end, in part because we were only dimly aware of what the lecturer had been talking about, and in part because of an overwhelming desire to get put into the fresh air.

I remember very little of the topics that were covered. I don't think this is just because of the intervening length of time, and consequent problems with my memory. They were quite forgettable back then as well, and in the end I gave up going to lectures and concentrated on reading my textbooks instead.

There were a couple of exceptions. I remember the talks on embryology of all things, but only because the lecturer could draw with coloured chalks the most spectacular three-dimensional views of developing foetuses. None of the information he gave us has ever been of any practical use, but I greatly admired his artistic talent. Forensic Medicine was the other subject that I remember well, and I think it would have been a pretty dull student who was not fascinated by the succession of lectures, enhanced by coloured slides, covering such topics as bloodstains, knife wounds, gunshot blasts, strangulation, sexual deviation and drowning!

What I do remember very clearly were experiences rather than lectures, and encounters with individual patients have stuck in my mind like glue.

I remember as a surgical dresser having to shave the chest of a patient who was to have a heart valve replaced. He told me, quite calmly, that he did not think he was going to survive the operation. I had no idea what to say, and in retrospect



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The Hong Kong College of General Practitioners  
Tel: 528 6618 (2 lines) Fax: 866 0616  
8th Floor, Duke of Windsor Building,  
15 Hennessy Road, Hong Kong.

Printed & Designed by  
Printhouse Production Center  
HONG KONG

## Editorial

I think that what he needed was to talk to somebody, anybody, even a lowly student. He was right – he did not live through the surgery.

I remember on the medical ward getting to know a patient with inoperable carcinoma of the pancreas. All of us, including the patient, knew that he was going to die, but none of us knew how to deal with it, and there was no teacher to help us with that painful situation. I expect they were all busy giving lectures.

I also remember my first experience of general practice, when as part of a compulsory elective period I went to stay with a general practitioner for two weeks.

I remember almost every minute of that experience. I remember being dumbfounded by the patients we saw, and the complaints they had, none of which seemed even vaguely like the medical and surgical cases I was used to. For the first time I went in patients' homes, and saw how families coped with illness, disability and death. I remember how the G.P. knocked on the front door, and then walked straight in without waiting for an answer, and only afterwards did I realise that degree of access to someone's home is usually only extended to close family members. I remember how pleased the GP was to meet the newborn baby of a mother who had had a particularly difficult pregnancy, and by contrast how devastated he was when a depressed patient took an overdose of the medication he had prescribed.

In this issue of the Journal, Wang-Leuk Lam, a Med 5 student at the Chinese University of Hong Kong, reflects on his experience of working with general practitioners, and he evidently found the experience to have been as memorable and helpful as I did many years ago.

Most general practitioners are, I think, very apprehensive when they are asked by University Departments of General Practice to take medical students. They feel inadequate and ill-prepared, think that they do not know enough 'real' medicine, and anyway do not know how to teach. In their minds, I think, they equate teaching with lecturing and they often do not realise that the most powerful learning takes place outside the lecture hall. In fact, general practitioners make ideal teachers precisely because they don't make the mistake of acting the way society expects teachers to act. Instead, they form helpful relationships with the students working with them, and can be powerful role models. By acknowledging their ignorance they demonstrate that no one can know everything, and that one of the most important skills to have is to know your own limitations, and to understand when and how to ask for assistance.

General practitioners can also help demonstrate that relationships with patients are often a more powerful diagnostic and therapeutic tool than many of those found in hospitals.

If my experience as a student is anything to go by, and it seems to be backed up by medical students such as Wang-Leuk Lam, general practitioners can make an invaluable contribution to the education of medical students. The next time you are asked by one of the medical schools if you would be willing to take students in your practice, why not say "yes". Even better, why not volunteer – the University Departments of General Practice are eager for your help! ■

Prof Tony Dixon  
General Practice Unit  
The University of Hong Kong