

Teaching internal medicine in general practice: an evaluation

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STELLINGEN
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Teaching internal medicine in general practice:
an evaluation

Elizabeth Murray

1. An internal medicine clerkship can be successfully based in general practice.
2. A balanced curriculum requires learning to occur in hospital as well as in general practice.
3. Skills such as team-working, tolerating uncertainty and recognising the limits of one's professional ability must be specifically addressed in the curriculum; students will not necessarily acquire them simply by changing the location of teaching.
4. Patient based learning must remain at the heart of undergraduate medical education.
5. Volunteer patients can benefit from helping students learn in general practice.
6. Teaching benefits doctors as well as students.
7. Transferring a proportion of undergraduate medical education into general practice will only achieve the potential benefits to students, GPs and patients if it is adequately resourced. This includes careful curriculum planning, adequate training for teachers, good academic and administrative support, adequate remuneration and long term contracts.
8. Students create their own learning opportunities, despite, rather than because of, the timetable and planned curriculum.
9. Innovations in medical education are complex interventions, and need to be evaluated as such.
10. New tools for assessment of attributes such as professional behaviours (confidentiality, respect for patients and colleagues, ethical behaviour, honesty, altruism); team working; cross-cultural competency; and ability to remain up-to-date are (still) urgently needed.
11. Never let an egg see you're afraid of it (Elizabeth David)