

CULTIVATING HABITS FOR LIFE-LONG LEARNING

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INTRODUCTION

The practice of medicine requires us to continue learning. Family medicine covers a wide terrain and the ability to cultivate habits for life-long learning is necessary. This involves the cultivation of IQ (Intelligence Quotient) and EQ (Emotions Quotient) of life-long learning.

THE IQ OF LIFE-LONG LEARNING

The IQ of learning consists of five general principles and two specific strategies.

General Principles

Be organized

- Have your books at hand to refer to when you are at work or studying. Since there is a lot to learn about diagnosis and therapeutics, the following will be useful – the British National Formulary or equivalent, Current Medical Diagnosis and Treatment, and MOH Clinical Guidelines.
- Organise your notes into folders. Since family medicine has a huge terrain, it is better to lump topics rather than split them too finely; this will make it easier to file and find the articles that you want to refer to. You can use the FMTP topics as a framework. Since there are 8 modules, 24 submodules and 64 sessions, you can make your choice to have 8, 24 or 64 folders. You may also wish to build up the

numbers as you go along. You should also have one folder for research articles and one for teaching materials.

Be ready to learn

Learning is not achieved unless you are ready. In clinical medicine the things you need to learn are three in categories: new things, mistakes and near misses, and how to do things better.

- New things are found all the time in therapeutics, disease entities and complications, and recent advances.
- Mistakes and near misses particularly the latter have a lot to learn from. Learn how to prevent slip-ups.
- Do things better. There is always a place for this. As Hippocrates observed: Life is short, art is long, experiences fleeting and judgment difficult; the physician must make the right decision at the right time. This presupposes the mindset to continually strive to do things better.

Seize the teachable moment

The teachable moment is when ignorance is encountered or the unexpected grips you. Do you let go or go through the reflective cycle (Fig 1) to learn new things?

- Don't let it go. Use every teachable moment.
- Check it up – do it now if you can; reflect on it in your quiet time.
- Write it down, collect this case or experience as one more item for your personal portfolio.

Work out a routine

Unlike during the undergraduate days, in the postgraduate period, there are many more things to occupy one's time.

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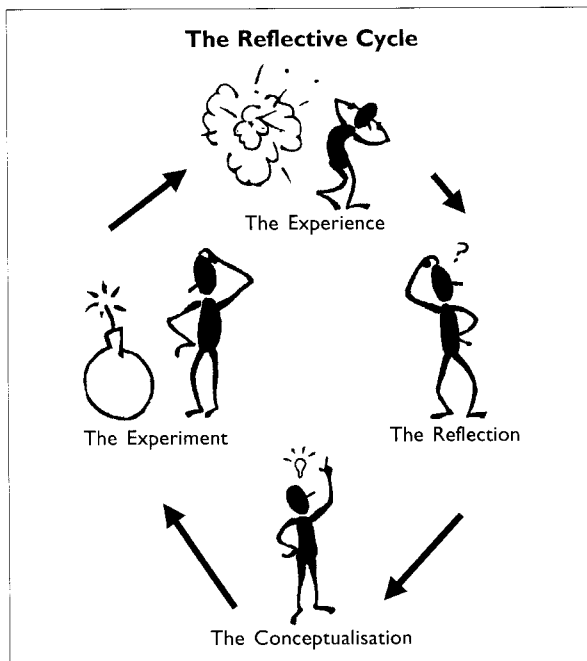


Fig 1. Learning from experience

- Find a slot around your daily routine for self-study. It may well be when the children are in bed.
- Make plans that are real. The best way towards that is to try and honour what you planned and do not chop and change at will.
- Divide the big learning task into manageable ones. In this way, apparently impossible tasks get done. This has been dubbed the technique of “swallowing the elephant in parts”.

Attend to the fundamentals

There are three fundamentals to attend to:

- Remember the Pareto Principle – 20:80 rule. The number of important things are finite. Look out for the 20% of all the things that we really need to master.
- Have a system of study – Fill your pot holes always; Top your plateaus often, Scale your peaks sometimes. In Figure 2, that particular

doctor has to fill up the valleys in O&G. He has also to consolidate his plateaus of medicine and immunisation to the MMed(FM) level. His peaks are in surgery and geriatrics and these will need less attention for the moment. He needs to scale these only sometimes.

- Practice evidence based medicine – practising medicine without scientific basis as short cuts has its dangers. The right approach will be to find out more about the natural history of various diseases and the reasons for delayed recovery. The clinical problem becomes a teachable moment and a moment for reflective learning.

Practise and consolidate

- Develop useful study skills – One of these is the SQRRR method. The letters stand for skim, question, read, recall and revise. It is a useful method for dealing with large volumes of notes. The skimming process will identify the appropriate parts if any, to pay attention to. The next step will be to question the extent it will fill existing gaps of knowledge or is it materials that you already know. Consequently, you may need only to study a small part. For this, the three Rs then are assiduously applied.
- Do MCQs and work out SAQs – These exercises help to assess learning and

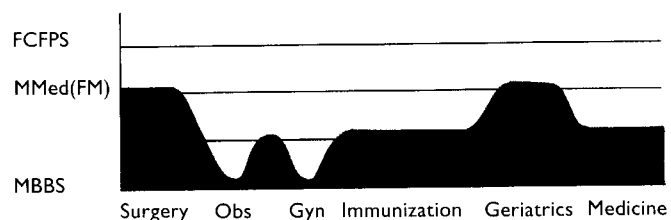


Fig 2. Fill up your valleys

respectively, whether the correct understanding and the ability to express what is learnt succinctly has taken place.

- Practise psychomotor skills – Test out your clinical examination skills and examination style time and again.
- Brush up your medicine – Consolidate your knowledge base periodically by reading systematically the whole subject.

Specific Strategies

Learning from patient to book

The patient is the “living text”. As clinical presentations are not always textbook style we need to see enough patients with a particular problem to have a good ability to make a diagnosis. Also, the patient presents scenarios where management may have to be individualised. How do we learn from the patient as “living texts”?

Portfolio based learning is one way. Starting with some patients that capture our attention as interesting, record the patient’s particulars for later

retrieval; record the key features to remind yourself of the case and the special features to note in a portfolio based record (PBR) (Fig 3). File the record according to topic eg cardiology, respiratory etc. Dig up these records in your self-study time. Fill in learning points. Redo with more details only for those required for presentation purposes. We could keep records of patient’s complaints, complications of treatment and incidental findings. We could also keep results of laboratory tests, ECGs, imaging studies and even photographs. Now that the digital camera is affordable, the pictures can be easily captured and saved to make an electronic album. Together, these materials form a portfolio of learning materials that could be reviewed, shared with other colleagues, be used as talking points as well as be the substrate for tutorials.

The experiences can be recorded as a one-page portfolio based record (PBR). This record consists of four sections, namely topic and objective of presentation, key data, and its interpretation, references and learning points. An example of a completed record is shown in Fig 3.

TUTORIAL

Portfolio Learning

Topic: BCG Complication
 Date: 9/10/1997 Presenter: Dr Edwin Fong
 Date: 6/7/01
 Place: LFM Chaired by: R Gerald Honey

Objectives of Presentation

Knowledge-Base Skills Update Review
 Diagnostic Management Problem Interest

(1) Complication of BCG vaccination
 (2) _____

Data & Interpretation
 Article from: _____
 Clinical Data from _____ Clinic Ref: 11466 Patient since: 20/7/1997
 Patient Initials: AK Age: 5/12 vs Sex: M Ethnic Group: _____
Chinese/Malay/Indian

(1) 1.5 x 1 cm fluctuant lump at 0 o'clock
 (2) no redness, not attached to wound bed
 (3) attributed to skin
 (4) 1st D done on 5/12

References: _____

Fig 3. Portfolio Based Record (PBR)

From book to patient

The textbook that we are referring to in this context is one containing descriptions and information on one or more of the following aspects of clinical medicine – clinical features, diagnosis, investigations and treatment.

The textbook provides us with facts and frameworks for diagnosing medical problems and detecting complications. We need to be able to reframe these facts for use at the bedside. It is good exercise to work these out before we encounter the patient. This is the book to patient approach.

To help us to accomplish this we can use

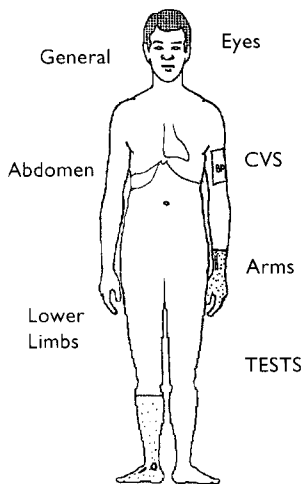


Fig 4. Approach to Adult Clinical Case: Patient with Diabetes Mellitus

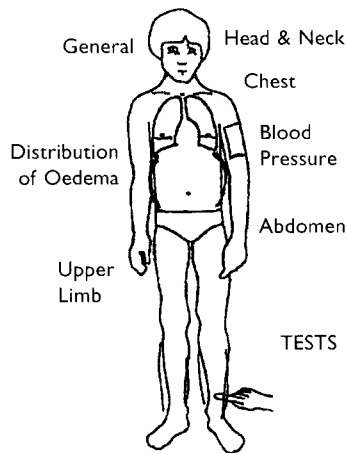


Fig 5. Approach to Child with Odema

figures from which we can write in them the information to look for in the patient. Figure 4 and 5 shows the headings for facts we need to look for in a child with oedema and an adult with diabetes mellitus.

The EQ of learning

Learning also has an EQ angle. There is a need to be able to deal with the following:

- Fight that sinking feeling – I am just hopeless,

I just studied it last night. Solution: Normalise – “life is just like that; you learn and you forget; the next time will be easier”

- Inspire yourself – “Looks real tough – 40 pages to read before bedtime”. Solution: Practise self-talk – “I have done this before; I am sure it is not half as hard once I get started; and there is that SQRRR method that I can use.”
- Take care of yourself – “I am so tired, and...” Solution: Take a nap, call it a day. Rest is important. You will feel recharged after a break.
- Think positive and enjoy your work – “Oh dear, more patients to see, some more things to attend to...” Solution: Practise self-talk – “They need my help and I am in the position to make a difference.”
- Share the slices of life in the school of life – Listen to and read inspiring thoughts and stories. Teach others to do that too: “As he will gladly learn, so will he gladly teach”.

CONCLUSIONS

Cultivating habits of life-long learning is a process of modeling on what others have found effective, developing oneself and coaching oneself and others to be good at it.