

What is the effect of an experiential learning session on the knowledge, confidence and attitudes of GP registrars about managing drug users in primary care?

Dr Tony Males, FRCGP
GPsi, Cambridge

Acknowledgements

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- ◆ Cambridge VTS course organisers
- ◆ Cambridge VTS and self-construct registrars (n=20)

Background

- ◆ Substance misuse assessment and management not traditionally taught at medical school or covered in GP training
- ◆ Undergraduate curricular objectives being developed through expert consensus
- ◆ GP curriculum now includes substance misuse (“care of drug using adults”)

GP vocational training

- ◆ Practice-based experience
- ◆ Hospital and community-based experience
- ◆ Supervision, debriefs and tutorials
- ◆ Half-day release
- ◆ Personal or group study
- ◆ Assessment

Educational questions

- ◆ When and how should GP registrars get involved with patients with problem drug users?
- ◆ What educational resources are available?
- ◆ How should GP registrars be assessed in their knowledge, skills and attitudes in this area?

Aims of this study

- ◆ To determine to what extent the knowledge, confidence and attitudes associated with substance misuse management in primary care can be acquired in one afternoon!
- ◆ To describe a group teaching method in keeping with adult learning theory

Method

- ◆ Learning needs elicited
- ◆ Session planned around those needs
- ◆ Pre-session DDPP questionnaire
- ◆ Session delivered
- ◆ Evaluation
- ◆ Post-session DDPP questionnaire

Learning needs

- ◆ What drugs do people use?
- ◆ Why do they get addicted?
- ◆ Resources and referral routes in the locality
- ◆ Assessment of new patients
- ◆ Management including prescribing

Session plan

- ◆ “Question time” panel of patients with Dimbleby-style facilitation
- ◆ Tea break with “spot the substance” quiz
- ◆ Small group work based on fictitious but realistic presentations
 - heroin and crack use
 - alcohol dependency

Patient teachers

- ◆ 44 year old long term opioid dependent male
- ◆ 50 year old female polydrug and alcohol user
- ◆ 48 year old benzodiazepine dependent female

DDPP questionnaire

- ◆ Used in Glanz's survey in 1985
- ◆ Modified form used by Strang in 2001
- ◆ 30 statements; 7 point Lickert scale
- ◆ Significant improvement in:
 - six out of seven items that relate to knowledge
 - four out of seven items relating to confidence
- ◆ no significant changes in 16 attitude items

DDPP questionnaire

- ◆ **I feel I have a working knowledge of drugs and drug related problems**
- ◆ **I feel I know enough about the causes of drug problems to carry out my role when working with problem drug users**
- ◆ **I feel I know enough about drug dependence to carry out my role when working with problem drug users**
- ◆ **I feel I know enough about the psychological effects of drugs to carry out my role when working with problem drug users**
- ◆ **I feel I know enough about the factors that put people at risk of developing drug problems to carry out my role when working with problem drug users**
- ◆ **I feel I know how to counsel problem drug users over the long term**
- ◆ **I feel I can appropriately advise my patients about drugs and their effects**

DDPP questionnaire

- ◆ **I feel I have a clear idea of my responsibilities in helping problem drug users**
- ◆ I feel I have the right to ask patients about their drug use when necessary
- ◆ I feel that my patients believe I have the right to ask them questions about using drugs when necessary
- ◆ I feel I have the right to ask a patient for any information that is relevant to their drug problem(s)
- ◆ **If I felt the need when working with problem drug users, I could easily find someone with whom I could discuss any personal difficulties that I might encounter**
- ◆ **If I felt the need when working with problem drug users, I could easily find someone who would help me clarify my professional responsibilities**
- ◆ **If I felt the need, I could easily find someone who would be able to help me formulate the best approach to a problem drug user**

So what?

- ◆ Seminar room teaching leads to improvement in knowledge and, to some extent, confidence
- ◆ Three hours is not sufficient to change attitudes!
- ◆ Patient participation in teaching is well received