Letters to a Young Doctor

Studying for a higher diploma

PHILIP RHODES

Without a higher diploma you are unlikely to get anywhere in medicine nowadays. The graduating degree is an "entry" qualification to postgraduate medicine and does not signify the end, or "exit," of training. It is not strictly necessary to have an MRCP (membership of the Royal College of General Practitioners) in general practice, and a few specialties, such as microbiology or genitourinary medicine, may recruit doctors without higher diplomas though they may expect the MD of a university. Nevertheless, even these disciplines are closing their doors to doctors without higher qualifications, and having a higher qualification makes it easier to be appointed and accepted as trained by those outside the discipline. It is an educated guess, attested by historic educational precedent, that the MRCP will come to be recognised as the appropriate higher qualification for general practice.

The prudent doctor will therefore settle down quickly to working for and acquiring a higher diploma. The easiest time to do this is early on in your career, when academic learning is easiest and knowledge stays in the mind, and the best time to pass an examination is at the first attempt—which means being fully prepared for it. There is a technique for preparing to take an examination that may be learned. It demands hard work and application, but it can be done.

As a preregistration house officer your major duty is to learn and relearn your clinical skills. Consider and read about the nature of the clinical consultation and what is happening between the doctor and patient. This has been studied in general practice, so go to the library at your postgraduate centre to find out what has been discovered. As you see patients, make a note of their diagnoses and refresh your memory about the diseases from your favourite textbook in the evening. It does not take long to skim through a book if you make it a habit. It will give you ideas on treatment and management, too.

For practical procedures you will probably want supervision at first from another junior doctor or your consultant. Do not hesitate to ask. You might as well get the technique right at first. It is useful to compile a checklist of the common procedures in the subject you are working in, and then tick them off as you do them. You might ask your consultant or registrar for help in compiling the list and in arranging for you to carry out the procedures.

Try to get to know the library and its resources, and attend the educational sessions in the postgraduate centre when you can. It does not matter if the subject is not immediately relevant to what you are doing now, or to your proposed future career. You should maintain a wide interest. If nothing else, it might teach you how to give good and bad lectures and seminars.

By the time you have become a senior house officer you might

already have decided on your future career and found out about the requirements of experience and the examinations. You should start work for the first part of the examination. If you are in doubt about where you wish to head start work for part I of the MRCP (membership of the Royal College of Physicians), and for part I FRCS (fellowship of the Royal College of Surgeons) if you will do surgery. You may switch from one to another or change direction entirely, but no matter. You will be learning and maintaining the habit of learning, which is all-important. When you have part I of the appropriate examination start straight into reading and learning for part II. The sooner you have the higher diploma the sooner you will be free of routine academic work.

Principles of learning

The principles of learning are simple, though it is hard to put them into effect. The main places of clinical learning are obviously the wards, the outpatients department, laboratories, and operating theatres; your teachers are the patients, nurses, consultants, colleagues and many others. But all this teaching needs to be reinforced by theoretical consideration of the practical work, and this is done by discussion, by formal teaching sessions, by reading, and by auditing the work. In every encounter between two people, whether spoken or written, there is potential for learning.

If you accept that most of the learning is done on the job you need to think about how to reinforce this. It must be by personal effort and study, helped along by attending lectures and seminars. In the end learning is attained through personal effort, even though directed and helped along by teachers. You must plan for it and make it effective—no one else can.

You will have found out the regulations for the higher diploma that you wish to attain and the curriculum and experience required. You will also have learnt which are the standard textbooks for the examination and the form of the examinations—that is, whether they are essays, multiple choice questions, or modified essay questions. You must also discover something of the nature of the clinical and oral examinations. People who have recently taken the examination may be helpful, but they may also put you off, particularly if they have failed. Very few candidates really understand the nature of examinations and their examiners. A candidate's analysis is coloured and unreliable. He knows the form of the exam, but perhaps not the system of assessment.

Along with knowing the curriculum and the standard texts you will know the times of the examinations. Looking at the two together you can decide when you will sit. This immediately sets your study time. Count the number of weeks you have and subtract the five or six weeks' holiday you will have each year. Then look at the major textbook and divide the number of pages by the number of weeks that you have available for study. Though crude, this will give you an idea of whether your time-

University of Southampton, Southampton

PHILIP RHODES, MB, FRCS, professor of postgraduate medical education, and dean of graduate medicine for the Wessex region

table is reasonable. You will have to learn the subject, not just read through the textbook, so you never get through as much as you hope you will. Moreover, you have other things to read and do in the time. So, is your goal attainable?

It is essential to plan the work of learning in more detail. You will know the subjects that you must have at your fingertips and the ones that are relatively less important. If you are not sure ask your consultant, an examiner, or a colleague. Then allot the time available and *write the proposed programme down*. Now you have something to work to. You can cover the syllabus while doing other things as well. This will include your clinical work and learning from that, local educational sessions and seminars, day-release and block courses organised in your region, and national courses. Remember that these are aids to learning and not substitutes for it. Learning is still personal and is brought about by sweat of the brow, not just by listening to teachers and hoping that something will sink in.

You must plan your time for learning, preferably for two hours a day—or even one hour. In many jobs there is a time of day when things slacken—say, about 6 to 7 pm or 8 to 9 pm. There is a tendency to sit in the medical officers' mess at these slack times, when the time could be used for study. You may decide to study on three days a week or more. Try to adhere to your decision, and train your conscience to prick you if you are not studying when you promised yourself you would be. Only urgent clinical work should take you away.

If you can get your consultants or senior registrar or registrar to run a weekly seminar or tutorial for you and others on the same path, so much the better. They too should work to a set curriculum so that it is fully covered in the time available. If they will not, you must. If you can get together a group of other doctors do not neglect to practise the examination techniques of writing, giving oral answers, and presenting clinical cases. In progressive postgraduate centres you will find that these techniques are being used. Most modern consultants are anxious to teach and help their juniors in any way they can.

Read, recite, review

With a scheme of work such as I have outlined above you can prepare for and pass the examinations for a higher qualification if only you will stick at it. To study from books you need a technique too. In essence it consists of *read, recite, review*. At a learning session you decide what is going to be done in, say, the next hour. You then look over the reading material so that you can see its pattern and how it is laid out. Then you read the work. Next you "recite" it. This means going over it in your mind to see that you remember and understand it; or you might write notes, or an essay, or talk to someone else about what you have learnt. This identifies for you the gaps in your learning, and you can correct these by turning back and going over the piece again. At the next learning session you review the work done before and quickly recite it to yourself to check that you know it. Then you can move on to the next section and read, recite, review. All this is simply a technique to reinforce learning—hammering knowledge in so that it is relevant and will stay in your mind. Taking notes may help to reinforce, too, and attending educational courses, which may give a different slant on what you have learned from the books.

This is the general core of learning, but it must be supplemented by reading parts of the specialist journal that is most associated with your higher diploma. Such journals may be found in every postgraduate centre. They indicate what seems relevant to the specialty at the time. But journals should be read very selectively. You can learn how to do this with experience and perhaps with guidance from your consultants. It is well to keep an eye on the general journals—the *BMJ* and the *Lancet*.

For your purposes the leading articles are most important. They are "teaching leaders," written by experts essentially for the general reader. The ideas for them often arise from interesting articles in more specialist journals. Although you may be specialising, you must try to keep in touch with the thinking in other branches of medicine. It may suddenly become relevant to you.

Skip, skim, read, study

Reading is a technique that may be learned so that it can be effective for the purposes at hand. Many systems of reading have been written about. What is advocated here, however, is that when faced with something to read you decide before beginning whether to skip, skim, read, or study it. A great deal of reading matter, even in learned journals, may be skipped entirely as being of no relevance to you at the moment. Do not waste your time on idle browsing unless that is your conscious intent, as it might be with a glossy magazine. This is just for whiling away an hour or so, and no harm in that. But when reading for a purpose, most of the matter can be skipped entirely.

Skim when you want to have an outline of what is written without taking too much notice of it and do not wish to recall anything in detail. Skimming is ideal for reading large wads of committee minutes, with which all of us are inundated from time to time. In these, headings alone are enough to tell you whether to skip or skim. In lengthier, continuous prose a glance at the first and last sentences in each paragraph might tell you all that you wish to know. This depends on whether the writer knows his trade or not. If he does not then do not bother with him. If his prose is unclear so probably is his thinking, and you have no time for slovenliness.

Skimming may be used for most medical journals. You want a clue as to what is going on in the medical world without a welter of detail. The title of an article may be enough for you—perhaps to put you off entirely. Summaries may or may not be useful but tell you whether to skip, skim, or read, or, rarely, study. The discussion may also be worth more than just passing over.

Reading means to pay fairly careful attention to what has been written so as to understand it but not necessarily reproduce it in detail later. Reading falls short of the attention needed for study, though it shades off into it. You are interested, and the reading is meant to satisfy that interest. It is a technique that you might use with a novel. Here the pace of reading is unimportant since you are doing it for leisure. You can savour the style, the content, and the plot slowly, or you can simply get on and enjoy the story. A journal article may, of course, demand greater attention than this, but it is up to you to decide.

Studying is reading, reciting, and reviewing as mentioned before. The key word is "reinforcement," driving the material that you have read into your memory for recall when needed, perhaps in examinations, clinical situations, or teaching sessions.

Few people give the technique of reading any thought. Having learnt to do it in childhood one may think that reading is ingrained and there simply to be used always in roughly the same way. But thinking of the varying purposes of reading gives flexibility so that you know why you are doing it. The gain in effectiveness is real. "Read, mark, learn, and inwardly digest" is meant only for some reading, which should be selected with some care and concentrated on. The rest may be dealt with by various degrees of attention and interest. A very large part may be discarded entirely—though this takes some courage—and in this context is a virtue worth cultivating.

In the next article I shall discuss how to go about arranging to take study leave.