

Using Action Learning in the Personal and Professional Development of General Practitioners

Abstract

This article looks at using action learning in the personal and professional development of GP's on The King's College Mid-Career Break Scheme in South London. It explores how effective action learning is in helping them respond to change. Central to this is how they work with emotion and their own personal needs. The tendency to split their human and professional selves leads to stress and demotivation. In order to heal the personal/professional split which is embedded in the professional culture, educational methods that create space for them to reflect, and for their uncertainties to surface need to be used. Action learning is a qualitatively different educational method which is not about giving them new information or skills per se but rather gives GP's an opportunity to experience themselves differently: to pay attention to their own needs as well as those of others which fosters a more sustainable and balanced approach to their work.

Introduction

The role of the General Practitioner has been going through great changes since 1990 with increases in their workload and heightened patient expectations, which has led to reduced morale in the profession. (Vaughan 1997). The Mid-Career Break Scheme, MCBS at Guy's, King's and St. Thomas School of Medicine was set up to improve the retention and recruitment of GP's in south London. It targeted GP principals in the middle of their careers, aged 37-55 who felt that taking part in educational and learning opportunities would refresh their enthusiasm for general practice. The MCBS offered the participants two things: the opportunity to undertake a project relevant to their practice and a group-learning environment in which to reflect on work related problems.

The scheme drew loosely on an action learning set model (Revans 1983) but adapted the approach according to the background of the facilitators and groups. Action Learning was developed as a method for tackling real life problems in business. It arose as an alternative to pre planned courses that were often unable to tackle the complexity of the individual's work situation and as a way of introducing ongoing support and learning of managers in situ. The underlying principle was that by bringing together a group of managers in an action learning set to sort out real practical problems, they would also learn more about themselves and the way they approached their work. The approach explicitly links self-development with professional learning:

Only a manager who has become aware of him/herself and his/her own values and capabilities is really able to handle the confusing interplay between him/herself and the events around him /her which is what the task of managing calls for. (Casey, D.1980)

Action learning is based on the relationship between reflection and action and the view that we learn through experience by thinking through past events, seeking ideas that make sense of the event and helping us to find new ways of behaving in similar situations in the future. Members take turns to share a “problem” with the group who act as consultants helping the individual to explore their issue. Each member is therefore giving and receiving support. The model fits very well with the role of GP’s who are generally isolated, having to make a lot of decisions on their own, where a lot of the work is about relating to people and where they can influence their working environment.

The article is based on the experience of running two groups for six months each. Potential participants were interviewed and selected on the basis of their commitment to group learning and willingness to change. In the first participants’ came out of their practices for 1 day per week for six months, alternating between an action learning set and project work. A GP assistant was provided to cover their work for this period. The groups met in a seminar room in the Department of General Practice, Kings College. In both there were 8 participants, five men and three women and of mixed ethnic origin. All were principals in general practice, one in each group was a single hander and others were in practices of 2-8 partners.

For the second group significant modification were made. They met every week for half a day (as opposed to very fortnight for a whole day) and the model of action learning was more tightly structured, requiring participants to define learning goals and use a problem-solving model. As well as the project component, seminars were given on different themes: understanding changes in the NHS, computer skills, leadership skills, managing staff and writing a personal development plan.

The Development of the Group

The groups started with a two-day residential in order to give people a chance to get to know each other, to introduce the action-learning model and to provide time to reflect on issues affecting them at work.

When asked why they had come on the scheme some comments from the group were:

I feel like I’m treading water

I have started to dislike patients

I need a break to prevent burnout

I feel very isolated

The facilitator introduced several ideas from management education: a time management matrix and exercises reflecting on their career paths and goals. The group largely experienced this as alien and “American psychobabble”. As a result the second group focused more on sharing their experience, which was more successful.

Another key point of the residential was that the group stayed together as one large group for almost the whole time, which seemed to reinforce the dominant professional culture of not being too personal. They didn’t want too much navel-gazing or waffling (clarified as too much personal disclosure). It was as if every statement was judged by the whole group and censored as to whether it was professionally acceptable. In a discussion on what the content of the meetings might be dominant members in the group ridiculed a suggestion of having fun or sharing outside interests.

The structure of each session varied but the core format was:

- Checking in
- Working on members’ issues
- Presentations by group members on various topics: Assessing Depression, Myers Briggs Personality Index, Practice Organisation, Needs Assessment
- Spontaneous discussion: Relationship with the Health Authority, The Role of the GP, Relationship with Partners, Management of Staff, Complaints
- Sharing of practical information and protocols, e.g. how to summarise patient notes

The content of issues covered was largely similar in both groups.

What participants gained from the group

From the facilitator’s perspective there were significant shifts both in the group and in individuals. In the final verbal evaluation several group members said that they gained a tremendous amount of support through sharing personal concerns and ways of doing things in general practice which gave them a more rounded perspective on their profession.

There were some significant shifts for individuals who said

- I have become much more confident and assertive
- I have started to like patients again
- I have recognised that my partnership is unworkable
- I want to explore reducing my hours
- I have initiated a discussion on longer appointment times
- I have become more relaxed at handling organisational issues such as relationship with the health authority
- I am learning to share stresses and express inner feelings with colleagues

DISCUSSION

Integrating the personal and professional

Most group members had little or no experience of being in a facilitated group: some had been in GP principal groups, one a Balint group but most had never experienced learning where attention is paid as much to the process as the task. A common anxiety in the group was the uncertainty as to how much they could bring of their personal experience to the group. This uncertainty was manifested through frequent checking out of what was acceptable or comfortable. Questions were frequently asked as to whether it would be OK to discuss personal difficulties faced outside work. Is one's personal self, how one feels about oneself relevant to a professional group?

Group members were concerned that at times they might have shared too much: they felt embarrassed or over exposed (this is a common experience in any group and is often a sign of being at the edge of one's comfort zone or learning edge). In one session after a very open discussion on depression some members expressed unease that they were unclear what level of exposure was appropriate for a doctors group. This was also expressed as "opening up a can of worms". There were however different views and two female members once they realised it was OK used the group almost exclusively for support in their private lives dealing with bereavement and family difficulties. There was a clear gender difference in the group with women more likely to discuss personal issues, the difficulties of multiple roles as mother, wife and GP whilst the men tended to focus on specific work problems.

The anxiety over the boundary between the personal and professional was partly caused by the lack of clarity in the approach being used. The work of the group varied from support to professional supervision. This was made clearer in the second group by defining learning goals, which incorporated organisational issues, working relationships, and personal and professional development as a whole. Member's named personal development issues that they wanted to work on, e.g. how to be more assertive, how to handle criticism and be less defensive. Interestingly there was much less anxiety about the personal/professional boundary in the second group: one member was quite happy to tell the others that he had played golf as an expression of having given time to himself.

One of the concerns was how do their human selves fit with being a GP. At times members talked about their work in a detached robotic way. One member said that she had been told all her life that the I wasn't important and that she should subsume herself into her role as a mother, GP, Wife. She then asked whether people who denied their feelings were attracted to being a GP? GP's are valued for doing not being. It is therefore challenging for them to explore their personal feelings about work. However this is important when the vocational aspect of being a GP is being challenged by younger GP's who generally want to work less

hours and by older GP's in their mid-careers who feel burnt out and ask what am I doing it all for?

Working with Emotions

Underlying the split between the personal and the professional there seems to be a fear of getting in touch with one's emotions, of opening the Pandora's Box. Without knowing how to close it, it is easier not to go there in the first place. This is a pragmatic response to often having to relate to 20 patients an hour.

This was shown in how members talked about the difficulties of handling the death of patients, their relatives and in the ending of the group itself. In the first group members were reluctant to express any appreciation towards each other or to say goodbye. It was a rational, professional handling of the task with the human, emotional quality being ignored. The strategy of shutting off from their emotions made it difficult to open up when they wanted to share difficulties or get support.

Emotions are our most common experience of being moved by forces seemingly beyond our control. As such they are among the most confusing and frightening phenomena of everyday life. People often treat them as a nuisance or a threat yet failing to experience them straightforwardly undermines sanity and well-being.

(Welwood, J.1983, p78)

Developing Self-Responsibility

One of the key themes in the process of the group was to encourage members to take more responsibility. At first they were happy to be given a structure managed and defined by the facilitator. However after about four weeks the facilitator's role was challenged both in terms of structure and the interventions being made. This also surfaced in the second group where different opinions were expressed about how long the checking in should last and whether contributions should be time limited, length and times of coffee breaks, time-keeping and whether it was OK to miss a week. Although this may sound petty and trivial bringing these things to the fore is central in enabling group members to explicitly state their needs and influence the direction of the group.

In the final interviews one member recounted that the phrases he still remembered were: how does that impact on you and what is your point of view? For the group members to explicitly put themselves centre stage was a radical turnaround. There is a professional culture in general practice of being there for patients. They are helpers: to express their own needs would be seen as selfish. In this climate in order to get their needs met they need to project

them onto others and then try to get others to behave in certain ways to meet their own needs. Learning to express their needs directly challenges this culture and was a significant learning experience as it mirrored their experiences of partnership meetings. One member said that she felt her partnership meetings had changed in that everyone was now encouraged to have a say, as a result of her attending the group.

Redefining the role of the GP

One of the major themes that emerged in the second group was what does it mean to be a GP, what is their role and what is expected of them? One discussion was whether it was professionally acceptable to work part-time. Most group members felt that a GP had to work full-time in order to be available for patients and share the work with colleagues. Others felt that it was not the role of the GP to get involved in the running of the health service e.g. by becoming a PCG (Primary Care Group) chair. Another conflict in one partnership was over the relative value given to academic work over clinical/patient work and generic prescribing to reduce costs over giving the best possible treatment to a patient. The role of the GP is changing and the traditional image of the doctor often unconsciously held in mind, does not necessarily fit anymore. GP's are having to renegotiate for themselves and their partnerships what it means to be a GP.

The model of Action learning

A key issue in this type of learning is to distinguish what members learn from the process from what they learnt from the content. In the first group partly as a result of the lack of clarity in the approach and the resistance of the group there was little exploration of how a group member's thinking or feelings affect the problem they are presenting. The advantage of this was that it was not too challenging, allowed discussion to flow and issues arose out of this. However in the second group there was a much stronger focus on subjective perception. It was less about solving the problem out there and more about enabling the individual to see how they perceived the problem (how they might be both part of the problem and the solution). This enables people to move from a victim to an empowered position where they can make choices and impact more creatively on their environment.

Key Points in using Action-Learning in the Personal and Professional Development of GP's

For most of the group members the style of learning was very new. In common with other professions, professional competence was based on assessment of instrumental skills and knowledge and "learning about the process by which the task has been achieved has been given a derisory amount of emphasis"(Mumford 1991). It is not surprising that members were resistant to bringing personal issues to the group and found it difficult to express them or take responsibility for their own learning. As Clarkson and Clayton argue the ability to integrate the personal and professional is largely dependent on the amount of interpersonal development,

which the individual has experienced, rather than their knowledge or personality. Thus selection of group members is paramount in ensuring a reasonable balance of GP's with regard to their exposure and attitude towards group learning. Similarly it is important that they identify in some form their learning goals before they start (as a sign of their interest) in order to ensure their active participation in the group. Another issue in selection is the difference in being single-handed or in partnership. It was difficult for single-handed GP's as so much discussion focused on relationships with partners however because of the potential benefits of learning from their peers there is a strong argument for them being part of such a scheme.

The aim of the scheme was to "refresh" and "revitalise" GP's to enable them to respond more effectively to changes in their working environment and the role of the GP. Action Learning Groups although an intensive intervention in terms of time and money is an effective method for developing the skills and awareness GP's need in responding to change. It is only by creating a space in which uncertainty and difficult emotions can surface that people learn how to face situations that they would naturally try and avoid. In avoiding them people withdraw a part of themselves and get stuck in habitual patterns. Group Learning is a way of addressing the personal and professional split both in GP's and in the professional culture that they work in.

We often spend too much time coping with problems along our path that we forget why we are on the path in the first place. The result is that we only have a dim or even inaccurate view of what's really important to us. Senge, 1990, p141)

Bibliography

- Argyris, C. Teaching Smart People to Learn, *Harvard Business Review*, May 1991
- Casey, D. Transfer of Learning-there are two separate problems, *from Advances in Management Education* 1980
- Covey, S. The Seven Habits of Highly Effective People, 1992
- McGill Action learning, 1994
- Mumford, A. Learning in Action, *Personnel Management*, July 1991
- Pedler, M. Action Learning in Practice, Gower 1983
- Revans, R. The ABC of Action Learning, 1983
- Senge, P. The Fifth Discipline: The Art and Practice of a Learning Organisation, 1990
- Welwood, J. Befriending Emotion in *Awakening the Heart*, 1983