Sharing Knowledge and Experience of Disability

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The uneven development of rehabilitation services in the UK is a cause of continuing concern[1]. Major difficulties arise from the disjointed provision of services[2], the tunnel vision of members of the professions concerned [3], inadequate explanation and discussion with the disabled person and failure to involve him or her in the decisions taken about treatment, and the management of disability[4,5]. The Open University's course 'The Handicapped Person in the Community' is a major attempt to broaden knowledge and understanding between different professional groups and disabled people and their families, to suggest a more questioning attitude towards the roles of 'adviser' and 'helper', and to introduce alternative approaches to the solution of problems faced by disabled people. We report a current local effort, jointly organised by the School of Continuing Education of the University of Kent at Canterbury and the Kent Postgraduate Medical Centre, which was intended to bring together doctors, remedial therapists, nurses, social workers, managers, voluntary workers, disabled people and their carers so that they could share both their knowledge and experience.

Planning the Seminars

It was accepted that each group would tend to have their own perceptions of problems and solutions, and would have different levels of knowledge about the aetiology, pathology, natural history and treatment of the underlying diseases and disorders, and of help, aids and services available to ameliorate some of the effects of the disabilities. It was hoped that the proposed seminars would focus on local needs and services against the background of the most up-to-date knowledge and of experience gained in other places.

These considerations set the guidelines for the planning of each seminar and identified the intended audience. The main doubt about the plan was the feasibility of presenting knowledge of sufficient interest to the professional about his or her own subject, while keeping the attention and understanding of those who had little previous knowledge of the subject. Each programme included invited contributions from doctors, physiotherapists, occupational therapists, social workers, and patients, or officers or members of organisations representing their interests. Some of the speakers on each occasion were 'national' leaders in their subject, and some were from the local services.

Most of the seminars have taken the form of a whole-day meeting (10 a.m. to 4.30 p.m.) on a weekday, usually a Friday. Three of the meetings have used one or more evenings for sessions in addition to taking up a morning or a whole day.

The essential component in the organisation of the seminars is the contribution made by the planner of each seminar. The School, on the advice of the medical administrator and the clinical tutor (now only the clinical tutor, since the post of medical administrator was abolished as part of service economies), invited one person to advise on the construction of the programme and to brief the chairmen and speakers. This help has been enthusiastically and expertly given. Detailed organisation and the extensive distribution of publicity (including a mention in the local newspaper) were carried out by the organising secretary at the School and the medical administrator at the Centre.

Topics

The topics discussed included groups of diseases, specific diseases, terminal care, and problems related to medical, nursing and social work practice such as ethics, coping with stress, and communicating bad news (Table 1). The presentation of these last three subjects followed a somewhat different format to that of the others.

Plans are under way for seminars on cancer, AIDS, diabetes and strokes. The applications for attendance at the seminar on 'The confused elderly patient' so exceeded the capacity of the lecture room that arrangements were subsequently made to replicate the meeting with some different speakers on each occasion at other postgraduate medical centres in Kent.

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Table 1. Topics discussed at seminars

| Seminar No. | Date       | Subject and Planner                  | Duration          |
|-------------|------------|--------------------------------------|-------------------|
| 1           | Mar 1982   | Ethical problems in the Health Service | Dr M. S. Harvey   | 2 evenings, 1 morning |
| 2           | Apr 1982   | Parkinsonism                         | Dr M. Hildick-Smith | whole day |
| 3           | Oct 1982   | Hospice care                         | Dr S. R. Kirkham  | whole day |
| 4           | Feb 1983   | Communicating bad news               | Dr C. J. Allison  | 1 evening, 1 whole day |
| 5           | Apr 1983   | Arthritis                            | Dr J. Sewell      | whole day |
| 6           | Oct 1983   | Hospice—sharing the care             | Dr S. R. Kirkham  | whole day |
| 7           | Feb 1984   | Coping with stress                   | Dr M. S. Harvey   | 1 evening, 1 morning |
| 8           | Apr 1984   | The confused elderly patient         | Dr R. S Stevens   | whole day |
| 9           | Oct 1984   | Asthma                               | Dr A. J. Johnson  | whole day |
| 10          | May 1985   | Multiple sclerosis                   | Dr C. I. Roberts  | whole day |

Attendance

The seminars were held at the Kent Postgraduate Medical Centre at Canterbury which has a lecture room seating 100 people and is well-equipped with audiovisual aids. Coffee, lunch and tea were provided in the Centre. The seminars attracted audiences of 54 to 108 people from the different interests expected (Table 2). It is noticeable that apparently few patients attended, although some patients (or disabled persons) were present as members of the voluntary bodies. A disappointingly small number of general practitioners attended the seminars on Parkinsonism, coping with stress, the confused elderly patient, and multiple sclerosis. No remedial therapists attended the seminars on ethical problems, hospice (sharing the care), or the confused elderly patient. Five of the seminars attracted more applicants than could be coped with (the maximum figure was set at 100). The numbers have remained high throughout the series, and some people have attended more than one of the seminars.

Evaluation

The high attendance at the seminars is one measure of success, and by and large the seminars have attracted the

Table 2. Attendance at seminars.

|                  | 1  | 2   | 3   | 4   | 5*  | 6   | 7   | 8   | 9   | 10  |
|------------------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Doctors (GPs in brackets) | 22(17) | 19(6) | 16(8) | 15(8) | 15(10) | 15(8) | 15(5) | 31(4) | 29(14) | 10(6) |
| Nurses           | 14 | 24  | 22  | 12  | 6   | 22  | 10  | 11  | 18  | 10  |
| Therapists and aides | 23 | 2   | 3   | 18  | 4   | 6   | 20  |     |     |     |
| Matron/Staff, Nursing, Residential and Retirement homes | 2 | 2   | 1   | 13  | 19  | 7   | 23  | 4   | 3   |     |
| Community Care organisers, Health Visitors and Day Centre staff | 1   | 6   | 6   | 2   | 13  | 1   | 5   | 9   | 7   |     |
| Social Workers and Care Assistants | 1  | 11  | 13  | 21  | 17  | 5   | 7   | 16  | 6   | 29  |
| Probation Officers | 1  | 5   |     |     |     |     |     |     |     |     |
| Members of voluntary bodies | 2  | 10  | 25  | 6   | 2   | 8   | 1   | 5   | 4   | 8   |
| DHA or CHC       | 4  | 4   | 2   | 3   | 1   | 2   |     |     |     | 3   |
| Teachers and research workers | 1  | 1   | 2   | 3   | 2   | 1   | 5   | 2   |     |     |
| Church workers   | 4  | 2   |     |     |     |     |     |     |     |     |
| Patients         | 2  |     |     |     |     |     |     |     |     | 6   |
| Chiropodists and Opticians |     |     |     |     |     |     |     |     | 6   | 2   |
| Other, including Counsellors | 5  | 3   |     |     | 9   | 5   | 3   | 10  |     |     |
| Total            | 54 | 102 | 93  | 71  | 94  | 72  | 61  | 99  | 76  | 108 |

*Coincided with Update Workshop on Joint Disease
mixture of professionals and others that was the aim. A reasonable proportion of each audience was of doctors, although some meetings attracted only a few GPs, despite the avoidance of the words ‘rehabilitation’ or ‘chronic’ in the titles of the seminars[1]. One reason for the sparse attendance of GPs was that each seminar occupied the major part of a working day. This was the most convenient arrangement for the other intended participants, but timing is obviously a difficulty in organising multidisciplinary meetings. However, it should be noted that larger numbers of GPs attended the seminars on arthritis and asthma, which were arranged in the same way as some of the seminars they had poorly supported.

Each participant was asked to complete a short questionnaire about the arrangements, structure, content and conduct of the seminar. Only a few completed questionnaires were returned and most of these made favourable comments such as ‘all subjects valuable’, ‘lively useful discussion’, ‘liked the combined professional/client approach’, ‘lot of new knowledge presented’, ‘very useful refresher’, ‘well planned and well chaired’, ‘please repeat for more people’, ‘encouraging to hear about so much research’, and perhaps the final accolade, ‘two days would have been better’.

Not all the comments were favourable. One domestic problem was the inadequacy of toilets for the ladies, who were in the majority at each seminar. There were criticisms of a few of the speakers and contributions and many useful suggestions about topics which could have been included. Only a very few people complained that the content of the talks was either too technical or too elementary although some people did find this so on occasions and accepted that within limits it was inevitable at such seminars if so many experts from different backgrounds were to be attracted. Some participants would have preferred more small group discussion. This was considered from time to time by the organisers, but the construction of the groups, the identification and briefing of group-convener and the time taken up in reporting back were considered to weigh against this suggestion. However, it is a feature at the ‘follow-up’ local seminars now being carried out on the topic of the confused elderly patient.

The main question, whether the seminars have improved the care of disabled people in the health districts in Kent and surrounding areas, cannot be answered directly. As with all educational activities, it is assumed that increased understanding and self-confidence, awareness of other peoples’ perspectives on familiar problems, meeting colleagues on ‘neutral’ ground and putting faces to voices and signatures are all means of improving services. The seminars have certainly been widely appreciated and have introduced well-attended and lively meetings at the Postgraduate Medical Centre.

Acknowledgements

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