Southampton



Practice Based Small Group Learning (PBSGL) – putting EBM into practice

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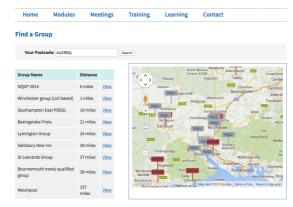
What is PBSGL?

Practice Based Small Group Learning (PBSGL) is an innovative form of Continuing Professional Development (CPD) for GPs. Developed in Canada in 1992, and adapted ('tartanised') for use in Scotland in 2005 [MacVicar, 2006], over one third of all GPs in each of these countries (6000 & 2500 respectively) are now members of a group. PBSGL is a module-based, small group (5-10 GPs) program of learning facilitated by a GP-peer who is trained for the role. The intended outcome of learning is to make 'evidence-based' changes to practice through collective reflection on the topic-based clinical cases and related learning resources.

My project

In 2010 whilst a GP Educational Fellow, I realised that PBSGL was not being used in England, despite it being a well-researched and successful form of CPD. I conducted a small research study to introduce PBSGL to Wessex, which was positively received [Rial & Scallan, 2013]. I subsequently worked closely with Scotland and Canada to further expand PBSGL into Wessex.

I was fortunate enough to be able to draw from the experiences of the other established teams, in order to identify how to further develop the approach to learning. It became clear that a bespoke website would facilitate group members accessing resources, I therefore undertook to design one. My main objectives were to create a site that could manage the groups more easily and I wanted members to have the ability to easily record their CPD live, as well as to export it to their revalidation toolkit.



References

MacVicar R et al (2006) applying evidence in practice through small group learning: a Scottish pilot of a Canadian programme. Education for Primary Care 17: 465–72 Rial J & Scallan S (2013) A pilot using Practice Based Small Group Learning as a form of CPD for General Practice trainees as they transition to independent practice, Education for Primary Care 24: 173-177

How does PBSGL put EBM into practice?

A small pilot research study was undertaken to look at perceived change in knowledge of those participating in PBSGL. Although the study was small (n=7), the results are consistent with a larger study that was undertaken in Scotland (MacVicar, 2006). 'PBSGL improved knowledge and skills concerning using, interpreting and applying evidence in practice' (Rial & Scallan, 2013)

Participants were asked to rate four aspects of their learning before and after participating in a group. Their self-reported change in these aspects are shown below, and a selection of quotes to illustrate the value of PBSGL.

Statement Group	Percentage Change
Knowledge	+43%
Skill	+55%
Attitude	+43%
Behaviour	+43%

"Education that is focused on primary care in a non-threatening environment. It stimulates discussion of cases and can help direct future learning needs. It is cost effective and increases collaboration in managing problem cases. Evidence based education that works. It maximises learning credits for appraisal -fantastic that it links in with my revalidation toolkit" Lt Col Willman (Salisbury)

"A fantastic learning experience - relevant topics, useful learning points and its great to use the modules to discuss our own practice around these themes. Its also been a good opportunity to have make new friends" Dr Sawnhey (Southampton)

"The PBSGL modules are great for showing how evidence can be incorporated into practice" Dr Fowler (Winchester) "I have found that the modules address key topi encountered in general practice on a daily basis and have given me more confidence in managing conditions with an evidence based angle. Highly recommended" Dr. Meah (Winchester)

Conclusion

I hope to continue to support the development of PBSGL for CPD in Wessex and further afield. I am keen to share my experiences with others who are considering setting up PBSGL groups of their own.











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