



A quarter century of teacher training in family medicine in Europe: homage to the Bled course

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If it isn't broken, don't fix it.' This advice can apply to many situations. It can certainly apply to the annual Janko Kersnik International EURACT Bled Course for teacher training in family medicine. This course will convene for the 25th time in September of this year. It is worth pausing to examine the remarkable path this course has taken, to assess its influence, and to speculate on how it can continue to serve family medicine in Europe.

The early history of this course has been documented in a number of publications,¹⁻² and additional articles planned to discuss future directions. This editorial will provide a more personal view of the course and some reflections on how the lessons learned in the course may be applied locally.

The course began in 1991 as an initiative of the Slovene Association of Family Doctors and the Department of Family Medicine in Ljubljana, to prepare young teachers in Slovenia for the task of tutoring and training medical students and residents in family medicine. The profession had recently received specialist status in that country and a new cadre of teachers were required. In order to enrich the program, foreign guests, including Jaime Correia de Sousa were invited to join the faculty. The success of the first course led to the planning of a second and so it continued for twenty-five years. I have been involved annually as a course director since 1997.

The format of the course embodies the principles of adult education.³ Adults learn best when they are involved in the planning and evaluation of learning, when

learning is based on experience including mistakes, when they learn things they need to help them solve real problems, and when they learn problem-solving rather than facts. This is a template for the Bled course.

Each year a theme is chosen based on suggestions from the participants in the previous course, reflecting real needs of the learners as teachers, students and doctors. Learning is conducted actively in small groups, with minimal time for frontal lectures. The focus is on problem solving, using existing knowledge, to develop new approaches to existing problems. All this happens in idyllic surroundings, with a lively social program, over a five-day period. There are advantages to taking a few steps back from the pressures of academic and clinical life.

The Bled course complements the Leonardo da Vinci teacher training courses, another successful EURACT project.⁴ These courses, which have been replicated in many countries in Europe, provide teachers with basic knowledge and skills in teaching techniques like lecturing, small group process, one-to-one teaching, and evaluation. These methods are incorporated in Bled courses in teaching about a specific theme.

Course topics have covered a range of subjects that are part of undergraduate and postgraduate course in family medicine everywhere, including record keeping, smoking cessation, the family, evidence based medicine, and rational prescribing.

The practical output of the course is an educational module that can be used by participants in their home settings. Learners choose the topic of the module in small groups, based on local needs. The content of the module is often based on the content presented in the Bled course that year. The teaching methods chosen

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usually copy the methods observed and practiced during the course, such as lectures, role-play, home visits, and case discussions. The principle of 'See one, do one, teach one' is put into practice. Presentations of the proposed teaching modules by each small group on the final day of the course make for a lively conclusion of the course.

The course ends formally with feedback sessions in the small groups and in the plenary session. Oral feedback, which is overwhelmingly positive, is supplemented by written feedback. This allows the participants to provide more helpful constructive criticism of the course.

The impact of the Bled course on family medicine education in Portugal has been felt on many levels. Many Portuguese family doctors have been involved over the years as learners. One year, seven family doctors from Portugal (including several editors of this journal) enrolled in the Bled course on the community orientation in family medicine. They had a significant impact on its success.

Course material from Bled has influenced Portuguese family medicine curriculum at the undergraduate, postgraduate, and continuing medical education levels. In the medical curriculum at the University of Minho, second year students in medical sociology enjoy lectures and exercises from the Bled courses on medical anthropology, doctors' wellbeing, medical professionalism, and medicalization of end of life issues. Senior medical students are challenged by Bled course material on medical error, patient empowerment, medical ethics, and medicalization. Postgraduate training schemes have adopted the 'Bled style' of small group work and project based learning, as have GRESP courses on popular topics in respiratory medicine for family doctors.

Careful readers of this journal will also note how editorials published here on culture and health,⁵ difficult patients,⁶ professionalism,⁷ and doctors' health⁸ provide summaries of topics covered in previous Bled courses.

The Bled course has undergone a steady evolution since the early 1990s. It is an established feature on the European teacher training landscape in family medicine. It has faced its challenges, including the recent death of one of its earliest members and course directors, our friend and colleague Janko Kersnik, after whom the course is now named.

In its 25th year, we will be looking backwards and forwards to see how the course can continue to serve the needs of teachers in a rapidly changing profession. The topic chosen for this September's course is 'Teaching and Learning about the Future of Family Medicine'. We would like to invite our readers to consider participating in this exciting endeavour for personal and professional growth.

REFERENCES

1. Švab I, Yaphe Y, Sousa JC, Passerini G. An international course for faculty development in family medicine: the Slovenian model. *Med Educ*. 1999;33(10):780-781. doi: 10.1046/j.1365-2923.1999.00475.x
2. Bulc M, Švab I, Radic S, Sousa JC, Yaphe J. Faculty development in family medicine in Europe: reflections on 16 years' experience with the international Bled course. *Eur J Gen Pract*. 2009;15(2):69-73. doi: 10.1080/13814780903071930
3. Bennett EE, Blanchard RD, Hinchey KT. AM last page: applying Knowles' andragogy to resident teaching. *Acad Med*. 2012;87(1):129. doi: 10.1097/ACM.0b013e31823df341
4. Švab I, Allen J, Žebiene E, Petek Šter M, Windak A. Training experts in family medicine teaching. *Eur J Gen Pract*. 2016;22(1):58-63. doi: 10.3109/13814788.2015.1118456
5. Yaphe J. Culture and health: why we need medical anthropology in family medicine in Portugal. *Rev Port Med Geral Fam*. 2014;30(6):354-5.
6. Yaphe J. Difficult patients, difficult doctors and difficult relationships: how do we cope? *Rev Port Med Geral Fam*. 2012;28(5):334-5.
7. Yaphe J. Good family doctors are made not born: an overview of teaching and learning about professionalism in family medicine. *Rev Port Clin Geral*. 2011;27(6):497-8.
8. Yaphe J. On the health of doctors: why we need to look after ourselves first. *Rev Port Med Geral Fam*. 2013;29(2):14-5.

CONFLICT OF INTEREST

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