

“THE PEARLS OF WISDOM”

THE WEST SUFFOLK TRAINERS GROUP incorporates those practices involved in general practice training, within the West Suffolk area. All in all there are over 30 trainers from the 13 practices within the group.

All doctors accumulate a store of knowledge during their working lives. Much of this is gained from the bitter pill of experience and expressed only rarely to a passing colleague or registrar, often in the form of an aphorism. Embarking on a future career in general practice, a GP registrar will leave their training practice with a wealth of ideas, experience and knowledge. Some of the most poignant memories of a registrar's time in practice will be the aphorisms and maxims expressed by the other doctors working in the practice. It is these 'pearls of wisdom' that have interested the group for some time.

In an attempt to allow these aphorisms to see the light of day we wrote to all the trainers in the group asking them to consider their 'own pearls of wisdom'. After a considerable gestational period we were delighted that all the practices responded, generating over 200 aphorisms. Further discussion ensued, enabling us to categorise and analyse the responses, leading to this small booklet. The trainers group decided on three broad categories of aphorism: communication, caring for oneself, and clinical, within which nearly all the responses have been placed. Some of the aphorisms have numbers in brackets after them, indicating the number of people with the same quote.

This booklet is primarily intended to be enjoyable, but also educational and thought provoking. We do not expect you to necessarily agree with all the aphorisms expressed - they are not cast in tablets of stone. Indeed there are areas of contention within the document itself, purposefully included, to illustrate the diversity of medical practice within our group. We simply hope that you will finish the booklet with a smile on your face and a thought for your own ways of working.

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“Pearls of Wisdom!..”



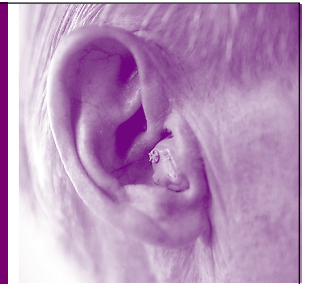
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“TALKING” & ALL OF THAT

Communicating with Patients

- During the consultation - listen, listen and listen again. (3)
- The patient will generally spill the beans in the first few lines if you listen - so shut it! After you've said the introductions and formalities, stay quiet for the first 2 minutes!.. “Play dead.”
- **The unasked question is like a broken pencil - pointless.**
- Make sure you know why the patient is seeing you.
- Good telephone advice can take just as long as a face-to-face consultation. Follow the same consultation guidelines.
- What does the patient think is wrong.
- **Patients consult with concerns, not symptoms.**
- If making a diagnosis doesn't seem to be important, focus on what the patient wants from you.
- When you haven't a clue what is going on, ask the patient - but learn to phrase it properly.
- **When someone pours out a stream of psycho-social troubles begin by asking, “Have you thought what you can do about this?”**
- Emotions are what makes us human. Expressing emotions acknowledges our humanity and is necessary at times of survival. Patients should be encouraged to express rather than suppress their feelings, and at times doctors need to acknowledge and express theirs too.
- Not all problems need to be resolved in one consultation, but ideally should be acknowledged. (2)
- When dealing with medical people as patients, do not assume anything.

- **Never accept at face value medical terms presented by the patient. Always find out what they mean by the specified term.**
- It is usually a waste of time to question a patient's fixed belief. Much better to try and work around it.
- Examining the patient is often done to reassure the patient, rather than to gain information that will change the management plan. (“I have seen patients who have returned with their coughs worried that something must have been missed, because the previous doctor didn't examine them”).
- **Wash your hands often. Gives you time to think what to say to the patient.**
- Find out what information the patient wants before giving any!
- Keep it simple - many words from the doctor can add up to a lot of nonsense.
- **Never underestimate “Mumbo-Jumbo” medicine. The elaborate use of instructions, which give the patient/family something to do whilst they get better, can be much appreciated. (eg. 1 pint of water, squash to flavour, 2 teaspoons of sugar and a pinch of salt is a useful treatment for simple D+V).**
- I use the central heating system as an analogy for hypertension. The heart is the pump that circulates the hot water. The blood vessels are the pipe-work and joints. If that pump is working at a higher pressure than it needs to, or was designed for, there will be excess wear and tear leading to premature failure. Excess pressure also puts pressure on the joints between the pipes thereby resulting in leaks (strokes). Lowering the pressure reduces the risks and prolongs the life of the system.



HEALTH, DISEASE AND AVOIDING BANANA SKINS

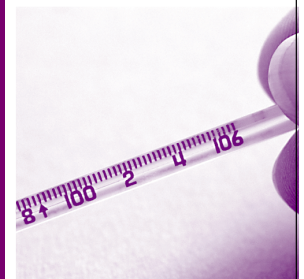
General

“Primum Non Nocere.”

- The physician entertains the patient whilst nature effects the cure.
- **People get better in spite of doctors.**
- Remember to keep on doing the simple things.
- Things we see as trivial may be perceived as signs of serious illness by the patient - they have not done a medical degree.
- **Who is the real patient? Sometimes I wonder if we are treating the spouse, family or work colleagues and not the patient - especially if the complaint is trivial.**
- Every condition a patient experiences has an element of disease and an element of dis-ease (discomfort/lack of wellbeing). Some conditions consist largely of disease eg. hypertension where there is very little dis-ease. Some conditions consist mainly of dis-ease which cannot, as yet, be explained by disease but is nevertheless very real to the experience of the patient eg fibromyalgia.
- It is not possible to reduce the mortality rate below 100%. All a doctor can do is promote and prolong healthy living.
- Never forget that the patient is the one with the disease (from 'The House of God' by Samuel Shem).

Clinical & Diagnostic General Diagnostic

- **When you look out of the window in the morning and see a big bird, it may be a golden eagle, but is more likely to be a pigeon - common things occur commonly (3).**
- Beware of odd symptoms and signs - keep scratching around until you get the answer or the patient gets better. Remember that rare things occur more regularly than you think because there are lots of them.
- Uncommon presentations of common diseases are much more common than common presentations of uncommon diseases.
- **Situations evolve and time is usually on your side.**
- Follow your intuition and listen to your 'waters'. If your intuition tells you something is 'wrong', you ignore this 'feeling' at your peril (2).
- The history is of the utmost importance in general practice ophthalmology - don't be too quick to pick up the ophthalmoscope, but always remember to check the VA.
- Remember that you need to - examine the patient; test the urine; take the blood pressure ; record the patient's weight from time to time.
- **If you don't know what's wrong with a patient, dip their urine (3) and check their temperature.**
- If you can't understand the symptoms start by checking the pulse.



- If an elderly man complains of urinary symptoms, it is always worth feeling the abdomen - you look silly if you miss chronic retention.
- **Remember that recurrent UTIs in the elderly can herald serious underlying disease and require further investigation.**
- If you don't put your finger in, you put your foot in.
- If you are not sure whether an ECG, blood test or Xray is necessary - do it.
- The more tests you do, the more diagnoses you make.
- **The value of hindsight. If you don't know what to do with a result, don't ask for it in the first place.**
- If you don't know what to do next, you need to ask a colleague and seek a second opinion.
- If you going to worry about a patient all night, you should have sent them into hospital or got a colleague's opinion.

Paediatric

- **When dealing with small children, always believe the mother's intuition and give her the benefit of the doubt.**
- When treating sick children, remember they can deteriorate very rapidly and therefore have a low threshold for reviewing/revisiting/admitting if requested.
- If a child smiles and finds it easy to jump up and down they have not got appendicitis.
- Ask a young child, whose ears need examining, which ear (s)he would like the doctor to look in first? Then when they say or point to a particular ear, consent is given and they tend to be compliant.
- **Follow your intuition with sick patients, especially children - don't lose sleep because you didn't investigate, refer or admit.**

Mental Health

- If a patient depresses you, it may be because they are depressed (2).
- Anxious patients make you feel inappropriately anxious.
- **So as to save oneself a lot of time, remember that a hysteric is like a rose without fragrance. Sane and tolerant people normally want to strangle them.**
- If you have no idea what a consultation is about, consider hypomania as one of your options.
- Anxious and depressed patients suffer from physical illnesses too - watch out for new or changing symptoms.
- With the complaint of headaches or tiredness, look for the hidden agenda.

Chest Medicine

- **When you cannot explain shortness of breath. Is the patient in AF or anaemic and can you exclude pulmonary emboli? (2)**
- Silent PE's don't say very much.
- When listening to a chest always keep in the back of your mind the 'silent' conditions - ie a pneumothorax, a pleural effusion etc.
- **Listening to the chest can be used as 'thinking time' during a consultaion.**



Cardiovascular

- Acute back pain/renal colic/groin pain in patients over 65 is an aortic aneurysm until proved otherwise (2).
- Elderly people rarely get panic attacks at night but they do get acute LVF.
- The breathless patient may well have IHD and not "asthma".
- **Palpitations? Watch the caffeine intake!**
- Don't achieve that BP target too quickly - it could go too low otherwise. Anyway, what will you talk about at all those BP checks over the next 20 years?
- The presence of an inverted T-wave following a ventricular premature beat on a 12 lead ECG can indicate cardiac ischaemia (the poor man's exercise test).
- **Beware of epigastric pain - it can be caused by anything and is the highway to hell!**
- I have had two patients die from myocardial infarctions who presented with indigestion. The thing I learned from the first patient was always to ask the patient whether they had had anything similar before. This gentleman had been admitted ten years previously with a myocardial infarction and subsequent inspection of the notes revealed "a most unusual presentation of a myocardial infarction with a lot of belching and very little pain".
- Never ignore basal crackles. With the above gentleman I should have known that he had infarcted, because he had some basal crackles and therefore had an element of failure.
- Even by learning from your mistakes you won't necessarily get it right. The second patient I had with indigestion and belching had no basal crackles (I listened particularly carefully) - she collapsed and died four hours later.

Gynaecology

- **When a woman of child bearing years presents with abdominal pain and/or vaginal bleeding think ectopic - even if she has been sterilised (3).**

Prescribing

- With coughs, colds and sore throats, ask the patient if they have noticed any signs of spontaneous improvement yet. If so, you may avoid an antibiotic prescription.
- Never prescribe a drug you don't know about, without first looking it up.
- **Don't always try to fix things that are not broken. Drugs cause as many problems as some illnesses.**

Records

- Look at the patient's records before you see them.
- Make good records with 'accidents at work or RTAs'. A legal report may be needed later.
- Keep good records (especially on home visits).

