

TELEPHONE APPOINTMENT – MANAGING UNCERTAINTY

MODULE: WIFE CALLING FOR RESULTS

TARGET: ST1/2 GP TRAINEES STARTING GP PLACEMENTS

BACKGROUND

In background research for these modules, focus groups were held with trainees coming to the end of their first GP placements. When asked about the challenges of a first GP placement, all trainee groups placed a large emphasis on learning how to manage not knowing. They particularly found it difficult to be comfortable saying 'I don't know' and to learn to balance uncertainty with safety and appropriate follow up.

MRCGP COMPETENCIES

1	Communication and consultation skills - communication with patients, and the use of recognised consultation techniques
4	Making a diagnosis and making decisions – a conscious, structured approach to decision making
5	Clinical management - recognition and management of common medical conditions in primary care
6	Managing medical complexity and promoting health = aspects of care beyond managing straightforward problems, including management of co-morbidity, uncertainty, risk and focusing

MRCGP CURRICULUM

1.	Being a General Practitioner
2.01	The GP Consultation in Practice

LEARNING OBJECTIVES

To feel confident in a consultation with a patient who wants to discuss something you have never heard of.

Specifically:

- To comfortably say 'I don't know' to a patient
- To agree an appropriate plan with the patient

SCENE SETTING

Location:	GP surgery – telephone appointments.
Personal in scenario	GP trainee and patient
Expected duration of scenario:	15 mins
Expected duration of debriefing:	15 mins

DOCTOR BRIEFING

You are a GP trainee in a GP practice placement. You are working through your morning telephone call list.

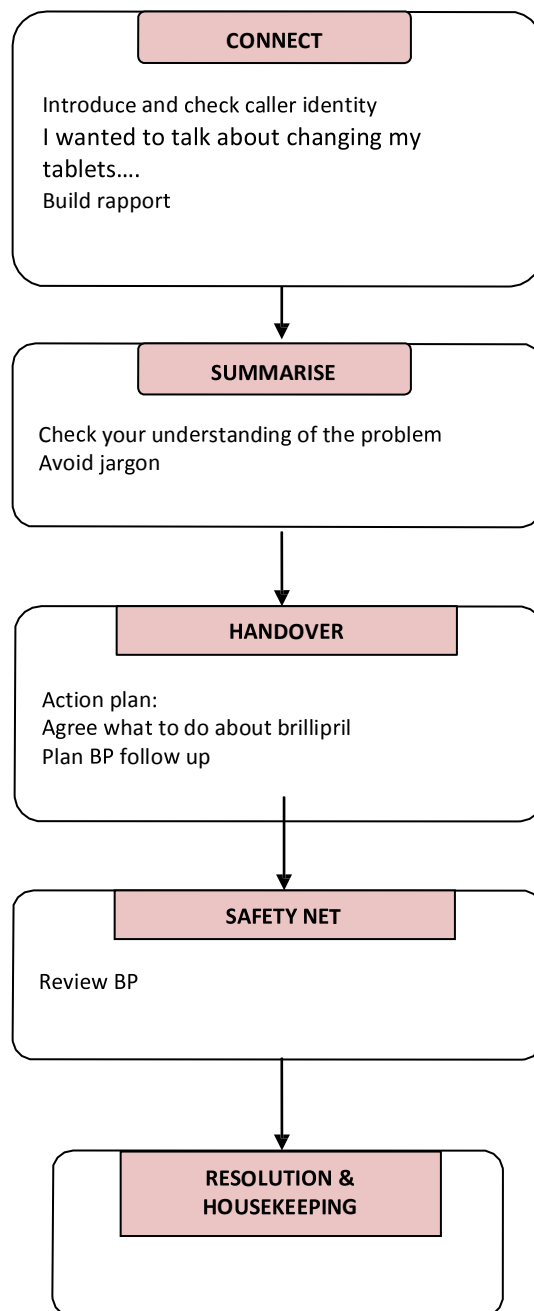
Your next call is:

Name	Anthony French
Reason for call	Wants to discuss medications
Age	50
Past medical history	Hypertension
Social history / occupation	Police officer
Repeat medications	Ramipril 5mg OD
Allergies	NKDA
Last consultation	1 month ago – Hypertension review - BP155/90, non-smoker, diet and exercise advice, repeat blood pressure in 1 month. Blood tests – up to date and normal. 10 year cardiovascular risk 12%

PATIENT BRIEFING

Name	Anthony French
Age	50
Reason for telephone call	To see if you can switch your tablets to brillipril
Opening statement	I wanted to talk about changing my tablets....
Information to give	You recently went on holiday to stay with your brother in Canada and he told you about brillipril. He was taking ramipril and had a cough, he saw his GP who switched him to brillipril and told him it wouldn't cause a cough and it's much better at controlling blood pressure.
Information to give if asked	<p>The ramipril</p> <ul style="list-style-type: none"> • You've been taking it for 2 years • You don't have any side effects – specifically you don't have a cough • You remember to take it, one tablet every morning <p>Lifestyle</p> <ul style="list-style-type: none"> • You don't smoke • You've been trying to improve your diet with the healthy eating leaflet you were given last time • You swim once a week • There is no family history of heart attacks/stroke <p>You were worried that your blood pressure was a bit high at the last visit, normally it's been fine. Now you've heard about brillipril you want to try this as it might bring your blood pressure back down again – your brother's GP said it was much better at controlling blood pressure than ramipril.</p> <p>If the doctor suggests the blood pressure should be checked again – you suppose it could have been because you had a difficult meeting at work that ran late so you only just made it on time and did feel quite worked up.</p>
Attitude	<p>Concerned about your blood pressure being higher than normal last time.</p> <p>Very keen to try brillipril, keen to know what your GP thinks of it/knows about it</p> <p>Open to suggestions that the BP should be checked again before making any decisions</p> <p>Surprised if the GP hasn't heard of brillipril but happy to for them to look into it and discuss further at another point.</p>
Possible questions to ask the doctor	<p>So can I start this brillipril? My brother's GP said that it's much better at controlling blood pressure</p> <p>If the doctor avoids telling you they don't know about brillipril: Is it because it's more expensive than the one I'm on at the moment?</p> <p>If the doctor says they don't know but doesn't offer a reasonable solution: Why don't you know about it? I'm sure Dr Jones will know, why don't you ask him?</p> <p>If it's better I'd rather take that.</p>
Past medical history	Hypertension
Social history / occupation	Police officer
Repeat medications	Ramipril 5mg once a day
Allergies	Nil

CONDUCT OF SCENARIO



Possible questions:

Can I start this brillipril?
My brothers GP said that it's much better at controlling blood pressure.

Is it because it's more expensive than the one I'm on at the moment?

Why don't you know about it? I'm sure Dr Jones will know, why don't you ask him? If it's better I'd rather take that.

DEBRIEFING – POINTS FOR FURTHER DISCUSSION

Brillipril is a fictional medication invented for the purpose of illustrating a case where the trainee does not know the answer.

CONNECT

Defining the reason for the call

- Finding out about brillipril, what the patient knows about it
- How is the patient getting on with his current medication? Compliance / side effects
- What's he doing about lifestyle measures
- What are his concerns about his blood pressure / his medication

Group discussion – **How does it feel when the patient asks about something you don't know about?** How easy is it to say I don't know? Sometimes doctors might feel:

- Anxious
- A need to know/find out
- Frustrated
- Helpless
- Their competency is being questioned
- Loss of confidence

'General practice is the art of managing uncertainty'¹,

In general practice, patients present early with undifferentiated symptoms and with complex issues from every aspect of health and life. This means a key role for GPs as generalists is to manage uncertainty and know what to do when they don't know. Not knowing happens regularly as a GP and is an interesting challenge that keeps the job varied and interesting; there's always more to learn. Often more important than knowing a fact, is recognising you don't know, deciding if you need to find out and working out how to do this.

Saying I don't know gets easier with practice and becomes more natural (like riding a bike or asking about suicidal thoughts). From a patient point of view would you prefer your doctor said they didn't know or pretended they did and got it wrong? Discussing uncertainty is an important part of the GP-patient relationship and helps to build trust.

A patient quote from the internet²:

'Doctor (after more thought): "I don't know, but I can find out, if you'd like."

And those were the words that made me realize I could trust him—I don't know. I'd never known a doctor to say them before, and frankly I was surprised. By admitting ignorance, he put whatever else he told me into clearer perspective. I knew now I could trust anything else he said. I later found that he never pretended to know something when he didn't, and that he was always willing to qualify his judgements when it was appropriate.'

Telling the patient that you haven't heard of brillipril.

So can I start this brillipril? My brother's GP said that it's much better at controlling blood pressure
E.g. 'Brillipril isn't a medication I've come across before. From its name it sounds like it could be in the same class as the ramipril that you're taking at the moment. Sometimes different medicines are available in different countries or have different names in different countries.'

Why don't you know about it? I'm sure Dr Jones will know, why don't you ask him? If it's better I'd rather take that.

E.g. Well it could be that it's not available in this country or that it's very new, it's certainly not one we normally use. We have guidelines to help us know which medications to use and I've not seen it included in those. What I could do is look into it for you. Perhaps you could book in to see me next week and we can recheck your blood pressure and talk about things further?'

If the doctor avoids telling you they don't know about brillipril: Is it more expensive than the one I'm on at the moment, is that why you won't give me a prescription?

E.g. No it's not that. I haven't heard of brillipril before so I don't know how much it costs. I don't actually know if it is something we can prescribe in this country. Why don't I find out about it and we can talk about it more? Also I think we should check your blood pressure again because it may be that the ramipril is doing the job and last month was a one off blip, we shouldn't go just on one reading. Maybe you could book to see me next week?

HANDOVER

Making an action plan with the patient

We might not always be able to know the answer/the diagnosis but we can always make a plan.

Group discussion – generally what options are available when you don't know?

- Do nothing –on balance you don't know but there is no risk - when it's safe to do nothing you and the patient may decide it's appropriate not to know / not to look into things further
- Share the uncertainty with the patient – can you agree a shared management plan without the answer?
- Understanding why the patient came– Hellman's model³ gives six questions patients want to know the answer to. You may not know everything but you may be able to answer enough of these questions for the patients concerns to be addressed
 - what has happened?
 - why has it happened?
 - why to me?
 - why now?
 - what would happen if nothing were done about it?
 - what should I do about it?
- Review the patient
 - Use time - watch and wait, have things become clearer?
 - Use a trial of treatment
 - Will a further assessment help? Will investigations help (beware over investigating when uncertain)
- Safety net – e.g. I don't know what it is but I think it will go away in a week, if it doesn't or if new symptoms develop come back and see me.
- Ask a colleague
 - Trainer
 - Another GP
 - Other practice staff – nurses/PM/secretaries/reception
 - Hospital or community teams
 - Ring and speak to now
 - Ring and leave a message with secretary
 - Write for advice
- Books / guidelines / referral pathways
- Google it
 - Clinical knowledge summaries
 - GP notebook
 - Patient.co.uk

What options might be appropriate in this case?

If the doctor and patient decide they need to know, it doesn't need to be right now, there's time to find out

- BNF
- Google it
- Ask trainer / another GP at coffee
- Ask the pharmacist or medicines information

Perhaps the more important aspect of this call is to discuss the patients concerns about his blood pressure and arrange appropriate follow up for this.

To start off with it can be tempting to always ask immediately for things you don't know – with time you will gain confidence in dealing with uncertainty and deciding if you need to know and when you need to know.

These are some questions to consider in a consultation when you don't know:

- Do we need to know the answer?
- Do we need to know right now or would later today, tomorrow, next week, next month be ok?
- If we need to know, how can we find out?
- Even if we don't know, have the patient and I agreed a plan and have I managed this patient safely?

What follow up is needed?

RESOURCES

1. Neighbour R. The inner consultation: How to Develop an Effective and Intuitive Consulting Style. 2nd ed. Radcliffe Medical Press. 2004
2. Patient experience of doctor saying I don't know - <http://www.backwoodshome.com/articles/silveira63.html>
3. Helman C G. Disease versus Illness in General Practice. J R Coil. Gen. Pract. 1981 vol 31 pp548-62
4. Biehn J. Managing uncertainty in family practice. Can Med Assoc J. 1982 Apr 15;126(8):915-7.

GENERAL PRACTICE – SCENARIO 4 - HANDOUT

LEARNING OUTCOMES

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KEY POINTS COVERED

CONNECT

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Why don't you know about it? I'm sure Dr Jones will know, why don't you ask him? If it's better I'd rather take that.

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GENERAL PRACTICE – SCENARIO 4 – PRE-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strongly	2	3	4 Neither agree nor disagree	5	6	7 Disagree strongly
1. I can safely assess a cough over the telephone	1	2	3	4	5	6	7
2. I know what questions to ask a patient with a cough in order to decide whether they need further review	1	2	3	4	5	6	7
3. I can confidently discuss with patients why antibiotics don't help viral URTIs	1	2	3	4	5	6	7
4. I can give clear safety netting advice over the telephone to a patient with a cough							

GENERAL PRACTICE – SCENARIO 4 – POST-TEACHING QUESTIONNAIRE

Please ring the score that reflects your views:

	1 Agree strongly	2	3	4 Neither agree nor disagree	5	6	7 Disagree strongly
1. I can safely assess a cough over the telephone	1	2	3	4	5	6	7
2. I know what questions to ask a patient with a cough in order to decide whether they need further review	1	2	3	4	5	6	7
3. I can confidently discuss with patients why antibiotics don't help viral URTIs	1	2	3	4	5	6	7
4. I can give clear safety netting advice over the telephone to a patient with a cough	1	2	3	4	5	6	7

GENERAL PRACTICE – SCENARIO 4 – TRAINEE FEEDBACK

Overall score out of 5:

The scenario covered material that was useful and relevant to me (1 = strongly disagree, 5 = strongly agree)

Will you use the information / ideas from this scenario? If yes how will you use them?

How could this scenario be improved for future participants?

Other comments?

GENERAL PRACTICE – SCENARIO 4 – FACILITATOR FEEDBACK

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?