How to survive as a basic term registrar

Emily Walsh
MBBS, is a general practice registrar, Warrnambool, Victoria. emilywalsh@optusnet.com.au

After trying a couple of other disciplines in medicine I have finally found the career that suits me. If you, like me, are interested in most things, enjoy meeting people and can't stand the smell of the average hospital ward, then general practice may really appeal. Unfortunately it is remarkably difficult to get experience in general practice without making a formal commitment to the training program, although some hospitals are now offering general practice rotations in the resident years, so your first day as a basic term registrar may be your first day ever in general practice. However, all prospective registrars should realise that – after medical school and hospital work – you probably know more than the average person. The strict training standards also mean that you will not be left unsupervised and will always have a senior doctor to call upon for advice.

Despite this when you call your first patient from the waiting room and close the door behind you, you are on your own. This is probably the most significant difference between hospital medicine and general practice. It can be challenging, exhilarating, liberating and burdensome. The key to surviving your basic term is to make it a balance of all of these things.

Before you start

Before beginning your basic term in a clinic it is advisable to have well rounded hospital experience, addressing both your interests and your gaps. I would advise spending time in paediatrics, psychiatry, gynaecology, and emergency. Take a special interest in rashes, eyes and ears. The average intern becomes excellent at sorting through buckets of medications and writing up three page drug charts. An intern can also assess chest pain, treat acute pulmonary oedema and resite a cannula. They do not, however, often initiate long term treatments. This is another major difference between hospital work and general practice. To prepare yourself, be curious about management decisions. Consultants and registrars in teaching hospitals are usually up-to-date with current best practice in their field. Take advantage of this opportunity to learn from them by asking about the rationale behind their decisions. One of my concerns about going into general practice was that I would miss learning from specialists in their field. However, communication with specialists does continue in general practice with referrals and educational seminars, and your supervisor is a specialist in the general practice approach to patients' problems.

General practice registrars need to become skilled in finding answers to their questions. I tend to use: the Melbourne Royal Children's Hospital handbook and website, *Therapeutic Guidelines*, Murtagh's *General Practice*, and the *Australian Medicines Handbook*. Others use journals such as *Australian Family Physician*; RACGP publications on diabetes, preventive activities in general practice and aged care; the 'genetics file'; the dermnet website from New Zealand; Gut Foundation guidelines; and National Heart Foundation guidelines. The Google search engine is also a great resource, but you may lose some credibility if you use it in front of a patient.

Know your practice

Hopefully some thought has gone into choosing your training practice. 'I can walk to work', 'They offered me a job' are both understandable reasons, but it is also good to work at a practice that has a similar ethos to your own, has a clientele with whom you enjoy working, and perhaps can foster any special interests you have. A friendly environment is also desirable, but friendliness from staff also depends on the attitude of the registrar. Know the names of your receptionists. They are your contact with the outside world. Receptionists deal with demanding patients every day and don't need to work with demanding doctors as well. This does not mean that you cannot ask them for assistance with clerical work; you will soon learn what is appropriate to ask for, but only if you ask first. The same principle applies to practice nurses. They can be an amazing resource, but you need to be aware of their role in the practice first. Ask all these questions in the first few weeks of your term.

Learn how the clinic schedules appointments, contacts patients, uses a recall system and bills patients. Learn to use any computerised record package and have a system for checking patient results and making sure they are

followed up. Also get a list from reception and your supervisor of the local services to which you can refer. A thorough list will be invaluable.

All of this probably sounds overwhelming but these skills will be learnt on the job in the basic term. Identify the best way to get in contact with your supervisor. It is the supervisor's responsibility to make themself available to you, however it is worth discussing their preferred method. Is it better to knock on the door or phone from one room to another? Do not ever feel afraid to ask. We are called 'registrars' because we are in training and it is our responsibility to ask if we are uncertain. Think about how you would like to spend your individual teaching time. Covering issues related to current cases made my supervisor's teaching immediately relevant. Relate these cases back to your learning plan and long term goals.

Time management

Most GPs seem to struggle with time management so if you are sitting in your consulting room feeling anxious and overwhelmed because you are running 1 hour late and have four patients waiting for you, don't feel alone. I have seen very experienced doctors in the same situation. My strategy for dealing with this is to close the door, take 10 slow breaths, and remind myself that people can and do wait. I am working as fast and as safely as I can. There are several doctors in the town where I work who are known to always run late and yet people will wait hours for them because they regard them so highly. But running late and working overtime is by no means ideal; there are a few tricks you can use to avoid it.

Initially, request that you see no more than three patients an hour. I began with two patients an hour and this allowed me to learn how to use the computer system and understand how the clinic functions. I moved to three patients an hour after about 2 weeks. I am still seeing three patients per hour at present and am thinking about stepping up to four. However, I tend to have two or three unscheduled long appointments each session so this tips me from on time to behind time. I think that new patients and non-English speaking patients who require an interpreter should always have a long appointment. Procedures and psychological counselling often require long appointments. Make patients and receptionists aware of this.

Ask for the list of complaints at the beginning of the consultation. If you naturally ask, 'How can I help you today?' remember to then ask, 'Is there anything else?' You may need to ask this several times. Once you have a list of complaints decide which ones you will tackle that day. Make the patient aware that you will not be able to cover all topics in one consultation. This is a good opportunity to remind the patient about booking a long appointment.

Try to write investigation requests, prescriptions and referrals during the consultation. This way you leave nothing outstanding and won't find yourself hanging around for hours after everyone else has gone home.

Surviving in general practice

Look after yourself – if you haven't read the RACGP document *Keeping the doctor alive*, then do so (telephone 03 8699 0495 to order your copy)

Be curious – there is a massive volume of knowledge. Sir William Osler said, 'To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all'. I have seen an enormous amount of pathology in general practice; I feel for the first time that I have really been to sea

Acknowledge your successes – while it is not kind to celebrate your first diagnosis of genital herpes aloud, it is okay to praise yourself silently. This also applies to follow up. If a patient has improved with your treatment feel good about it

Do not berate yourself – if you have missed a diagnosis or a patient has not improved with your advice, learn from your mistake but do not be too hard on yourself

Have special interests – each of us is different with different interests and it is important to pursue these

Have fun – people are endlessly fascinating. Children love to play, older people are often kind and appreciative. Patients can see the humour and irony in certain situations. Make use of all these situations, but be compassionate; remember to laugh with, not at, the patient

What to do in a consultation

'I sit in a consulting room and pretend to be a real doctor', one registrar said to me during her first general practice placement. I felt I had become a real doctor when my auroscope arrived in the mail and I admitted a patient to the local hospital under my own bed card. Coincidentally, this occurred on the same day.

I wrote earlier about how challenging, exhilarating, liberating and burdensome it can be to close the consulting room door and see patients on your own. It is important to keep a balance between these four adjectives because the first three keep the blood flowing and the last one seems unavoidable. At best, the burdensome patients become challenging and the challenged doctor remains content. Otherwise, talk to your peers and supervisor about how you're feeling.

Remarkable situations confront you when you are all alone in this room. I have found myself dispelling a myth that 'green snot' requires antibiotics, teaching a 14 year old girl how to use a tampon, and counselling patients to quit smoking. Occasionally I wonder if 'green snot' really does need antibiotics? Is there is something wrong with a crying baby who appears perfectly healthy? Is it fair to tell someone with back pain that they may have to learn to live with the pain? In these moments of self doubt I have three important tenets: use commonsense, trust my instincts, and seek assistance.

Once all these tenets have been employed and you and the patient are no closer to finding a solution, remember that there are some problems that will never be solved. The patient may not really want the problem solved, or maybe it is truly insolvable. Sometimes our job is to listen and provide tissues. Try not to feel inadequate.

Conflict of interest: none declared.

afp CORRESPONDENCE email: afp@racgp.org.au