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Basic black

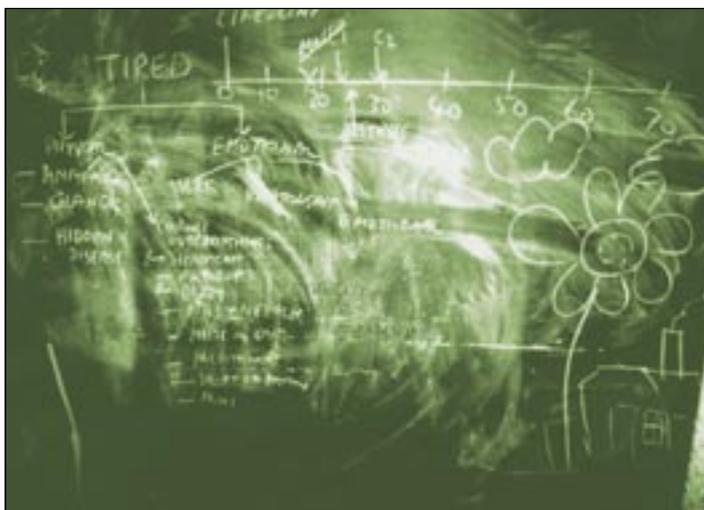


Figure 1. 'Blackboard' wall

I have found that painting one entire consulting room wall (preferably behind you) with blackboard paint and then using chalk is a remarkably cheap and very effective tool for:

- taking complex and detailed histories
- working out family trees
- explaining the mechanisms of symptom production (eg. in panic attacks)
- exploring approaches to treatment.

As a bonus, any children attending with the patient can be occupied with drawing on the bottom half of the board while I examine or talk with the patient. This is much more exciting than giving them sweets, which encourages obesity and society's simplistic use of food as a reward for being 'good'. You would also be surprised how much you can learn about family dynamics from such drawings.

I find this technique of particular value when dealing with difficult and challenging consultations, including addictions and pain management. Consultations become very interactive and effortless. *Figure 1* shows how I tackled the issue of 'tiredness' using this technique. On the top is a lifeline with the person's age, milestones (c = child), and listed problems. In the top left is a family tree. Below is the division into physical and emotional causes, the latter divided work, relationship and emotional factors.

A major benefit is that you are 'capturing' ideas and making them visible, which means you can easily

construct linkages (especially with coloured chalks) between statements made at different times during even the longest consultation. In fact, many patients start to spontaneously explore solutions for themselves.

Comments on the 'blackboard'

- 'It's the first time I have seen my life laid out in front of me. I now see what has to be done'. (Sometimes patients come back to thank you for having helped them sort out their lives for themselves)
- 'We have painted the bottom half of one wall in our child's room with blackboard paint'
- Many drug reps have told me that they have never seen the 'blackboard' technique in visits to surgeries throughout the state, which I find surprising given its simplicity and power
- The technique works best for what I call 'visual people' who are not well catered for in our surgeries
- Replacing a whole-of-wall blackboard by the more respectable and up-to-date whiteboard (or even worse by a piece of paper on the desk) is not such a good idea. Whiteboards and paper are far too small for what is required, as you never know how long or complex the person's story may become. Whiteboards are usually too high above the floor for young children to do any drawing on and whiteboard markers are expensive, especially if you want a range of colours – and they always seem to be running out. (Furthermore, children will insist on continuing their drawing off the confines of the board and out onto the wall!) In contrast, blackboard paint is cheap, as is chalk, which also comes in a range of colours.

Conflict of interest: none.

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