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The appointment book and the story

Dear diary

It is the start of the day as I glance at my consulting schedule. The appointment times are neat and ordered. Lunch is reserved and the finishing time is precisely defined. The day is usually not as ordered. It is subject to all the peculiarities and surprises inherent in working with people, for people, in a service profession.

In this industry, the customer will not always be right. Unlike a department store, this practice works more efficiently with appointments. Most patients will come at their appointed time, but some will come early and others late or not at all. Some will come unannounced and some will have to be told that the appointment book is full. The reasons for coming unannounced will involve differing levels of urgency. Some will have urgent problems and will need to be 'fitted in' (more accurately, other appointments will be delayed). Others who come unannounced will have less pressing problems and will need respectful triage. Some will come with unrealistic expectations and will need to discuss their health seeking behaviour.

Emotions will be expressed today at the appointment desk. Happiness at good news discovered or gratitude for care received. Perhaps it will be anxiety or fear as the unknown is faced. Perhaps it will be anger as barriers are perceived which prevent or delay the return of health. It is so much easier to direct emotion when the cause is personified. Most days, this will be the practice staff; visible and with influence over the doctor and the book. The appointment book or computer screen is a vulnerable thing and those who manage it have a responsible and pressured job. They face the full range and intensity of emotions, expressed more readily outside than inside the consulting room.

How will I fare today, dear diary, inside the consulting room? Will I successfully identify the patients' concerns and expectations? Will I be able to discern the important and the urgent? What can be done on review without delaying the therapeutic process?

The patient names on the list are sequential and easily read. They are like chapter names on the contents page of an interesting book. My eyes skim down the list. Each

person has a unique story. Experiences from the past, issues being navigated in the present and hopes, fears and expectations for the future. Hopefully the consultations today will bring people closer to, and not further from, better health.

Some of the names are familiar and create immediate associations. I know why these people will be visiting today. The consultations will be like chapters in a book that has been previously read. In the re-reading, new things are found, but overall the issues are familiar and the characters known. Other names are familiar, but the consultations will be more like a chapter being currently read. The reason for visiting today is about something new. The background is established but the characters and plot continue to unfold. It will be important with these people to not let familiarity mask the recognition of new disease. Finally, there are names that bring no immediate association. These consultations will have to wait as mysteries, the first chapters of a new book, the story not yet told.

Each person will tell their story in a different way. For some, the problem or reason for consultation is obvious. The issue is well defined and the management plan is mutually agreed. Others will have a problem that is acknowledged by only one party, either the patient or the physician. Humility and tact will be needed from both parties to make therapeutic headway. And occasionally there will be some who come with a problem not yet seen by either patient or physician. May there be few of those today.

So now, let the day begin. It is one of the many privileges of a general practitioner to be able to listen as people tell their stories. Listening to stories and telling stories. Stories of health, happiness, courage and pain. And sometimes, playing a role in the stories of others as they seek to improve their health.

Conflict of interest: none.

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