

A lifetime of learning

Sarah Metcalfe

One of the central tenets of general practice has to be becoming comfortable with uncertainty. When faced with the concept of being a generalist – that is, the expectation to know something of everything – it is easy to become overwhelmed by the enormity of the task. Only by recognising that it is simply not possible to know everything and that there will always be more to know, can we move forward and develop the skills to navigate the unknown with a level of safety and competence.

But how much knowledge is enough? Most GPs would have an area of practice in which they feel most comfortable. Some have done extra study and others regularly see patients with particular problems, either by accident or design. These are the consultations that almost allow some respite from the mental work of general practice. The appropriate questions to ask on history are top of mind. The interaction with the patient has been honed through hundreds of repetitions of similar encounters. Patients' questions are predictable and can be answered comprehensively. Might it be within this comfort zone that the acquired knowledge is sufficient and it is not necessary to spend more energy on learning and improving?

Unsurprisingly, being a young, female general practitioner, women's health is such an area for me. The simple Pap smear affords some breathing space in a busy day. It is gratifying to reach a career stage where some things at least feel

comfortable. It can be very tempting just to sit there and enjoy the respite provided, confident that the standard of care provided is good. Overseeing this issue of *Australian Family Physician (AFP)* on gynaecology, however, reminded me of the benefits of ongoing learning.

Of course, the benefits for our patients are obvious: continuous improvement in the standard of care and, hopefully, health outcomes as a consequence. It is the professional and personal benefits to the practitioner that I think can be lost sight of among the day-to-day pressures and demands. When the realisation of what is unknown looms large, it can be hard to find the motivation to keep attending presentations, reading journal articles and seeking advice from colleagues. Certainly, not all, probably not even half, of the information sticks, but the threads of knowledge and experience gathered can be incorporated into the mental tapestry for this or that clinical problem, enriching it as time goes on.

This month's issue has certainly provided me with a few of those 'aha' moments – practical skills or suggestions that I feel I could incorporate into my consultations, but also pieces of knowledge to flesh out my understanding and allow me to see a problem from a new perspective or in a different context.

We have addressed some of the lesser recognised, although not necessarily less common, gynaecological problems in the pages that follow. Helen Henzell and Karen Berzins share their invaluable experience and expertise in the identification and management of vulvodynia.¹ Susan Evans then addresses chronic pain within the pelvis with equal

practicality and expertise.² In our final focus article this month, Hans Peter Dietz gives a detailed and fascinating explanation of pelvic organ prolapse, and its assessment and management.³ In the words of Socrates, one of the great thinkers and learners, 'education is the kindling of a flame, not the filling of a vessel'.⁴ In this spirit of endless learning and knowledge acquisition, we offer this edition of *AFP*. I hope there will be something for all of our readers to weave into their own tapestry of experience.

Author

Sarah Metcalfe MBBS, DRANZCOG, FRACGP, is a medical editor on *Australian Family Physician* and a general practitioner in Brunswick, VIC

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