

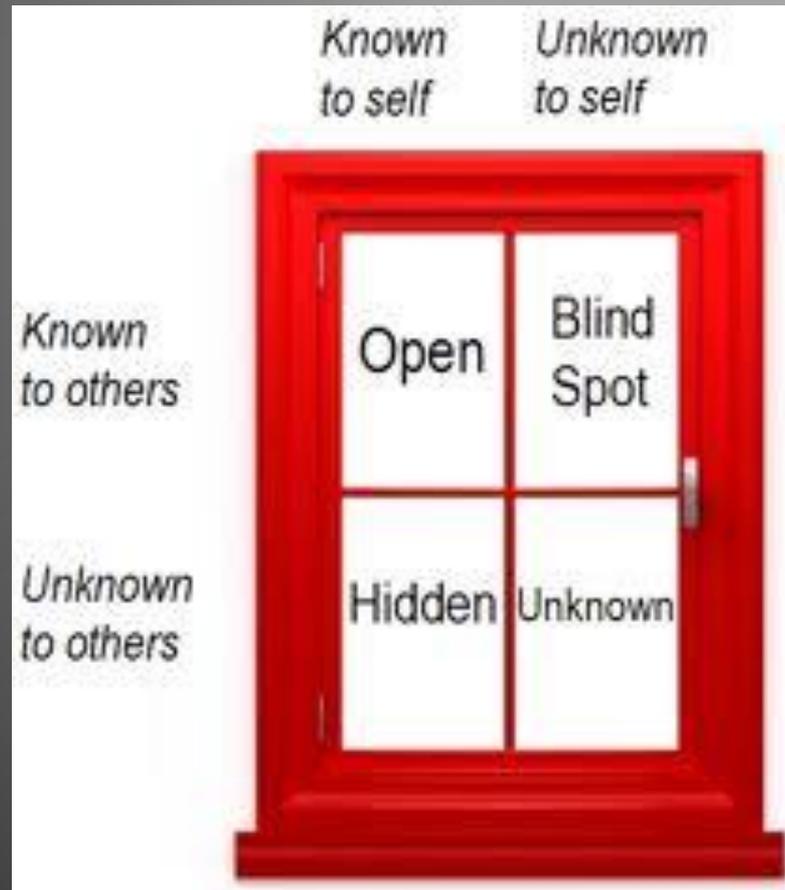
Dealing with Uncertainty & Dermatology



through Johari windows

John Marlow Febraury 2013

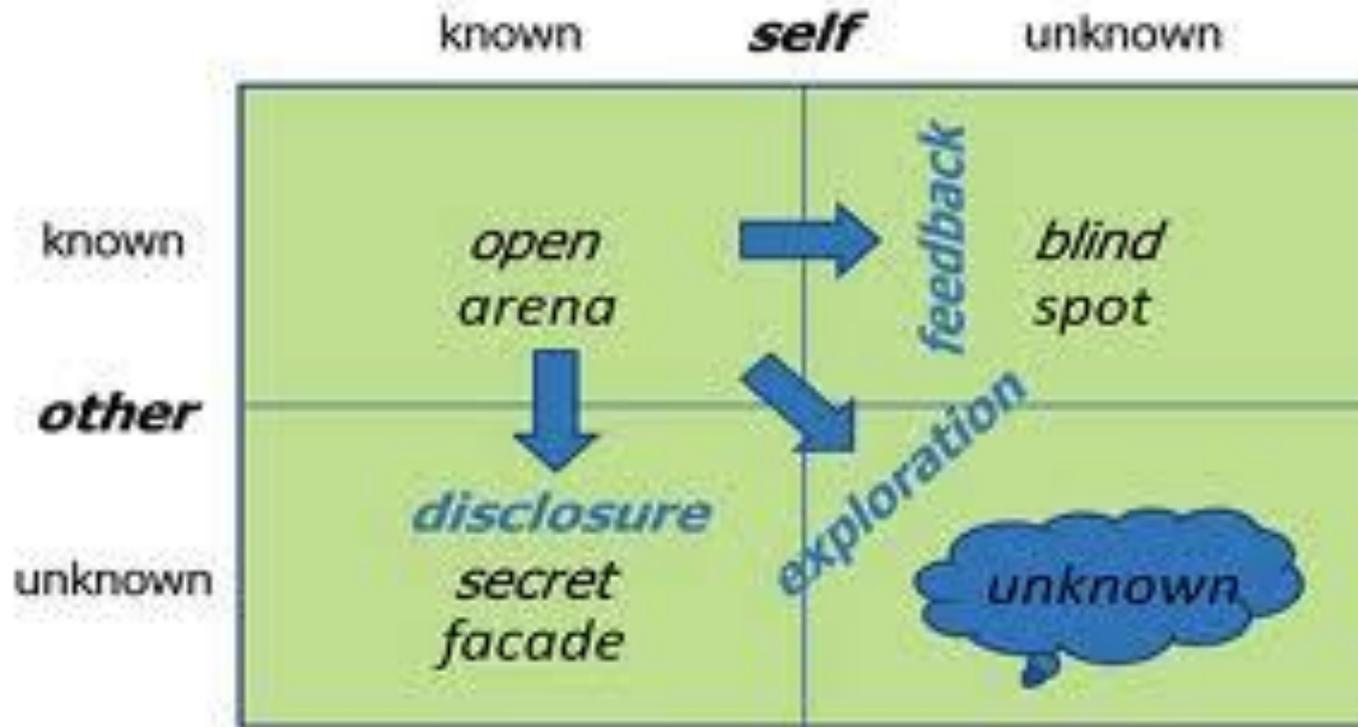
The Johari Window



Heuristics

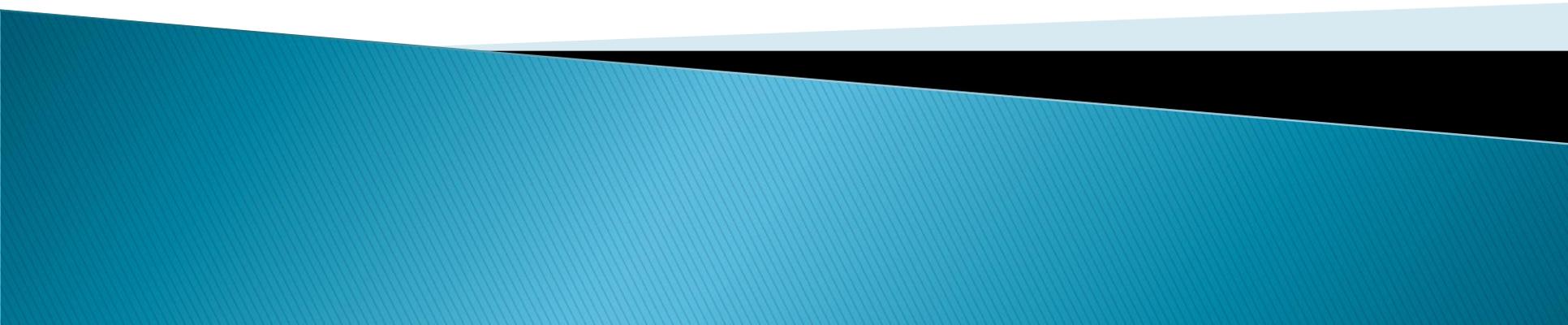
- ▶ Comes from Greek “find”, “discover”
- ▶ Refers to experience-based techniques for problem solving, learning & discovery
- ▶ Mental short cut to give strategy to make a decision or solve a problem





Managing risk and uncertainty in general practice

Adapted from BJGP article July 2009



Curriculum statement 1: Being a GP

Domain 3: Specific problem-solving skills

Learning outcome

3.3 To adopt appropriate working principles (e.g. incremental investigation, using time as a tool), and to tolerate uncertainty.

Tolerating (necessary) uncertainty

**Probably the most important skill for a happy
career in general practice**

Deficiency leads to anxiety and burnout



Aims

1. Increase awareness of different factors involved in the uncertainty in GP consultations
 2. Develop a strategy for managing risk and uncertainty
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Objectives

1. Differentiate between the problem solving skills required in hospital and general practice
2. Analyse the “windows of risk” model and list ways in which risk can be moved to the safety of “mutual understanding”

Hospital vs General Practice

- ▶ Higher prevalence of disease
- ▶ *Problem solving skills*
 1. Reduce uncertainty
 2. Explore possibility
 3. Marginalise error

Disease based approach

Hospital

- ▶ Lower prevalence of disease
- ▶ *Problem solving skills*
 1. Tolerate uncertainty
 2. Explore probability
 3. Marginalise danger

Problem based approach

General Practice

How do we do this?

- ▶ Use time as part of diagnostic process
 - ▶ Incremental investigations
 - ▶ Develop skills to cope with insecurity and risk
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Case example from BJGP article of conversation overheard in reception

Patient: I left the doctors' surgery, went home and 6 hours later had meningitis

Friend: I can't believe it, sounds like a terrible GP, I would see them in court!

Patient: No need, my GP did their best

The GP interrupted and asked a few questions. The patient told him that the doctor had taken time to listen, seen things from their perspective and taken them seriously. The patient had understood the risks of a high fever and headache. They realised that things develop over time and actually felt grateful that the doctor had raised the issue of serious infections, even saying, “When I was ill that night I could hear the doctor over my shoulder, so I called again”.



JAMA Physician–patient communication: the relationship with malpractice claims among primary care physicians and surgeons

▶ Findings

Doctors who explain what to expect in discussion and take time to seek patients' opinions, check understanding, and encourage patients to talk are found to have less malpractice claims.

Gordon et al 2000 (from Jonathan Silverman– Skills for Consulting with Patients)

- ▶ The overt expression of uncertainty by physicians in the consultation has been shown to be associated with greater patient satisfaction.

Uncertainty

1. ...of diagnosis
2. ...of the way illness develops (what will happen when the patient leaves or tonight or next week)

Consequences of uncertainty

- ▶ Increased anxiety of patient
- ▶ Increased anxiety of doctor
- ▶ Fear of litigation → defensive medicine
more costly
often worse care

Windows of risk

	Risks known to the doctor	Risks not known to the doctor
Risks known to patients	A Mutual understanding	B Doctor's blind spot
Risks not known to patients	C Patient's blind spot	D Unknown risks to doctor and patient

MRCGP curriculum

- ▶ Recognises importance of increasing mutual understanding
- ▶ “Negotiating a shared understanding of the problem and its management with the patient, so that he or she is empowered to look after his or her own health”

Windows of risk

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Moving “doctor’s blind spot” to “mutual understanding”

- ▶ Active listening
- ▶ Explore ideas, concerns, expectations
- ▶ Often patient will have thought about or researched their symptoms beforehand and say something you’ve not thought of!

Windows of risk

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Moving “patient’s blind spot” to “mutual understanding”

- ▶ Active listening (find out where education needed and what their anxieties are)
 - ▶ Expand patient’s understanding of their illness (physical symptoms & signs), it’s natural history (what to expect) and how things can change with time
 - ▶ Share clinical knowledge and fit into patient’s narrative
 - ▶ Shared decision making
 - ▶ Share risks of what might happen (a kind of advanced safety netting)
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Windows of risk

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“unknown risks” to “mutual understanding”

- ▶ Objective is to make the patient realise that we cannot always know the answers and that there are unpredictable outcomes and rarities
 - ▶ We need to admit and share our inadequacies and be honest about what we know and what we do not know to empower the patient
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Explaining “unknown risks”

- ▶ “You know it isn’t always possible to know how things will develop. If you become worried and things are getting worse please call again”
 - ▶ “This is an unusual problem which doesn’t quite add up to me. This means we both need to be a bit more cautious. So if things get worse please come back”
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What when it goes wrong?

- ▶ Hopefully, like the patient in the waiting room, they will understand that we cannot always know the answers, cannot always get them better, and accept that we listened, took them seriously and perhaps most importantly, we tried to help and we cared.
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Uncertainty

- ▶ Living with uncertainty is a skill which is helpful to patients and doctors, and can mean a career with greater satisfaction and less litigation

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*“Uncertainty is the only certainty
there is, knowing how to live
with insecurity is the only
security”*

John Allen Paulos