The Art of General Practice is a short text written to help you refocus on the emotional intelligence and people skills needed to be a great GP.

Too often general practice focuses on guidelines, ever-changing targets, incentives or the academic side of medicine. As a result, GPs become jaded, stressed and world-weary with the art and craft of being a GP long forgotten. If your enthusiasm for modern general practice is on the wane, this book will help revitalise you by reminding you of the essential tools you need, not only to help your patients but also to help manage your stress and anxiety levels.

This is not a book of medical skills; it is a book of life experiences, anecdotes and suggestions – all aimed at helping you survive the increasing pressures of general practice and make your life as a GP more interesting and less stressful.

Each chapter is followed by suggestions for reflection. Spending a short while musing on some of these could provide material to use as evidence of CPD in appraisals and revalidation.
THE ART OF GENERAL PRACTICE

SOFT SKILLS TO SURVIVE AND THRIVE
For Rosie
THE
SOFT SKILLS
ART OF
TO SURVIVE
GENERAL
AND THRIVE
PRACTICE

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© Scion Publishing Limited, 2018
ISBN 9781911510192
First published 2018
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A CIP catalogue record for this book is available from the British Library.

Scion Publishing Limited
The Old Hayloft, Vantage Business Park, Bloxham Road, Banbury OX16 9UX, UK
www.scionpublishing.com

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Typeset by Medlar Publishing Solutions Pvt Ltd, India
Printed in the UK by Ashford Colour Press
Last digit is the print number: 10 9 8 7 6 5 4 3 2 1
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Preface

I’ve loved my career in general practice. It has been full of interest, although there have naturally been times of sadness, stress and fatigue. But overall it has been a real privilege. So many people have chosen to put their trust in me, to share with me their painful emotions and life stories, and many have become friends. Not of course in the close sense, but there has been a mutual interest in each other’s lives and families which has made some consultations feel little like work.

In this book, I have tried to say what I think can make a successful career in general practice more likely. It will first require attention to your own health and wellbeing. I have said to many patients that I owe a responsibility to myself so that I can be in the best possible state to be of help to them. There are many self-help books on resilience and plenty of literature in the various training materials for GPs in training. I’m not trying to add to, nor summarise, what others may have said. I just offer a few key ideas that I believe have made a difference to me throughout my career.

General practice is not primarily about the wellbeing of the doctor, but how to provide the best possible care for the patient. If some of what I say seems idealistic I can only say that if you don’t aim high, you will inevitably settle for the mediocre. This will have various negative effects. You will enjoy your career less, your patients will feel less well cared for and are more likely to complain about you. If such complaints come often and are about more serious matters, the stress you will experience will be enormous. I believe that working hard to practise the art of medicine is good for patients but self-preserving as well.
I haven’t attempted to be comprehensive in this short book. I have wanted to stimulate thought and provide something to interact with, as you consider your own practice of medicine. We are all different and I recognise that I have a particular personality type and life experience. However, all of us can change, adapt and grow and I hope these pages will facilitate your own development.

The first section of the book is on what one might loosely call the craft of general practice. It doesn’t contain up-to-date guidelines on the diagnosis and management of medical conditions, since there are plenty of other resources for that. I did, however, want to stress the soft skills of general practice, which are so necessary. In many ways they are an outworking of thoughtfulness and empathy, but which add greatly to one’s enjoyment and skill in the practice of medicine.

The second section has additional material which I hope will help you build resilience. Since general practice is a demanding career with constant changes from above, changes in guidelines and the change-ability of patients, we need strong foundations to survive. And we also need the ability to recognise when things are getting out of control, and to adapt as necessary. I hope some of these ideas prove of value to you.

Many colleagues have inspired and helped me. But also, I have been greatly helped by reading articles and books and throughout this book you will see many references to some of them. I must add my apologies where I have forgotten the origin of my thinking, gleaned from so many sources through my career.

I wish you well in what must be one of the best jobs in the world.

David Bartlett
February 2018
Acknowledgements

I owe a debt of thanks to so many people for knowingly or, more likely, incidentally, affecting me and the way I practise medicine. As I age I realise more and more how much I owe to my mother and her ability to relate so well to all manner of people with kindness and thoughtfulness.

My trainer Bernard Baillon was a calming influence early on in my career and I have been blessed with several partners at Cobbs Garden Surgery. I’m grateful most notably to my former senior partner, Nigel Swallow, who conducted my interview for partnership in his back garden whilst sharing his home-brew beer with me. He was always polite, straightforward and had an impish sense of humour. I’m also grateful to Brian Partridge who was my partner for 30 years and whose enthusiasm for general practice is undimmed.

Like all GPs I have learned so much from the hundreds of patients I have had the privilege of caring for, and I’m grateful that many of them have become friends. I would also like to thank my secretary Jane Folds for reading all my outpourings and who was generous in her comments.

Lastly, I’m thankful for my family who have been with me and supported me throughout my GP career. For my wife Biddy (aka Liz), who has worked alongside me as a practice nurse, and who still receives far more presents from patients than I ever received. And for our daughters Sarah and Hannah who are our best friends and despite being in their thirties, still want to join us on holidays.
One consultation, one problem

There are certain phrases that irritate me, and this is one of them. I know why some practices display this sign prominently in the waiting room, along with the latest figures of non-attendees for appointments. It is perceived as a way to manage demand and in turn to cope with the stress of practice. But is it the best way? And does such signposting facilitate doctor–patient relationships, and create a combined ‘we’re in this together’ approach for the practice population and its staff? Now of course we must manage demand, but I believe there are unintended consequences of such an assertive and adversarial approach.

But what is to be done with the patient who comes in with the proverbial list? It is only in Whitehall that there is the perception that the average patient who wants to see a GP simply has one very specific problem that needs addressing, and can be dealt with in one simple way. A horrible sore throat? Easy, either give antibiotics or advice. Next patient please! But any practising GP knows that no surgery is like that. Our work is considerably more complex, nuanced and varied.

The reality is that human beings are remarkable biological systems, with millions of chemical reactions going on within them at any one
time. However, we are also social, emotional, spiritual and physical beings. Our complementary and alternative ‘colleagues’ may have little evidence base to support their practice but they at least do think in holistic terms, even if the conclusions they come to and the advice they give are not what we might support.

One of the challenges and fascinations of the GP consultation is knowing how far to take each aspect of a patient’s presenting (or even hidden) problems, at that particular consultation. And then how many of the listed problems inter-relate.

OK, we’ve prevaricated enough. Mrs Jones has a list. Help!

In approaching the patient with multiple issues, much will depend upon how well you know the patient, especially in terms of negotiating how many issues to attempt to help with, and recognising that some may have a very quick answer. Here are a few ideas that may help you deal with Mrs Jones and her list.

- If the patient starts by telling you that they have a few matters to discuss, you have an advantage. At that point ask for a quick rundown of them so that together you can make a judgement on what can realistically be addressed on this occasion. “What would you most like help with today? Let’s focus on that and see how we get on.”

- If, however, after spending ten minutes on what you thought was the sole problem, the patient unexpectedly goes on to say that there are a couple of other problems to discuss… don’t sigh! Politely and warmly advise them that you would like to help, but that alas you have run out of time. However, ask them briefly to say what they are. Make a quick judgement as to whether it is important clinically to try to manage any of the problems now, or more likely, that you would like to give more proper attention to them next time.
• Make a judgement as to whether any of the additional problems need a consultation soon, and decide whether to squeeze the patient in, whilst gently advising them that if you have squeezed them in, you won’t be able to spend long at that next consultation, if that is indeed the case.

• It is perfectly acceptable in general practice to partially deal with problems during any one consultation, and not necessarily in the traditional order (e.g. history, examination then special investigations). Perhaps suggest a blood test that you may have wanted the patient to have in light of their symptoms, or maybe for them to keep a symptom diary, or perhaps to come back to you with the sequence and more detail of their symptoms written down (if you’ve ever been a patient you will know how hard it is to recall your story). In other words, useful things that can buy you time and dissuade the patient from feeling that you are not interested.

• It’s amazing how often problems and symptoms resolve themselves. In the days of being on call from home after evening surgery I gradually learnt to delay a too immediate response to some patients. Depending upon what symptoms were being presented and how troublesome they were, after taking the history on the phone, I would gently say that I was busy at that precise moment (having my tea, reading a bedtime story, watching the news – I didn’t give the detail to the patient, obviously) but that I would ring back 30–45 minutes later. I asked if that approach was acceptable to them and virtually without exception it was. Time and again the sting had been taken out of the situation when I called back and I was able to suggest waiting until the next day, by which time in many situations the problem had completely settled. A similar approach may well be helpful with the multi-list patient, and I would suggest you try a comment such as, “Can we just see how problems 3 and 4 go over the
next few days and if they are still an issue we can try to deal with them next time?’ If you attempt to deal with all of the problems immediately you give yourself a real challenge. Some of them will quite likely sort themselves out unaided by you, if given sufficient time. Sometimes it’s just enough that the patient knows that you know they have multiple problems. A touch of empathy and/or sympathy was all that was needed. And never forget the GP’s best friend – *time*, that great healer.

- If blood tests have been arranged, you can reasonably say that you would need to have some kind of further contact with the patient, but that would need to be after a week or so, thus giving you more breathing space.

- It’s tempting to suggest making a double appointment next time, and there will be occasions when this is appropriate, but be careful of doing that too often. You are training yourself and the patient to effectively and appropriately work within the constraints of the system that exists.

I admit that working as an occasional locum makes some elements of this approach more difficult, although depending upon the type of locum, not wholly impossible.

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**For reflection**

- What strategies do you have for coping with multiple problems during one consultation?

- Do you feel you have to completely unpack the detail of each problem or can you find ways to partially address the matter in hand and use time as a tool?

- If you work as a locum how might you approach the patient with a list?