



# VIEWS AND REVIEWS

## PRIMARY COLOUR

# Helen Salisbury: Sitting in someone else's chair

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This week I took a turn at our front desk while the reception team had a long overdue meeting. I wasn't very good at it, and at the end of my short shift I had to leave a list of things I'd not been able to sort out. My main learning was the extent of my ignorance about the practical complexities of being a GP receptionist. One of my colleagues asked whether it was good use of a doctor's time, which was a fair question, so I've been thinking about why the answer is probably yes.

We ask our medical students to spend a session at the front desk during their attachment with us, but many doctors have done nothing similar since they qualified. When primary care is overstretched and the receptionist is the frequent bearer of bad news, in the shape of another visit request or urgent task when you're already drowning in work, it's easy for relationships to deteriorate. "Why can't X just do Y?" is often our complaint—where X is a group of staff and Y is a seemingly simple task that would make our life much easier.

One way of approaching this is simply to ask that question, although it should be in the spirit of genuine inquiry rather than an accusatory tone. Another is to sit at reception for a bit and see the reality of the job, which may stop you asking daft questions. You might even end up contributing useful suggestions to help the efficiency of your practice.

My stint at the desk was also time well spent as a concrete (albeit small) expression of how highly we value our reception team and trust them to come up with ideas. We won't necessarily do it the same way for their next meeting—we may borrow a receptionist from a neighbouring practice (who will certainly

do a better job than I did)—but we have established that it's important for them to get together as a team.

Adopting another's perspective can be useful in many spheres: at a recent mock exam the "patient" was played by a junior student who sat in the patient's chair and was quizzed by a succession of senior students. He was grateful for the experience, which he said taught him a lot about how it feels to be a patient and how to listen and ask questions when taking a medical history.

The growing literary genre of "autopathography," described by Aronson in 2000,<sup>1</sup> includes doctors reflecting on the insights into their profession gained from becoming patients and finding themselves sitting in the other seat. Without being ill ourselves, most of us could improve our clinical practice by reading about these experiences or by viewing patients' accounts online—for example, on [healthtalk.org](http://healthtalk.org).<sup>2</sup> We may also become better colleagues and managers by occasionally swapping seats with the people we work with.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors](http://www.bmj.com/about-bmj/freelance-contributors).

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1 Aronson JK. Autopathography: the patient's tale. *BMJ* 2000;321:1599-602. 10.1136/bmj.321.7276.1599 11124195

2 [healthtalk.org](http://healthtalk.org). Real people. Real life experiences. <https://healthtalk.org>.

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