What is a Good Consultant?

As the junior doctor sees it

STELLA LOWRY

Most consultants are human beings, and most juniors know it. There is, however, a time honoured ritual of treating the consultant as a god; of tending His patients, fulfilling His wishes, and heeding His advice. Junior staff participate in these rites with most zeal if they are working for a "good consultant."

Striking a balance

The good consultant must strike a balance between divinity and humanity. If he is too familiar he loses respect, if too distant he is despised. A good consultant has clearly reached exalted heights but can remember his earthly origins and understands sleepless nights, cross cover, units of medical time, examinations, and other human woes.

The most important feature of a good consultant is his availability. The best consultants are always available—at least on the end of a phone. They are never irritated by being disturbed and will come in at any time if their juniors are concerned. The bad consultants never leave the hospital building but prowl the corridors at odd times checking up on what is being done and how. The worst consultants are never seen and are strongly rumoured to be figments of administrative imagination. It is important to strike the right balance. An unapproachable consultant will find that his staff try to struggle on without his help and that problems multiply. Junior staff are very protective of a good consultant and repay him for his midnight calls by extra care that his ward round runs smoothly. Gratitude for having "the boss" turn up when needed helps to counteract the irritation of a prolonged clinic.

The consultant is head of his firm and must be seen to fulfil this role. He should be decisive and consistent in his opinions. Patients will tolerate hesitancy by the house officer but like the consultant to appear to be fully in control. Juniors understand that there is not always a right answer, but they do expect the consultant to make firm policy decisions. A vague mumble of "do what you like" is not helpful. We learn from the consultant, and when we ask for advice it is not usually mere lip service—it is because we do not know. Once a decision has been made it should not be changed without explanation. Junior staff do not enjoy playing "Guess how we are treating hypertension this week" when they have been up all night and still have five patients to clerk.

Keeping everyone happy

There are times when the consultant should be prepared to assume command of a situation. A few patients, and rather more relatives, believe that registrars and house officers are a special strain of doctor pure bred for their skill at incorrect diagnosis and complete mismanagement. This is hard to tolerate when you are

exhausted, hungry, and worried that you have in fact done the right thing. No good junior would ask the consultant to referee such an encounter, but a good consultant will sense the predicament and bail out his staff. Most people happily accept the consultant's opinion that treatment has been correct. I once met a relative who doubted my consultant's word. Dr X tried to reassure her, but she was unhappy and asked to speak to "a specialist." Dr X calmly explained that he was "a specialist," and after a short explanation of the terms "Dr" and "Mr" she became very apologetic and backed down. Dr X was the prime example of the good consultant. Having come to my aid without being asked, he remained polite when he might have been offended and topped it all by enjoying the funny side later over coffee.

A good consultant must be able to relax and socialise with his team. If he appears only for clinics and ward rounds, talks of nothing but work, and leaves promptly without comment there is no incentive to pander to his whims. If the consultant is friendly the desire to keep him happy is a spur to keep up the good work. The ability to relax over coffee and recount anecdotes from past encounters helps the consultant to become a member of the team, not just its figurehead.

An important aspect of the consultant which separates the good from the bad is his teaching skills. Consultants are often judged by their peers and their junior staff on the performance of the students on their firm. Much teaching can be left to juniors, but a consultant who takes no interest in his students must accept responsibility if they do badly, or worse lose interest. A good consultant will teach without sounding pompous, will tolerate seemingly banal questions which stem from inexperience not stupidity, and will be quick to encourage and praise success. A consultant should also teach his junior staff. They must understand why investigations and treatments are being used. Many juniors order a whole battery of "screening" tests purely because "the boss" always asks for them. If he has not been able to give them a full explanation of why then he is not a good consultant.

Remembering idiosyncrasies

It is impossible to give a full description of a good consultant. Many of the qualities defy definition. To a junior doctor a good consultant is accessible, approachable, and friendly, with the power of a god, the patience of a saint, and the sense of humour of an undergraduate. Many consultants fall short of these ideals but still generate feelings of affection. Perhaps the worst consultant I have known was a pompous, aggressive, snob who terrorised all who met him. His ward rounds followed a rigid pattern, with sister carrying his equipment and each member of the team having a tightly choreographed place to stand while he delivered his pronouncements. As he moved from bed to bed across the ward each member of the entourage had to cross at the centre point to regain their allotted place at the next bed. This was conducted with a precision worthy of a military tattoo—and woe betide anyone who missed his step. This consultant was loathed by all who worked for him, but afterwards they remembered such idiosyncrasies with affection. If you can't be a "good" consultant please at least be memorable.