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PRIMARY COLOUR

Helen Salisbury: Lifelong lessons in learning

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When I first became a GP registrar (having made a happy escape from a hospital specialty), I found my new colleagues' willingness to own up to the gaps in their knowledge very refreshing. The contrast between this and the fiercely competitive environment of academic grand rounds—where no one would dream of admitting ignorance—was crystallised one morning when a senior GP fished a paper result from his pigeonhole at coffee time, read it aloud, and asked, “Does anyone know what on earth this means?”

Early in our careers it can be hard to admit ignorance but, for me, the licence not to know was one of the attractions of general practice. One cannot be expert in every area of medicine, so my role is often to look things up or to ask a specialist and then translate the response into something meaningful to the patient in front of me.

In the old days this meant keeping a cumbersome paper list of things that I needed to find out, but my continuous professional development now happens in real time, often exactly when I need it. It's rare for my clinic to finish without a dozen computer tabs open at obscure acronyms, drug doses or interactions, or quick refreshers on NICE guidelines for a condition I rarely see.

Of course, there are limits to how much ignorance is acceptable, and some students and doctors worry about how they will maintain a patient's trust if the gaps in their knowledge become too visible. However, most patients would rather you checked the dose of a drug before prescribing instead of relying on memory, and they are quite happy for you to say up front that something is outside your expertise. In other specialties such a statement might imply “and therefore this is not my business,” but in general practice it will always be my business to find out, to skill up, and to learn together with my patient when we find ourselves in previously uncharted waters—especially as it may be many months before a hospital appointment for that expert opinion comes to our aid.

Pretending to know when we do not, or failing to check because we are afraid to look uncertain, is dangerous. As senior doctors we have a duty not only to share the knowledge and wisdom we've acquired over years of practice but also to be frank about what we don't know, what we've forgotten, or things we never actually learnt. We may find our juniors teaching us valuable new information (because medicine does keep changing), but, more importantly, we act as role models. We are all fallible individuals and are more effective as a team, pooling our knowledge and our skills.

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