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Managing uncertainty

A note to my GPST1 self

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My reflection on managing uncertainty started after a young patient consulted following my referral to the plastics team for a small 1-cm diameter lump on the flexural surface of his right mid-forearm. The lump looked benign and had been there for about 3 weeks.

He said it started similar to the sequelae of an insect bite; it was mildly tender and had grown a little bigger. Could it be a furuncle, carbuncle, abscess, sebaceous cyst, lipoma or wart? It was mobile, but fixed to the skin above it. The skin surface was smooth and there was no punctum. It bothered the patient so I had referred him. Plastics didn't make anything of it and discharged the patient back to me. The patient was still concerned to know what this lump was, but I didn't have an answer. I reassured him and gave safety netting advice: If you detect changes in skin colour, discharge, worsening pain, an increase in size over a short period of time or similar lumps appear elsewhere, then come back for further assessment.

I reflected on management of uncertainty in my training so far. I have requested more tests, referred to a specialist, spoken to colleagues, safety netted and used time to await events. I may sometimes have reached a conclusion too quickly.

I wondered how trainers feel when I approach them to discuss cases. Did having to deal with my uncertainty change their approach to the problem? How should I develop the confidence needed to help manage uncertainty? How about the patients' perspective? Do they trust me less when I am uncertain and openly communicate this with them? Is there a better way to communicate uncertainty effectively with patients and colleagues? If there is, I really want to learn it. Could my trainer help my recognition of the difference between a knowledge gap and true uncertainty? How do I avoid taking concerns about uncertainty home with me?

If you are asking these questions you are not alone. Most GPs deal with uncertainty but in different ways. A survey by Dr Rutherford and colleagues in 2015, highlighted some of the different coping methods used to manage uncertainty. Speaking with colleagues and patients using a probability approach (i.e. the chance that something might be the cause or the outcome) was a common method used to guide action or inaction.

When faced with uncertainty it is useful to remember that most patients in general practice go home with their problems, unlike the patient in a hospital bed. Time can be your friend. What are the worst-case scenarios? Consideration of the possibilities and probabilities may help.

O'Riodan et al. (2011) offer an interesting summary of the reasons for some common diagnostic pitfalls. These are shown in Box 1.

Box 1 . Reasons for common diagnostic pitfalls.

- Faulty knowledge
  - Insufficient knowledge of the condition
  - Insufficient skills
  - Inability to generate hypothesis
- Faulty data gathering
  - Poor history taking
  - Failure to perform indicated screening procedures
  - Excessive/insufficient data gathering
- Faulty information processing
  - Inability to generate early hypothesis
  - Erroneous interpretation of clues
  - Missing noticeable signs and symptoms
- Faulty verification
  - Failure to consider other possibilities
  - Confirmation bias and over-emphasis on positive findings
  - Premature closure

My personal development plans will consider the following pitfalls.

- Faulty knowledge? Read and understand the appropriate literature and guidelines in the course of my training
- Faulty data gathering? Practise history taking and examination, and document these in my Workplace-based Assessments
- Faulty information processing? This is tricky. Is there something like a safe mistake? Is trial and error permitted in some scenarios? Are there any diagnostic

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phrases used by my trainers that I can emulate? For example, when assessing shoulder pain, if the patient can put their palm behind the back of their head and the back of their hands behind their back, then their shoulder is unlikely to be injured

- Faulty verification? Adopt a good consultation style, ask open-ended questions, allow for the golden minute, use ICE, remember the appropriate red flags, ask a colleague, check guidelines and communicate with patients to empower them, giving them some control of the situation they have presented with

In my opinion there are two important and perhaps obvious ways to avoid the pitfalls of uncertainty. I must gain experience and learn better communication skills. I hope this will keep me on the rollercoaster system of general practice, where uncertainty is inevitable and managing it an ever-present, ongoing challenge. Reflection will be important in my progress.

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