



To refer or not to refer?

Understanding uncertainty in clinical practice

Dr. Hannah Gaynor, Dr. Jonathan Rial , Dr. Samantha Scallan, Prof. Johnny Lyon-Maris

Southampton GP Education Unit, University Hospitals Southampton, Tremona Road, Southampton, Hampshire, SO16 6YD UK

Background

An essential skill in clinical practice is the ability to manage diagnostic uncertainty and to resist the urge to over investigate when uncertainty is difficult to tolerate. Developing this skill can be challenging, especially when trainees initially move away from the diagnosis-focused, investigation-heavy culture of hospital medicine.

This small study aimed to address two questions:

1. Do GP trainees in earlier stages of training have higher rates of blood test requesting than more senior trainees or qualified GPs?
2. How comfortable are trainees in managing uncertainty and can educators support them by providing an educational intervention which helps them to develop this skill.

Summary of work

A sample of ST2 and 3 trainees, and qualified GPs were asked to record and report their rate of blood test ordering over a two week period. Twenty-one doctors took part in the study.

The doctors were asked to record the motivation behind each request, in one of the following categories:

1. To confirm a diagnosis of which you are certain;
2. Uncertain of diagnosis, test as a holding measure whilst you consider case;
3. Blood test to rule out 'red flags;'
4. Assess treatment response;
5. Drug monitoring; and
6. Other

Summary of results

GPs had the highest rate of requests per number of patients seen (14.1%), followed by ST2s (12.5%) and then ST3s (9.2%).

ST2s regularly reported performing a blood test where they were 'certain' of the diagnosis in of cases (23%). This contrasted sharply to ST3s (7%) and GPs (0.8%). More surprisingly still 50% of ST2s reported they were never 'uncertain.' This again contrasted with the ST3s (17%) and GPs (0%).

Discussion

Other studies have demonstrated that trainees see a higher percentage of simple acute conditions, such as URTIs, ENT and children, whereas GPs frequently see more chronic, complex disease; this is likely to contribute to their higher requesting rate.

The ST2s reported a lack of uncertainty; whilst the more senior doctors seemed more comfortable in sharing these feelings.

Managing uncertainty is an important skill, especially in GP, where many patients do not fit learnt disease patterns. The inability to manage uncertainty has been linked to burn out and increased, inappropriate, test ordering behaviour. The results of this study point to the difficulty that ST2s have in acknowledging and sharing feelings of uncertainty in the context of the diagnosis.

Meeting an educational need

Educating trainees to manage uncertainty has been described as 'essential.' After 6 months in GP these ST2s felt unable to share feelings of uncertainty.

To address this training need and support the development of skills around managing uncertainty, a small group teaching programme has been designed. In the sessions the ST2 trainees share reflective writing about cases about which they felt uncertain. The aim of this programme is to highlight the reality of uncertainty in general practice and to encourage trainees to explore these feelings and identify their own solutions as part of a peer support group.

Conclusion

This study points to a difference in blood test requesting across different levels of training and experience. This could be linked to the trainees' recent hospital-based training and/or a need to understand and allow for a certain level of uncertainty in clinical decision-making as well as using time as a diagnostic tool. Encouraging trainees to share their feelings of uncertainty will enable them to understand how to manage uncertainty.

Dr Hannah Gaynor

Email: hannahgaynor@doctors.org.uk