ACCEPTING IMPERFECTION

GPST3-B-ACS2: Dr Seb Pillon

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THE PERFECT DOCTOR

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THE PERFECT DOCTOR

Supposed virtues

- Spends as much time with patients as they need/want
- Respects autonomy without question
- Knows how to treat every condition in the textbook
- Never gets angry

Drawbacks

- Long waits and queues to see the doctor; encourages dependence
- Doesn't say "No" when should
- What about when things don't fit a standard pattern?
- Never gets passionate

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PERFECTION

- per·fec·tion (noun)
  1. The condition, state or quality of being free or as free as possible from all flaws and defects
     1. A person or thing perceived as the embodiment of perfection; "I am told thatshe is perfection itself"
  2. The action or process of improving something until it is faultless as possible
- Synonyms: improvement, betterment, refinement, refinement, honing

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MEDICAL ERROR

- Think of general practice specifically.
  - What barriers to perfection exist?
  - Why do mistakes happen?
  - Can we prevent all medical errors?
    - How/why not?

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MEDICAL ERROR

- Look at the setup of general practice:
  - 10 minute appointments
  - Multi-problem consults
  - Bio – psycho -social
  - Non-specialist doctors
  - Ever changing guidance
  - Shortage in recruitment
  - Unlimited consultations for fixed fee
- Where are we making the compromise?

- GREAT ?
- FAST ?
- CHEAP ?

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DECONSTRUCTING PERFECTION

- "We need to learn to accept that errors are indigenous to our behavioural biome"
- "Our goal then can not be to sanitise away all medical error, but to use the information in our patients' favour"
- "We should focus on fixing a toxic culture of perfection"
- "True perfection is acknowledgement of imperfection"
- "Errors… are normal. It's easy to be clever, but not to be wise"

- TEDMED Talk
- **Deconstructing our perception of perfection**
- Dr Danielle Ofri
- https://youtu.be/CaSv741Gjlg

- 2.45 – 7.45

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BEING PERFECT

- In our goal for perfection, **nothing** will ever satisfy our expectations of ourselves.
- Instead, of celebrating our goals, we:
  - Hone in on every way that we messed up
    - *(even if we didn't really mess up at all)*
  - Hold ourselves to impossibly high standard
  - Underplay our accomplishments
    - *("Other people have done it, it's not that impressive")*
  - Berate ourselves for not doing more in less time
  - Set a new goal for ourselves
    - *("Okay that's over, now onto the next thing")*

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EMBRACING IMPERFECTION

- "Embracing imperfection is synonymous with complacency."
- In accepting that we are not, and do not have to be, perfect, we are not throwing in the metaphorical towel on all of our hopes and dreams. Rather, we are giving ourselves the freedom and permission to chase our goals without the pressure of having the outcome tied to our self-worth.
- In following this perspective, embracing imperfection feels like:
  - Having the liberty to chase goals that you want to achieve for yourself.
  - Using mistakes made along the way as part of the learning process.
  - Knowing that you are a person of worth, love, and respect, regardless of your success, mistakes, or position in life.
  - Accepting that while you may not have achieved every goal you have set for myself quite yet, you can still enjoy where you are now.
  - Being able to recognize and celebrate your strengths and accomplishments
- Placing pressure on yourself to be perfect is common!

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EMBRACING IMPERFECTION

- Embracing imperfection is easier said than done.
- The first step is to recognise where perfectionism exists in your life.
- From there, reflect on those areas, considering why the pressure exists
  - Do you feel pressure from society?
  - Do you fear abandonment or rejection if you do not achieve certain goals?
  - Is your feeling of worth tied to this?
- Consider what it would look like to embrace imperfection in this area of your life.
  - Name and describe your strengths and accomplishments thus far.
  - Be mindful of times when you place the pressure to be perfect on yourself.
- Accepting our imperfections is not about beating ourselves down. It's about acknowledging the human frailty that lies in our inherent paradox.

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PROGRESS, NOT PERFECTION

- Humans make mistakes.
  - Making mistakes is a necessary part of growing and learning, a fundamental part of being human.
- Shame becomes inevitable.
  - Since performance is tied to a perfectionist's sense of self, if they view their work as unsuccessful, shame kicks in, and self-worth takes a hit.
  - Impossibly high standards mean perfectionists aren't happy even when they achieve what others may think of as "success."
- Perfectionism slows us down.
  - Perfectionists can get stuck in the minutia and end up inefficient and behind. If each dictation needs to have all spelling and grammar errors corrected, letters are going to pile up and be one more source for self-criticism.
- We have a finite amount of energy and time. If we strive for perfection at work, how do we perform at home?
  - Superhuman expectations can make doctors feel they're failing everywhere.
- Physician well-being suffers.
  - Perfectionism can harm mental health, and the high levels of stress that result from it certainly don't reduce the risk of burnout.

https://www.wolterskluwer.com/en/expert-insights/the-illusion-of-the-perfect-physician-the-problems-of-perfectionism-in-medicine

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"OUR EMPLOYER EXPECTS PERFECTION"

What evidence can you think of to support or refute this?

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PROGRESS, NOT PERFECTION

There is no fun in perfection

Need evidence that medicine accepts imperfection?

- Guidance changes
- Key Performance Indicators
- "Empiric" antibiotics
- Appraisal
  - PDP
  - SEAs/CEAs
- MHRA Safety Alert Emails
- Crown Indemnity Scheme
- "Reviewing" patients
- Referrals
- Have you ever said "sorry"?

Better done than perfect

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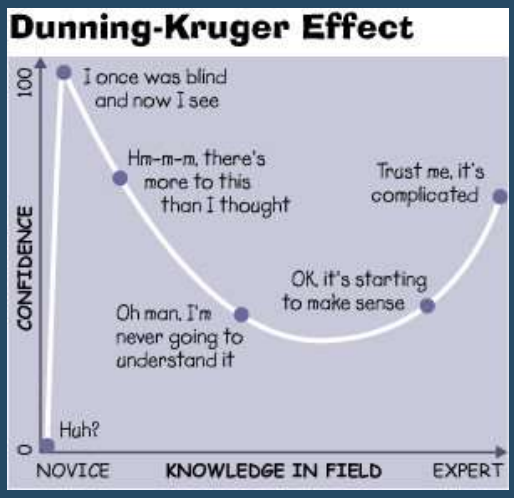

CONFIDENCE OVER TIME

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MEDICAL TRIAGE

Why do we triage?

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TRIAGE

- In-hours GP often refers to simple telephone consulting, but strictly speaking is a process of prioritisation (as seen in OOH setting)
- In triage we select the **key info** to decide what to do.
- Our goal is easier… it's about **when** and **where** we assess, rather than actual assessment.
- However, there are key pieces of info that help us make **rapid decisions**.
- Triage is therefore not about complete assessment, but ensuring safe assessment takes place with a mind on the available resources.

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TRIAGE

- Speed round: how quickly can you triage the following?
  1. 45 year-old with new onset severe left chest pain
  2. Home visit request for abdominal pain (?obstruction vs constipation)
  3. Feverish child, not eating/drinking
  4. 19 years of back pain, worse today
  5. Ingrown toenail

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HOW TO FOCUS

- Identifying focus by:
  - What's the question to answer?
  - What is relevant?
  - If you forget that bit of info, would it matter?
  - What is nice to know, but not key?

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WHAT'S RELEVANT?

19 years of back pain, worse today

Consult

- HPC: any new change
- PMHx: any injury/surgery
- Medication: what currently taking
- BPS: job, why consult today
- O/E: SLR, sensation

Triage

- Any CES signs?
- What do they want?
  - Analgesia
  - MED3
  - Reassurance/Scan/a chat

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MEDICAL STUDENT VS GP

How have you changed?

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3 LINE SUMMARIES : JOHN

- 84 year old man
- PMHx:
  - T2DM, HbA1c 62 on 3 meds
  - Hypertension, on 4 meds
  - Hyperlipidaemia, declined statin
  - COPD (Gold D)
  - Osteoarthritis
  - Varicose eczema
  - Angina
  - TIAs

- Increasing SOBOE. No chest pain/GI symptoms. No cough/haemoptysis.
- Been happening for ~~a while~~ ~~quite some time~~ gradually over 6 months, wife has noticed and wants him checked and inhalers increased or nebulisers
- Smoker 10/day. Alcohol 3 pints a day.
- Wants meds put into dosette box and thinks wife might have dementia and a quick referral to podiatry for nail cutting whilst here.

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3 LINE SUMMARIES: ERICA

- 27 year old woman
- PMHx:
  - Victim of Domestic Assault
  - Emotionally Unstable Personality Disorder
  - Frequent "chest" infections
  - Unexplained abdominal pain
  - Dysmenorrheoa
  - Polyjoint pain
  - Child Protection Plan
- Medication
  - Venlafaxine 300mg daily
  - Promazine 25mg QDS
  - Zapain 30/500 x 2 QDS
  - Naproxen 250mg QDS
  - Omeprazole 20mg OD
  - Fluticasone nasal spray

- Recent relationship breakdown. Feels suicidal as no-one else has understood her and feels she has driven him away with her illnesses.
- Hears derogatory voices – old teachers, ex-partner, old friends telling her she is "a slag", "worthless piece of shit", and that she "should just kill herself".
- No paranoia, no delusional ideation.
- When asked why doesn't kill self, states "doesn't know"
- Has stock of current and old meds that keeps "just in case decide its all too much"
- Started drinking alcohol as meds aren't working
- Wants help.
- Her children with ex-partner are under guardianship of Erica's mother and father. Went to see them yesterday and told them "goodbye" as not sure when will see them again.

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3 LINE SUMMARIES

- John is an 84 year old man with multiple complex problems who has presented with shortness of breath.
- There are no acute features on history or examination.
- This could be cardiac or respiratory in cause, so doing a CXR and BNP will help determine which and guide management.

- Erica is a 27 year old woman with a traumatic past history who attends with increasing suicidal thoughts and hearing nasty voices.
- She is on maximum dose SSRI and promazine, lives alone and identifies no protective factors.
- There aren't true psychotic features but I'm concerned that her risk of harm to self is rapidly increasing so needs urgent mental health referral.

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GROUP EXERCISE

- What are the key things we need to know?
  1. depression, new presentation
  2. ?covid
  3. PV bleeding
  4. Elbow pain
  5. Childhood rash
  6. New diarrhoea
  7. Contraception counselling
  8. Tired all the time
  9. Joint pain
  10. Hypertension medication start

- Map out a sample consult in the table
  - Use the whiteboard or share screen with the table
  - Elect a scribe and a chair
  - Save/screenshot your work

- What is ESSENTIAL to know?
  - To diagnose
  - To manage

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Time	
1	6
2	7
3	8
4	9
5	10

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PERFECTION IS AN ILLUSION & THOSE WHO SEEK PERFECTION WILL FIND THEMSELVES UNFULFILLED THEIR WHOLE LIVES

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