Wear a Watch

…and Other Lessons from Clinical Placement

The writing which follows is a light-hearted series of anecdotes from my time on clinical placements. I have chosen to frame them as six lessons because I believe that the doctors I have had the pleasure of working with all had important, interesting, and/or amusing teachings. I leave it to your judgement to decide which lessons are earnest, and which are more tongue in cheek.

All names have been changed in order to preserve the confidentiality of those involved.

Ask your patient their occupation.

I stood at the bedside of a patient, about to present her history to my consultant, Dr James. This was the first placement I had been on, and the first history I had formally presented to this consultant.

“Mrs. Willis is a 68 year old lady who presented with a cough and shortness of breath. She has a background of COPD and…”

“What’s her job?” interrupted Dr James.

I didn’t know. I hadn’t thought to ask. “Do you work, Mrs. Willis?” I enquired.

“No, I’m retired”, she replied.

“What did you retire from?” interrupted Dr James again.

“I used to be a barmaid.”

“A barmaid?” said the consultant, animatedly. “A very important job, that is. Far more important than anything we do!” The three of us – patient, doctor, and student – chuckled.

After I had finished presenting the rest of the history, and Dr James and Mrs Willis had exchanged relevant information, I asked the doctor why he felt it so important to lead with the occupation of the patient. I hadn’t noticed anything in Mrs Willis’ history which might have indicated an occupational pathology. Had I missed something?

Dr James explained: “the occupation belongs in the first sentence, because it reminds you that they are a real person”. Mrs Willis was a 68 year old lady who presented with cough and shortness of breath. She was also a 68 year old retired barmaid with a history of talking to customers, serving drinks, and earning money to provide for herself and family.

Some people felt that Dr James was a stickler, but I could see the point. From my perspective, we’d do well to remember that all people are people with wants, hopes, and

aspirations whatever their circumstance. We needn't always ask patients their occupation in order to do that – but it certainly helps to flesh out their character.

At least, as Dr James pointed out, I hadn't referred to her as "the infective exacerbation of COPD in bed 4".

Learn your lines (especially when talking to children).

I know a surgeon who regularly asks his paediatric patients to remember one thing for him: during surgery it's their responsibility to fall asleep, and his to stay awake, because the other way around would be a real pickle. They'd have to do all of the operations for the rest of the day! Can you imagine? Anecdotally, roughly 9 out of 10 children find this funny, while the one remaining child very seriously requests to perform the surgery. This is probably a good recruitment strategy.

I know a GP who often places his stethoscope on children's bellies and asks them if they had chips with their tea last night. They either say yes, which elicits a response of "knew it! Sounds like chips to me", or no, which elicits a response of "are you sure? Sounds like chips to me!" Children find this very funny or awe inspiring. Either outcome is desirable.

Conversations with patients should, of course, feel organic. However, just as falling back on the structure of a good history is very useful, it's sometimes nice to have a stock phrases to fall back on.

Tell the patient you're reading about them.

Before studying medicine, I'd spent a reasonable amount of time in hospital (thankfully not due to ill health, but as a volunteer). Something I always found mildly unpleasant was the part of the ward round where the team bring the trolley into a new bay and, for a short time before actually approaching the patients, stand around reading, pointing, and scribbling without announcing to anyone what they are reading, pointing, and scribbling about. You can see the anticipation on the patients' faces as they wait. Are they talking about me? Is it my turn yet? Is that a good or bad expression on the doctor's face?

As a medical student, this discomfort didn't change, except I was now joining in with the reading, pointing, and scribbling, and occasionally making eye contact with and smiling at the expecting patients.

As such, I was filled with relief when I found a consultant who had the perfect line for this situation! Upon entering the bay, before opening anything, he would walk up to each patient, say good morning and introduce himself, ask how they were feeling and acknowledge their response, and then say: "I'm just going to read about what's been going on with you".

It’s a simple interaction which takes seconds, yet so few of us do it. It helps the patient feel at ease, lets them know that the doctor will be with them shortly, and gives a general impression of the patient (how are you today?) before even opening the notes.

Remember your watch, and ask to borrow one promptly if you forget it.

A consultant, another medical student, and myself, were talking to a patient. We had so far gleaned that she had lost weight, had been vomiting, and felt hot and irritable.

“Is she tachycardic?” the other medical student, my placement partner, asked.

“I don’t know. You tell me”, said Dr Norbury, gesturing to the patient.

The medical student took the patient’s hand and began to take a pulse. A very long 30 seconds passed. Suddenly, Dr Norbury looked incredulous. He looked at me, then at my partner, then back to me.

Finally, his gaze settling on the pulse-taker, he barked: “where’s your watch?”

“Oh, sorry, I forgot it today”, came the reply.

“How are you timing it then? By how far the sun moves across the sky?”

Silence.

“Why didn’t you say something? Here, borrow mine!”

The lady’s pulse was 76.

“I bet that’s a damn sight slower than yours is right now”, Dr Norbury smirked.

Do (and don’t) use medical language.

“What do you notice about this woman?”

Before me was a lady: middle aged, overweight, with grey, papery skin. Dark hair grew around her mouth. I described her hirsuitism and thin, friable skin. Her appearance was characteristic of the eponymous Cushing’s Syndrome.

“What about her face?” the consultant probed.

My tongue tiptoed around the phrase “moon face”, settling instead for the markedly more appropriate “Cushingoid features”.

Medical language is often useful, and gives names to things we otherwise wouldn’t be able to discuss. Furthermore, so long as terms are explained properly, such language can be used in polite conversation with patients. I imagine many patients would rather talk in terms of striae, hirsuitism, and Cushingoid features, rather than stretch marks, facial hair, and “moon face” respectively.

Other times, it can introduce unnecessary confusion in a situation. Was that hypo- or hyper-thyroidism? Hypo- or hyper-kalaemia? Or maybe it was hypercalcaemia? Sometimes, it's better to say whether something's high or low in simple terms.

Charles Lindbergh flew across the Atlantic in 1927 (and the NHS hasn't always been here).

In 1927 an American aviator, Charles Lindbergh, flew the first solo transatlantic flight. From the outbreak of the Second World War in 1939, he advocated a position of non-interventionism, arguing that the USA should not get involved in the conflict, nor should it provide aid to Great Britain.

How did I pick up this fact while on a medical placement?

I recall meeting a gentleman who was in his 90s. I read his date of birth out loud; he was born in 1927. "What happened in 1927?" My consultant asked.

"I don't know, other than this man being born."

"Well, yes. But Charles Lindbergh flew the first solo transatlantic flight, from America to Europe. Then he became a Nazi sympathiser, or something."

This interaction opened my eyes to something we don't often think about, because we are used to dealing with the situation right in front of us. This man was born the year of the first solo transatlantic flight, was 12 years old when WWII broke out, and was 18 when it finished, in 1945. Three years later, in 1948, the NHS was established in the UK.

He lived 21 years of his life without a National Health Service.

Most of us have known it all of our lives, but a large proportion of patients (people over the age of 71) were born before it existed. We would do well as a society to fully realise the importance of an NHS which is free at the point of use, and to collectively remember and agree to avoid recreating the horrific circumstance which led to the necessity of its creation.

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