The dissonance between teaching and practice

"I have measured out my life in coffee spoons"– TS Eliot

As a general practitioner, I book two patients every 45 minutes. Actually, I book patients for two consecutive 15-minute consultations, and then have a break for 15 minutes to catch up. I have found that consultations over the years have become far more complicated, and the peripheral requirements around a consultation, such as blood tests, phone calls, referral letters and various forms, make the consultations much longer. Even with my present schedule, I may need to spend an hour at the end of the day clearing my desk.

I am really pleased when I hear the patient say: "I've got the flu, doc", because I think I'll be able to catch up, but then at the end, he or she says: "Oh, by the way, doc, while I'm here….". Then we go into phase two, and just before getting up to go, I'm asked: "Could you just have a look at…" and we enter phase three.

Consultations with patients whom I know, and whose data I have already collected and documented, are quicker. However, one does not really know what is coming in the door with new patients. Extensive information gathering may be needed for a new patient. Thereafter, several enquiries may have to be followed-up in order to confirm or obtain previous test results and consultation reports. Patients with pre-dementia and dementia are also referred to me as I am interested in this area of medicine, but the first consultation will often take 30–45 minutes.

When a patient presents with a routine illness, one of the subjects that we teach is opportunistic care. We have the opportunity to check on, among many others, immunisations, Pap smears, cholesterol, sugar, smoking habits, urinary stream or social behaviour. We all agree that this is an essential part of holistic care, but time is also needed for these activities.

Chronic disease care can also be time consuming if one does not have a system and help in place. If I am to check all my diabetic patients according to the prescribed routines that I teach the students, I would probably need to extend my consultation time to two patients per hour. There is often a marked dissonance between what the students are taught they should do, and the time available in modern practice to carry out everything that they were taught.

Patient-centred care is another teaching framework in Family Medicine. It was found in research that patient-centred care did not take any more time than that required using a disease-centred approach, and yet there is an epidemic of depression, anxiety and stress-related illness in modern practice with which patients present, together with the routine biomedical and pathological disorders. These all put my time schedule out of the window.

At least the sixth and last element of patient-centred care emphasises that one must be realistic, but in a way this nullifies the other five elements. I personally don't like leaving things until next time because eventually matters continue to get postponed as the subsequent visits are then under pressure as well (called the "never-ending consultation").

I teach the concepts of prioritised health care, brief encounter interventions, general practice triage, "chunking" and key feature approaches in the time management sessions, but these systems don't seem to work in my practice, although they sound good on paper. If you don't spend the time addressing the underlying problems, they don't go away, and you just put them off until another time, when you will still not have the time to sort them out.

When I attend continuing professional development lectures, I find that specialists or subspecialists point out the specific screening I should be performing for their discipline or disease spectrum. As there are now ≥ 40 specialties and subspecialties, it amounts to numerous case findings or screening over and above the presenting illness.

The US Preventive Services Task Force recommends approximately 25 preventative and counselling services for each patient. It was found in a contemporary study that it would take 7.4 hours per working day for an average general practice to fully implement preventative services. This leaves very little time for the "worried well" and "Dr Google's Panic Attack".

In the 21st century, it would seem that in many ways we are running out of time.

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