If you want to know whether an actor is particularly good, you’ll want to see them play King Lear or Lady Macbeth. Perhaps seeing them play a complex morally ambiguous character among the special effects of a superhero movie demonstrates their abilities, but often just whets the appetite for even higher demonstrations of their skills. In music, it might be like seeing someone play their grade 6 piece extraordinarily well, but one day you’d love to see them play that virtuoso concerto.

Is there an equivalent for us as GPs? Could we ever become virtuoso GPs? In one sense, no one will ever know. Most of the time the work we are trained to do, the bread and butter of our skills, is done in private behind closed doors. Any work we get known or recognised for isn’t this, the cornerstone of what we do. We may be recognised for our teaching of students and doctors about what we do. Sometimes, they may even get to see behind the curtain of us actually seeing patients in practice. Sometimes we may be known for research that informs our consultations, or work on policy, that (hopefully) enables the system to support our consultations.

You’d hope that those GPs teaching, researching, and making policy would also be excellent at seeing patients, but what does being excellent at seeing patients actually entail? Can we tell if we are grade 6 or if we can play a concerto? There’s a strong inclination to believe that virtuoso general practice is about being an excellent diagnostic detective, and certainly it’s admirable to be able to work through a complex set of symptoms to come up with that rare diagnosis that no one has found. This is an enviable skill and is very satisfying when it happens, but it’s quite rare. Much more often people have symptoms without disease, or we’re managing ongoing problems, not new diagnoses. Managing people’s medical problems might be virtuoso work where there’s something tricky about what to do, and decision making is more complex than just following a guideline. Again, though, that’s not the major activity that we do. As often, maybe more often, we’ll be advising on behaviour changes to increase physical activity or stop smoking, or we might be providing psychological counselling on managing panic attacks, or understanding the reasons for someone’s poor self-esteem.

There’s one almost invisible activity that underpins all of this, and just about all the other things that we do arise from this. Much of our advice falls on deaf ears if we have not done anything to develop rapport with our patient, and this is a skill that we develop and improve [on] ... It’s easy to develop rapport with patients that we like, but the skill comes in having the ability to develop rapport with anyone who walks through the door.

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DOI: https://doi.org/10.3399/bjgp22X720425

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