

General Practice Records

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“ One has reached the conclusion that the key to good general practice is the keeping of good clinical records,” says Dr. Stephen Taylor in “ *Good General Practice.*” And again, “ Doctors who claim that they can carry in their heads all the information needed to deal with each of their patients usually have low standards of both need and performance.”

On reading through the notes one receives about patients from some practitioners, one is often struck by the thought that not only are they of very little use now, but they must have been of little use at the time to those who made them. Poor note-taking is a waste of time; on the other hand, good notes are a sound investment, they save time and are the key to leisure.

It is the purpose of this memorandum to look into some of the common failings of our record keeping, and to suggest improvements and innovations that might be given a trial. No attempt to standardize note-taking is intended, but there are a few principles that might usefully be followed.

The Purpose of Notes

Notes serve three possible functions—to be an *aide-mémoire* to the note writer, a guide to later practitioners handling the patient, and a help to the writer’s partners and assistants. Notes written as an *aide-mémoire* are the shortest; and it is suggested that too much emphasis should not be laid on writing notes for the benefit of later practitioners and more emphasis should be laid on providing them with a brief summary of the patient’s history. In the notes made by a practitioner for himself, it ought to be possible to refer back easily to an incident without having to wade through pages of manuscript in which prescriptions are mixed up with clinical findings and important diagnoses are buried among trivial details.

Suggestions for the Improvement of Record Keeping by General Practitioners

(a). THE RECORD CARD

1. Illnesses should be regarded as chapters in the life of the patient, and each chapter should be separated from the rest. An illness may consist of half a dozen or more items of service; at the end of it a line should be drawn and a space of one or two lines should be left before the next entry. This division into chapters enables the doctor who is looking back in search of an incident to discard whole blocks of writing unread.

2. The diagnosis of an illness should appear at the top of the chapter, in capitals, and be further emphasized by being boxed-in or underlined, and it should be kept consistently over to the right of the record card. In this way, by running the eye down the right of the record card, a series of diagnoses is seen without the necessity of reading through large blocks of manuscript. In the event of an illness overflowing from one continuation card to another, the diagnosis should be repeated at the top of the right-hand margin of the new card. It is suggested that the ruled margin which has been removed from the right-hand side of the official record card should be restored.

3. Treatment also should be kept over to the right of the record card.

4. Diagrams should be used to replace writing as far as possible. They are quicker, more accurate and catch the eye more easily than manuscript. The artistically inclined can cultivate the knack of making line-drawings of eyes, ear-drums, chests, abdomens, limbs or even the whole body, while the less talented can use stick-on diagrams or rubber stamps.

5. Stick-on diagrams. Rolls of stick-on labels, perforated at short intervals are obtainable, and by using a rubber stamp one can produce a long strip of tear-off diagrams. A few such strips carried in the bag and kept on the desk, enable the inartistic to decorate their notes with tasteful pictures. In practice the most useful are diagrams of the chest (back and front view) and crude outlines of the whole body (which can be cut in half if necessary, and the top or bottom halves used independently). These diagrams are best printed in red ink. they should be fairly small or they will occupy a disproportionate amount of space.

6. A red pencil kept on the desk has its uses. A blood pressure reading found to be high may be ringed in red as a reminder; an unexplained symptom that may want looking into later may be underlined; an important diagnosis may be emphasized.

7. An arrow may be used to indicate the results of treatment. With modern drugs one keeps coming up against side effects. If a drug has an undesirable effect on a patient, or a particularly good effect, it is useful to indicate this by running an arrow from the drug (which is entered in the right-hand column) to the note about its effect.

8. Continuation record cards should be numbered consecutively. Even so they are apt to get muddled up. Some patients have eight or ten cards closely covered with notes. A small stapling machine that will clamp them together in their right order is a useful and inexpensive acquisition. The staple should transfix them along the left-hand margin; joined in this way the notes will open like a book.

9. A brief abstract of letters from consultants, x-rays and pathological reports should be entered in the notes. Most of these letters can be summarised in a short sentence; a secretary can do it with a little guidance. This is a safeguard against loss of the letter and serves to remind one of the gist of it without waste of time.

10. It has been suggested that the colour of the record cards should be white instead of buff. It is more pleasant to work with a white card; the contrast between the colour of the ink and the paper is greater and eyestrain correspondingly less, and somehow there seems to be a greater incentive to neatness.

11. Obstetric Record Cards. Some have suggested that for those who want them, special obstetric record cards should be printed. Quite a number of practitioners have devised their own, but most of these have been rather too detailed for use by the average practitioner and more suitable for the enthusiast. The effect of such a card is to divorce the occurrences of pregnancy from the main stream of the medical history, which seems a pity. Perhaps a compromise could be effected by having an obstetric rubber stamp for use on the ordinary record card. It is understood that the Research Committee is at the moment working on this subject.

12. Summary Continuation Cards. It is necessary for the record keeper to consider the after-coming practitioner, because the patient's welfare may depend on the transference of a certain minimum of information from one doctor to the next. What the after-coming practitioner needs to find quickly are previous diagnoses. It is suggested that a special continuation card of a distinctive colour—a summary continuation card—should be used to convey the patient's history from one doctor to the next. On this summary card should be entered important illnesses, laboratory reports and certain personal details that have a profound effect on the medical life of a patient. For instance, it is useful to be told that a new patient is unhappily married, or other things about him that may take a long time to find out, and may produce obscure symptoms.

The type of x-ray finding about which it is useful to know is that of a gastric ulcer, or a cholegram showing gallstones. Negative x-rays are equally important. Reports on fractures are usually of temporary interest only. On the whole, the fewer entries made in this summary the better; the more that is written, the less likely it is to get read. If in doubt it is best to leave an item out. Exactly what constitutes an 'important illness' in this context is rather difficult to define. Perhaps it is "a disease whose absence from the summary would materially handicap a subsequent practitioner, or delay his arrival at a diagnosis." A summary cluttered up with twenty or thirty diagnoses defeats its own object. Every entry above six makes the whole summary less useful. As to the method

of recording in the summary, one word of diagnosis in block capitals will suffice in most illnesses. Experience over a number of years shows that many patients get through the greater part of their life-time without needing any entries at all on the summary. Unhappily there are others with patched-up bodies and scarred minds whose genuine illnesses are so numerous, and on whom so many investigations have been done, that no summary is sufficiently big to hold their unhappy history.

All that is needed on this summary continuation card is the heading—"Summary"—a margin on the left for the year (the full date is unnecessary), and about one and a half inches from the bottom another heading—"Family History." It is rather astonishing that the family history to which so much time is devoted in hospital record keeping, should be virtually ignored in the records of the general practitioner to whom the family is all important. Not much need go in here, but it is often useful to know of what the parents died, and a family history of tuberculosis, cancer or allergy may be important. These family details may be so well known to the family doctor that he does not need to write them down, but when patients go out into the world they acquire new doctors who are not conversant with their background, and would be glad to have details of it passed on to them.

This method of making a summary puts a minimal burden on the doctor. The most convenient time for recording these details is as they occur.

It is suggested that records sent for by the Executive Council be checked over before being despatched to see that they do, in fact, contain an adequate summary of the patient's history.

(b) THE MEDICAL RECORD ENVELOPE (E.C. 5—6)

The medical record envelope (M.R.E.) is defective in one respect: it is often not large enough, so that frequent use is apt to cause it to split down the sides. A supply of spare M.R.E.'s to take the place of those that get worn out should be kept by the practitioner, and an expandable, concertina type of medical record card should be obtainable on request from Executive Councils. This concertina type of M.R.E. should be divided into two compartments—one to hold letters, the other continuation cards. A great deal of time is wasted at present trying to push continuation cards into M.R.E.'s which are already full of folded-up letters. Envelopes for female patients should have, perhaps, a space for Rh factor and blood group.

(c) HOSPITAL NOTEPAPER

Considerable inconvenience is occasioned to the general practitioner by the use of many different sizes, shapes and thicknesses of notepaper by hospitals and consultants; and the injudicious choice of size of hospital notepaper is often responsible for the

bursting condition of the record envelope of the much hospitalized patient. Notepaper that has to be folded into four to fit into the record envelopes take up a disproportionate amount of space, and it gets in the way so that letters have to be taken out of the envelope before the continuation cards can be slipped in.

Ideally hospital notepaper should be the same size as the continuation card, stiff enough to slip straight into the record envelope without ruckling and despatched from the hospital in a big envelope so that the letter would not need folding. But there are clearly objections to this, and a reasonable compromise would seem to be a letter which, when folded once, would be rather smaller than the continuation cards. The one fold would give it the necessary stiffness, it would be big enough for most purposes, and would not require extraction from the M.R.E. before inserting the continuation cards.

Conclusion

The more important of the suggestions made here have been worked out simultaneously and independently by different practitioners in various parts of the country. They are not put forward in any attempt to standardize note-keeping, because there is no point in standardizing it if notes are made only for their writers' benefit. Methods that have been tried out and found helpful are described in the hope that others may find them equally useful or may adapt and modify them to suit their own personalities. The aim throughout has been to achieve increased efficiency and to save time. It is better to aim at high standards and to fall below them than to have no standards at all.

If "the key to good general practice is the keeping of good clinical records," then it follows that raising the standard of clinical recording will raise the standard of general practice throughout the country.

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A Centre for a Single-handed Country Practice

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In this article the author describes the building, fittings and function of a clinic build to his own specifications for a single-handed country practice.

It will give ideas and encouragement to those contemplating the same step and perhaps some pangs of envy to others working in less suitable surroundings.

A.T.K.