





SKILLS

CONSULTATION SKILLS

Managing uncertainty

If there is one certainty in general practice, it is the inherent presence of uncertainty. Undifferentiated presentations are common in primary care and a firm diagnosis is elusive in many encounters. Very commonly, symptoms are vague, examination findings unclear, investigation results conflicting, and response to treatment inconsistent. Guidelines may be irrelevant or non-existent. As a result, uncertainty is intrinsic to the general practice encounter. Indeed, it has even been proposed that managing uncertainty is the 'specialty' of general practice. Supervisors play an important role in helping their registrars manage uncertainty in general practice – in essence 'what to do when you don't know what to do'. For further information, see the GPSA guide on [managing uncertainty](#).

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Causes of uncertainty in general practice Common undifferentiated presentations Uncertainty flags Impact of uncertainty – affective and behavioural Practical strategies for managing uncertainty in the general practice setting 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to reflect on their tolerance and comfort when managing patients with ambiguous presentations, and write down a) how it makes them feel and b) how it changes their practice 				
ACTIVITIES 	<ul style="list-style-type: none"> Many teaching methods are suitable for teaching registrars about managing uncertainty, including direct observation, problem case discussion and role play. See over page for activities 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> Review the 'call for help' list at the commencement of the placement Accept that uncertainty is inevitable and incorporate explicit discussion of uncertainty into teaching Re-take the history from scratch when reviewing the patient with an undifferentiated presentation Use the ideas, concerns, and expectations (ICE) framework to identify the patient's agenda Reason analytically, using Murtagh's diagnostic framework or checklists Incorporate a diagnostic pause into consultations where uncertainty is high Use gut feelings to help direct management Watchful waiting ('a tincture of time') can be a very powerful diagnostic and therapeutic intervention Share decision making with the patient – 'think out loud' Seek evidence and assistance Follow up and use safety netting 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="335 1859 430 1982">Read</td><td data-bbox="430 1859 1484 1982"> <ul style="list-style-type: none"> GPSA Guide Managing Uncertainty in General Practice 2011 Quality in Primary Care Dealing With Uncertainty in General Practice: An Essential Skill for the General Practitioner </td></tr> <tr> <td data-bbox="335 1982 430 2045">Listen</td><td data-bbox="430 1982 1484 2045"> <ul style="list-style-type: none"> Primary Care Knowledge Boost Podcast Dealing with Uncertainty </td></tr> </table>	Read	<ul style="list-style-type: none"> GPSA Guide Managing Uncertainty in General Practice 2011 Quality in Primary Care Dealing With Uncertainty in General Practice: An Essential Skill for the General Practitioner 	Listen	<ul style="list-style-type: none"> Primary Care Knowledge Boost Podcast Dealing with Uncertainty
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FOLLOW UP AND EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to develop a brief presentation to present to the practice on the approach to the undifferentiated presentation and management of uncertainty 				

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Activities

MINI ROLE PLAYS

1. PATIENT AGENDA

- Read out the first paragraph of the scenario below
- Ask the registrar to explore the patient's agenda using ICE questions

CASE SCENARIO

You are Pat, aged 43, and present with abdominal pain. You describe intermittent abdominal pain over the past 6-8 weeks. There are no other associated features apart from occasional diarrhoea. In particular, there is no weight loss or night sweats etc. You are generally well with no other significant PMHx and take no other regular medications. You do not smoke and drink about 10 standard drinks/week.

[if specifically asked by the registrar, you state that you have been very worried about bowel cancer since your work colleague died from this a few months previously.]

2. EXPLAINING UNCERTAINTY

- Read out the scenario below
- Ask the registrar to explain the results and the plan from here

CASE SCENARIO

You are Yin, aged 36, and are returning for the results of your most recent blood tests. You have had low grade RIF pain for about 6 months which has been extensively investigated with blood tests, CT scan and USS, and surgical review with colonoscopy. There are no associated features and no red flags. The most recent blood tests are all normal.

3. FOLLOW UP AND SAFETY NETTING

- Read out the scenario below
- Ask the registrar to discuss follow up and safety netting

CASE SCENARIO

You are Sam, parent of Grace, aged 3, who has presented with low grade fever, joint pains and mild diarrhoea. The doctor has done a thorough assessment and reassured you that there is nothing concerning at this point.