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# THE SOFT EDGES

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## Waiting Room Skills – Chris Ellis

The consultation in family practice has been well documented, but not so much has been written about the period leading up to it. This area before primary care starts – perhaps one should call it preprimary care – is the time for when the patient picks up the phone to make the appointment, or even before that. After this follows the negotiations with the receptionist and the appointment system, the journey to the rooms, the subsequent navigation through the reception formula and into the waiting room with its choice of seats and positional play. The waiting room plays a great role in setting the scene for the consultation.

I used to be afraid of my waiting room. I was afraid of going into it when there were patients in it. It somehow became theirs, and I became a hesitant foreigner intruding and exposed. I would pass quickly by. It would have been filled up and have taken on a character of its own, a sort of club exclusive to the patients and I was excluded. They talked together and then stopped and looked when I appeared. It was easier to scuttle back to the safety of my room and press the buzzer for the next one to be shown into my Imperial Majesty.

My treatise *How never to be Frightened of your own Waiting Room again* has taken a long time to evolve. If I am frightened of the wretched thing then what, I ask, must the patients feel like? Even the old regulars feel uneasy at times. Ten people simultaneously pretending to be fascinated by six year old editions of the *Farmers Weekly* cannot be that relaxing.

So it is important that the preprimary care is right, before the primary care starts. It is one of nature's laws that if the foreplay isn't right then the

consummation won't be either. It results with a consultation starting with: "I won't keep you long doctor, I know you're a busy man".

This can mean one of two things. The first is that the waiting room is too full and your practice has turned into a sausage machine. And the second is a well played delivery from an old offender who knows that by saying this, he insinuates that he is a neglected patient who never gets any time. Somehow I always end up spending twice as long with these cases, damn it.

There are several reasons why I am afraid of my waiting room. Firstly some of the patients in there used to be mine and now have switched to another partner. Both they and I feel uncomfortable about this. Some – which is worse – are my patients and haven't been able to get an appointment to see me and are thus seeing another partner. Both they and I feel even more unhappy about this. And lastly – the worst of all – are those patients of my partners who can't get an appointment with them and have been assigned to me. With this sort of scenario *everyone* in the waiting room averts their eyes when I appear.

My other difficulty arises when I am running an hour late. The eyes have stopped averting now and are following. There is always someone in there who I don't want to keep waiting. This is usually a friend who I know is a busy man, or the Lord of the Manor who has only managed to get one buttock onto the end of a crowded bench in the corner. Before I can see them, there are booked a phalanx of groan-and-grinds. Even if I take everyone in order, there is this continuous muttering from Mrs

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Lombard. Even though she is always two hours early for her time, she puts on a display of indignation every time I collect a patient. On some days I wonder if there's going to be an uprising. Apparently the veterinary waiting room can be somewhat similar, in that experienced vets can tell which dogs are going to bite them by the behaviour between the owners and their dogs in the waiting room. So far Mrs Lombard hasn't bitten me.

Despite all of this, I have for many years always collected my patients personally from the waiting room. I have to walk down a corridor past two partners' rooms to get there. It takes twenty paces there and twenty back and I do it thirty to forty times a day about five to six times a week. I get a 1 000 kilometre check up and lubrication from the barman at the golf club. The length of the corridor in fact helps, because I can assess cardiorespiratory and musculoskeletal function as we walk down. The patient enters my room first and I follow. I don't wear a white coat. I hope we walk in as equals in the venture.

This sounds frightfully enlightened and caring, but things can go badly wrong in collecting the patient yourself. The stage directions can become unstuck. Usually what happens is I stride down the corridor in my role as your personalised good old family country doctor. I smile benignly at the audience, see my next patient, Mrs Green, and confidently fix her vision. I then call her by her name - only to see the real Mrs Green get up and come forward from three places away. This is called the exposed personal physician grade one.

Exposure grade two comes a few patients later. The scene starts as above, except it is Mrs Brown to be collected this time. She is a patient I don't know so I call out the name and we go back to my room, where I introduce myself. She normally says nothing at this stage, while I read through the file to see that I actually do know her and have seen her twice recently. One now has to do, what is known in the trade as start climbing for high ground with a recovery statement such as "Ah, yes how are your feet doing now? etc".

These problems arise because when you collect the patient yourself, you don't usually have the time to look in the file. You take it off your desk or collect it from reception and then collect the patient. This can lead to another exposure which I have called *The Wrong Mrs Van Der Westhuizen Syndrome*. It usually occurs when one is lulled into a false feeling of security with a good run of positive identifications. You chat merrily down the passage, sit down and confidently proceed with the consultation. After a while minor discrepancies seem to be present. She is complaining of heavy periods yet she has had a hysterectomy. If it is your first time with this syndrome, you might plod on in a curious manner until it is impossible to ignore that this vast matron in front of you couldn't have weighed 56 kg last month. You have the wrong file. Return to square one. Do not pass Go. Do not collect your money.

At least it's not possible that I could have gone through a whole consultation with the wrong patient. Or have I? Have I treated the wrong Mrs Van Der Westhuizen with the right file and the wrong treatment? Or the right Mrs Van Der

Westhuizen with the wrong file and the right treatment?

Finally there is an exposure of the personal family physician that is grade ten on the Richter scale. I hope it never happens to me again. I introduced myself to a new patient to receive the reply:

"Yes, I know you're Dr Ellis - you delivered me six weeks ago. I've come in for my postnatal check up".

There is no high ground left after this.