The prepared patient

I started general practice the wrong way around. I designed what was the most ideal practice setting for me, and I have been trying to get back there ever since. I started in rooms in a shopping centre, and only employed one nursing sister. Her name was Sister Zurlinski and she was made in heaven.

Between us, we devised a system that would facilitate the most time-efficient way for me to see patients. The floor area of the rooms was not that large, but we designed it to accommodate two small examining rooms, as well as a consulting room or office with just a desk and chairs.

Sister Zurlinski would sit at reception, which was in the small waiting room, and when the patients came in she would enquire politely what they had come in to see me about so that she could prepare them for the consultation. She had grown up in the area and knew the social background of the community.

She would then weigh the patients, take their blood pressure, record the relevant vital signs and test the urine if indicated by the history. Children would have their temperature taken, and she would write a few words of short history on one or two lines.

She would prepare the older patients over the phone when they were making their appointments, so that they would bring in their medication. When they arrived, she would empty their handbags, go through the list with them and write down exactly what they were taking in the file. I think this was the most time-saving exercise that she performed for me.

We devised different systems for different conditions. If patients came in for a Papanicoloau smear, she would show them into one of the examining rooms, test their urine, and tactfully ask if she needed to test it for pregnancy, record their vital signs, measure the haemoglobin, and ask them to undress. She would place a clean sheet over them. We designed, between us, crude prototypes that are now used by nurse practitioners, which enabled me to walk in and consult with the prepared patient.

It sounds a bit like conveyor belt medicine, but everyone was reassured by the efficiency of the system and the thoroughness of the approach. An electrocardiogram was carried out for patients with chest pains, and the appropriate tray laid out for lacerations or cysts requiring removal. Sister Zurlinski spoilt me for the rest of my practice life.

I have never been able to organise such a system again. Looking back, a large part of my practice life has been spent taking measurements and vital signs, and gathering information that could have been performed by a nursing assistant. Most of us work in a similar, inherited way of seeing patients inefficiently. To consult with a prepared patient, the staff ratios within the system and how the information is gathered, stored and retrieved would need to change. A fundamental alteration to the flow systems for our rooms or outpatients would also be needed.

If we instituted this concept of the prepared patient and the designs that accompany it, we would only need half the doctors that we now have to run the health services. So please do not tell anyone about this.

Chris Ellis, Family Physician, Pietermaritzburg, KwaZulu-Natal
e-mail: cristobalellis@gmail.com