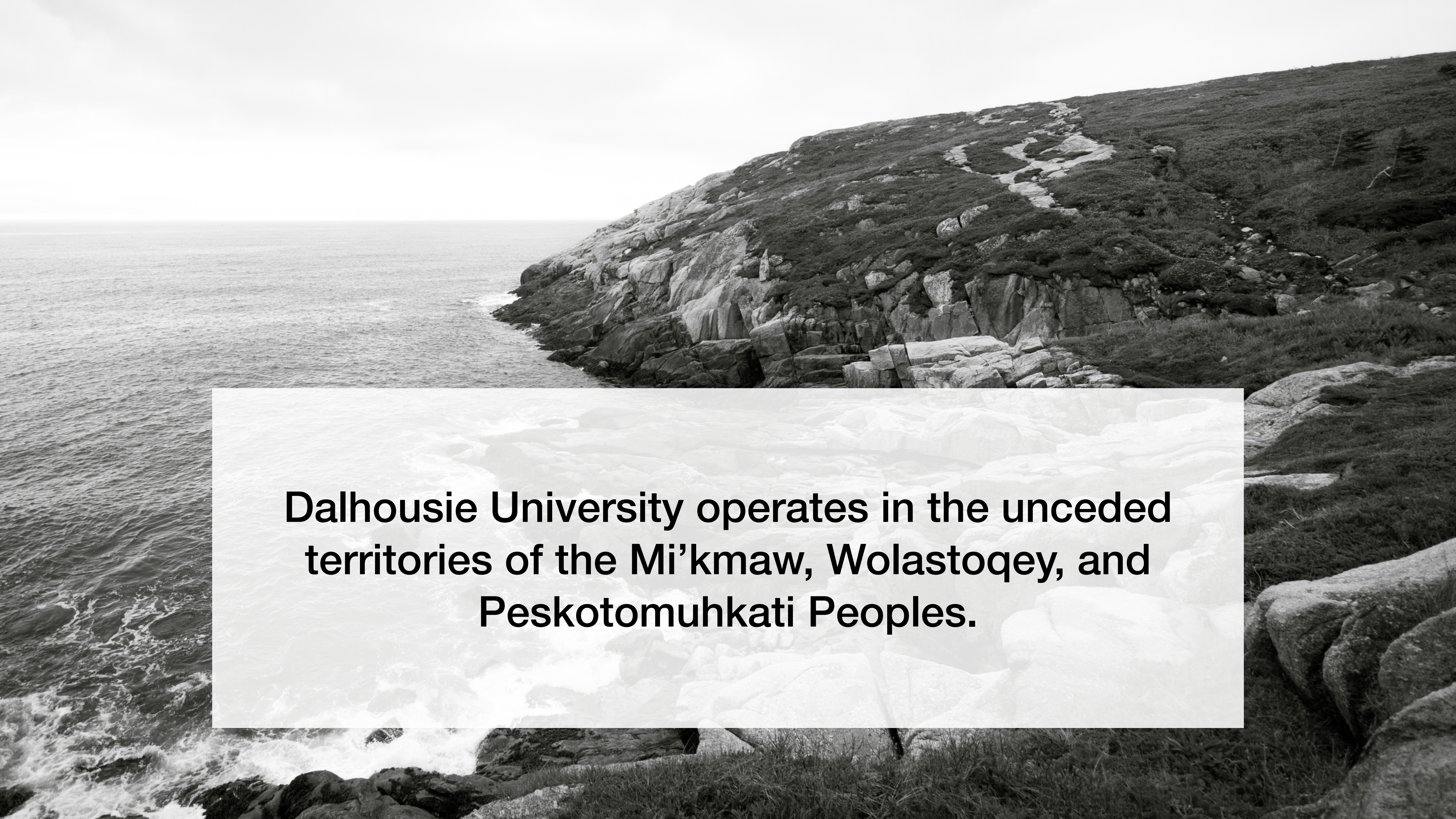




Cognitive Strategies for New Family Physicians

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(she/her)



Dalhousie University operates in the unceded territories of the Mi'kmaw, Wolastoqey, and Peskotomuhkati Peoples.

Presenter Disclosure

Presenter: Janet Green

- Relationships with financial sponsors
 - Any direct financial relationships, including receipt of honoraria: Not Applicable
 - Membership on advisory boards or speakers' bureaus: Not Applicable
 - Patents for drugs or devices: Not Applicable
 - Other: Not Applicable

Welcome!

A little about me...

- I'm recent graduate from a Dalhousie rural training site
- I'm currently 2.5 years into practice
- I locumed in community family practice, hospitalist, FM-OB before an academic family medicine position
- Now I have a mix of office-based family practice, FM-OB, admin, teaching
- Continually striving to find "balance" with a young family

Who are you?

- Where are you currently working/training
- Are you a...
 - Medical Student
 - Resident
 - Staff Family Physician - First 5y
 - Staff Family Physician - After First 5y



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Outline

- What are challenges with transition to practice
- What is medical uncertainty, and how does it present early in practice
- What strategies can we use to manage uncertainty
- How to more confidently make decisions
- How to support trainees and new to practice family physicians



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What is transition to independent practice

Why is it different?

- There are many transitions on the way to becoming a family doctor
 - New Medical Student
 - Pre-clerkship to clerkship
 - Medical Student to Resident
 - PGY1 to PGY2
 - PGY2 to Independent Family Physician



Think back...

What is transition to independent practice

Why is it different?

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 - New Medical Student
 - Pre-clerkship to clerkship
 - Medical Student to Resident
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 - PGY2 to Independent Family Physician

What is transition to independent practice

Why is it different?

- There are many transitions on the way to becoming a family doctor
 - New Medical Student
 - Pre-clerkship to clerkship
 - **Medical Student to Resident**
 - PGY1 to PGY2
 - PGY2 to Independent Family Physician

2 YEARS.

What is transition to independent practice

- There are many transitions on the way to becoming a family doctor
 - New Medical Student
 - Pre-clerkship to clerkship
 - Medical Student to Resident
 - PGY1 to PGY2
 - **PGY2 to Independent Family Physician**

First Five Years

- Licensing, getting privileges
- Financial changes
- REMEMBER TO SAVE TAX \$
- How to find work
- Whether to locum
- How manage practice
- Navigating new EMRs
- Learning new health systems
- Managing teams
- New locus of motivation
- No more reviewing!
- No more reviewing... ..?
- Managing clinical uncertainty
- No formal supports

Stepwise Independence

- All through training we gradually get more independence
- But there is always someone reviewing, usually by the end of the day
- Someone is saying “sounds good!” Or “maybe this instead”

- It is tricky to truly simulate the feeling of being the only one to review
- Especially in cases with a great deal of medical uncertainty...

Medical Uncertainty

- To be clear...residents are no strangers to uncertainty
 - Uncertainty around CaRMS
 - Preceptors expectations
 - Day-to-day schedules
 - Exams
 - etc etc etc
- **But**, medical uncertainty is a different and very important skill in Family Medicine



Uncertainty.

uncertainty

noun

a situation in which something is not known, or something that is not known or certain

Uncertainty creeps into medical practice through every pore. Whether a physician is defining a disease, making a diagnosis, selecting a procedure, observing outcomes, assessing probabilities, assigning preferences, or putting it all together, he is walking on very slippery terrain. It is difficult for nonphysicians, and for many physicians, to appreciate how complex these tasks are, how poorly we understand them, and **how easy it is for honest people to come to different conclusions.**

—David Eddy

Medical Uncertainty

- Subjective perception of ignorance (Han et al., 2011)
- Can slow and impact decision making (Wray & Loo, 2015)

Medical Uncertainty


How can we manage it?

- Know more!
- But,
 - There is a lot to know!

and even if we knew it all, this might not cut it.



Duty Clinic

Memo 								
Time	Patient	Type	Concern Resource	Appt Status	Billing Status	Bill	Diag	
08:45	Huddle		Team 3	Booked				
09:00	Pt A, 32F	Regular (15 min)	Migraine Team 3	Template				
09:15	Pt B, 24M	Regular (15 min)	Headache + cough Team 3	Template				
09:30	Pt C, 52F	Regular (15 min)	Headache and stiff neck Team 3	Template				
09:45	Pt D, 62M	Regular (15 min)	?UTI Team 3	Template				
10:00	Charting		Team 3	Booked				

Patient A

- 32yo F
- CC: headache

- Started this AM, pulsatile, right sided, +photophobia
- No red flags

- T 37.2 HR 72 BP 121/82

Patient B

- 48yo M
- CC: headache + cough

- URTI symptoms x 2d, no neck stiffness
- No red flags

- T 37.6 HR 92 BP 115/70

Patient C

- 52yo F
- CC: HA + neck stiffness

- Worst headache, started over 30 minutes 3 days ago, sore neck, not stiff, nausea with position change
- PMHx Migraines

- T 37.0 HR 88 BP 120/70

Patient C

Patient C

- 52yo F
- CC: headache + stiff neck
- Worst headache, started over 30 minutes 3 days ago, sore neck, no neck stiffness, nausea with position change
- PMHx Migraines
- T 37.0 HR 88 BP 120/70

- Getting more history...
 - Hx migraines, this more intense
 - Waking at night
 - Missing work (very unusual for her)
 - Normal neuro exam, neck is tender but not stiff

Next steps...

Patient C

- 52yo F
- CC: headache + stiff neck
- Worst headache, started over 30 minutes 3 days ago, sore neck, no neck stiffness, nausea with position change
- PMHx Migraines
- T 37.0 HR 88 BP 120/70

- What do you want to do next?



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Sources of uncertainty

Patient C

- 52yo F
- CC: headache + stiff neck
- Worst headache, started over 30 minutes 3 days ago, sore neck, no neck stiffness, nausea with position change
- PMHx Migraines
- T 37.0 HR 88 BP 120/70

- Diagnostic uncertainty
- Unknown pt (duty clinic)
- Conflicting details in pt history
- How sensitive/specific is our physical exam?
- Is pt reliable to follow up if symptoms change?
- Safety of waiting for CT scan
- What are wait times for CT scans?
- How long is wait in emergency?
- What is availability like in clinic to follow up?

Sources of Uncertainty

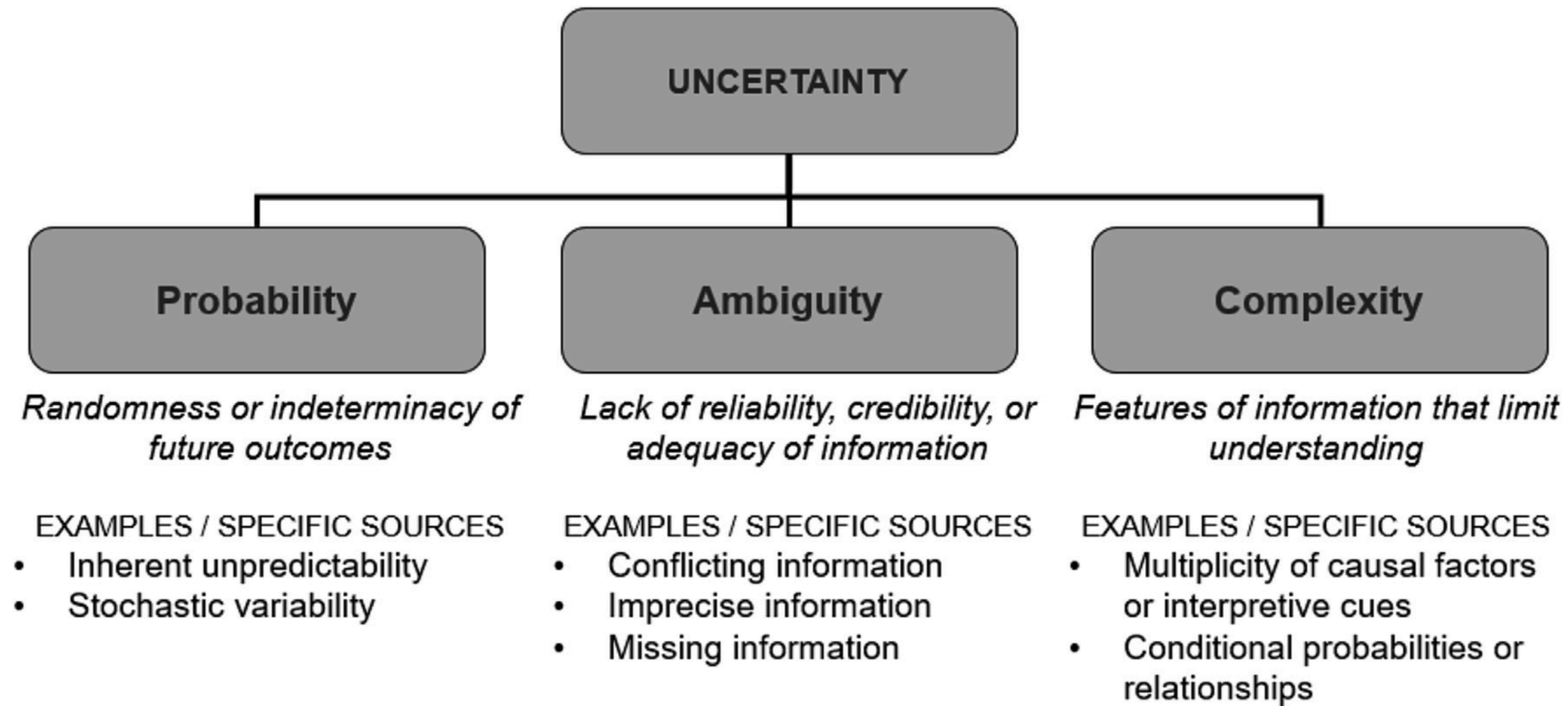


Fig. 3. Sources of uncertainty.

Managing Uncertainty

- So we know uncertainty exists
- But how do we manage it?
- Managing our **uncertainty tolerance**
 - “The set of negative and positive psychological responses—cognitive, emotional, and behavioral—provoked by the conscious awareness of ignorance about particular aspects of the world.” (Hillen et al, 2017)



Uncertainty Tolerance

How you do you reduce uncertainty in your practice?



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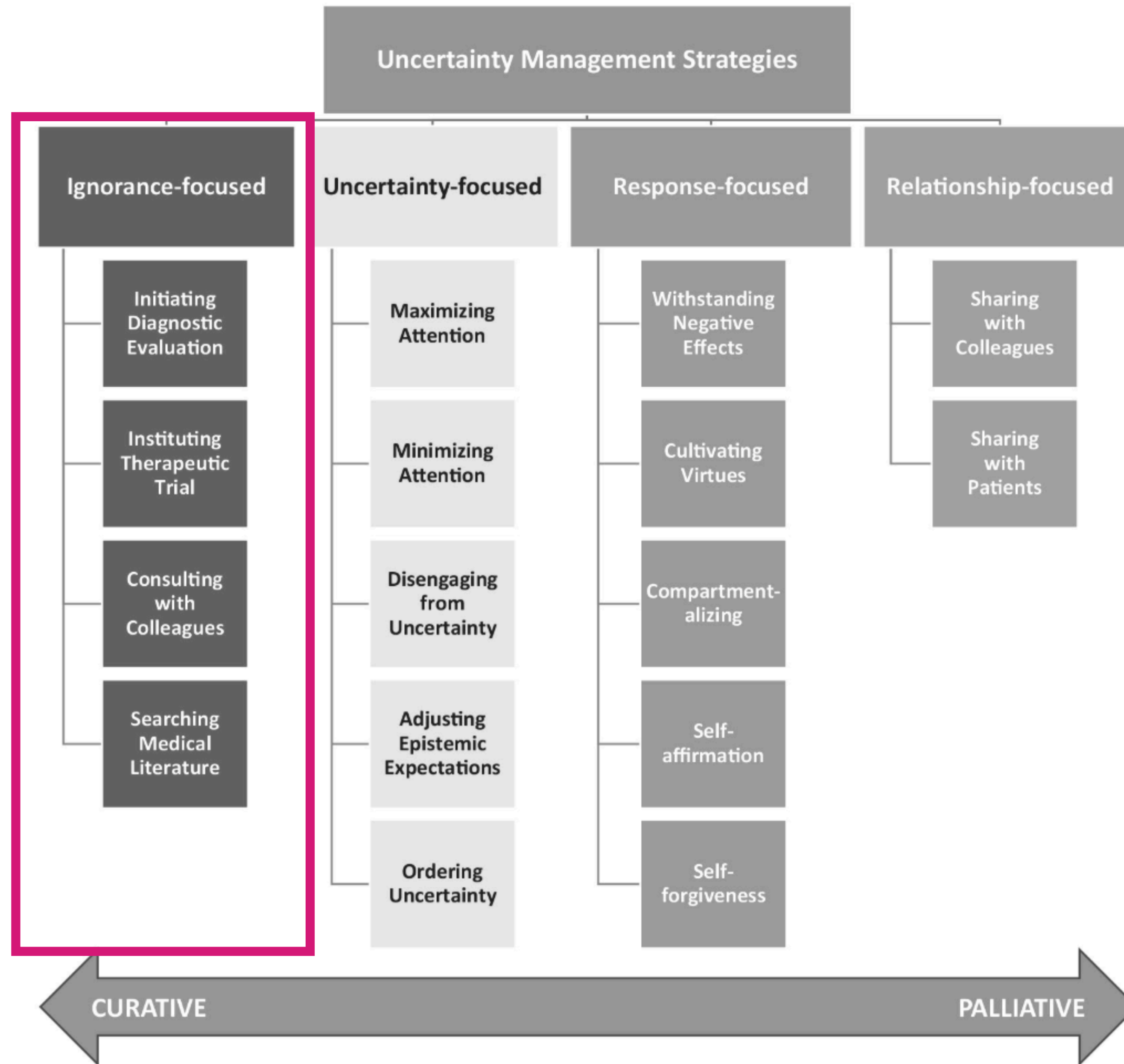


Figure 1 Physicians' uncertainty management strategies: conceptual taxonomy.

Ignorance-focused

Getting more information

- Get more data (more history, investigations, labs)
- Review literature, guidelines
- Consult with specialists, colleagues,
- Therapeutic trial - try something out

Uncertainty-Focused

Managing awareness of uncertainty

- Use uncertainty to advantage - stay extra vigilant , you
- Limit attention to most important - identify actual decisions that need to be made right now
- Adjusting expectations - might not need exact dx
- Ordering uncertainty - breaking decisions down, creating algorithms

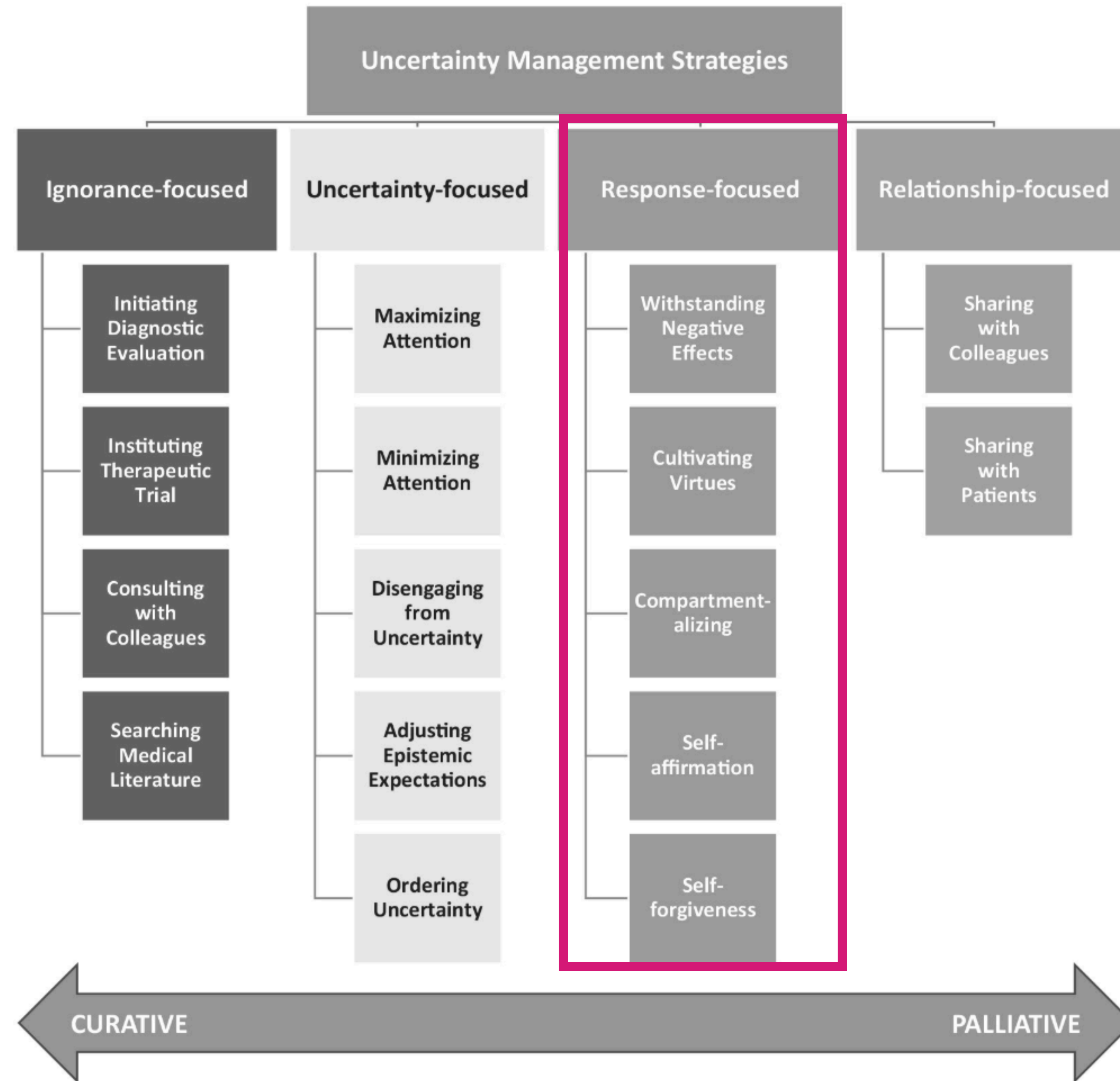


Figure 1 Physicians' uncertainty management strategies: conceptual taxonomy.

Response-focused

Managing psychologic response to uncertainty

- Recognize and accept the “angst” of decisions
- Compartmentalize
- Self-affirmation
- Self-forgiveness

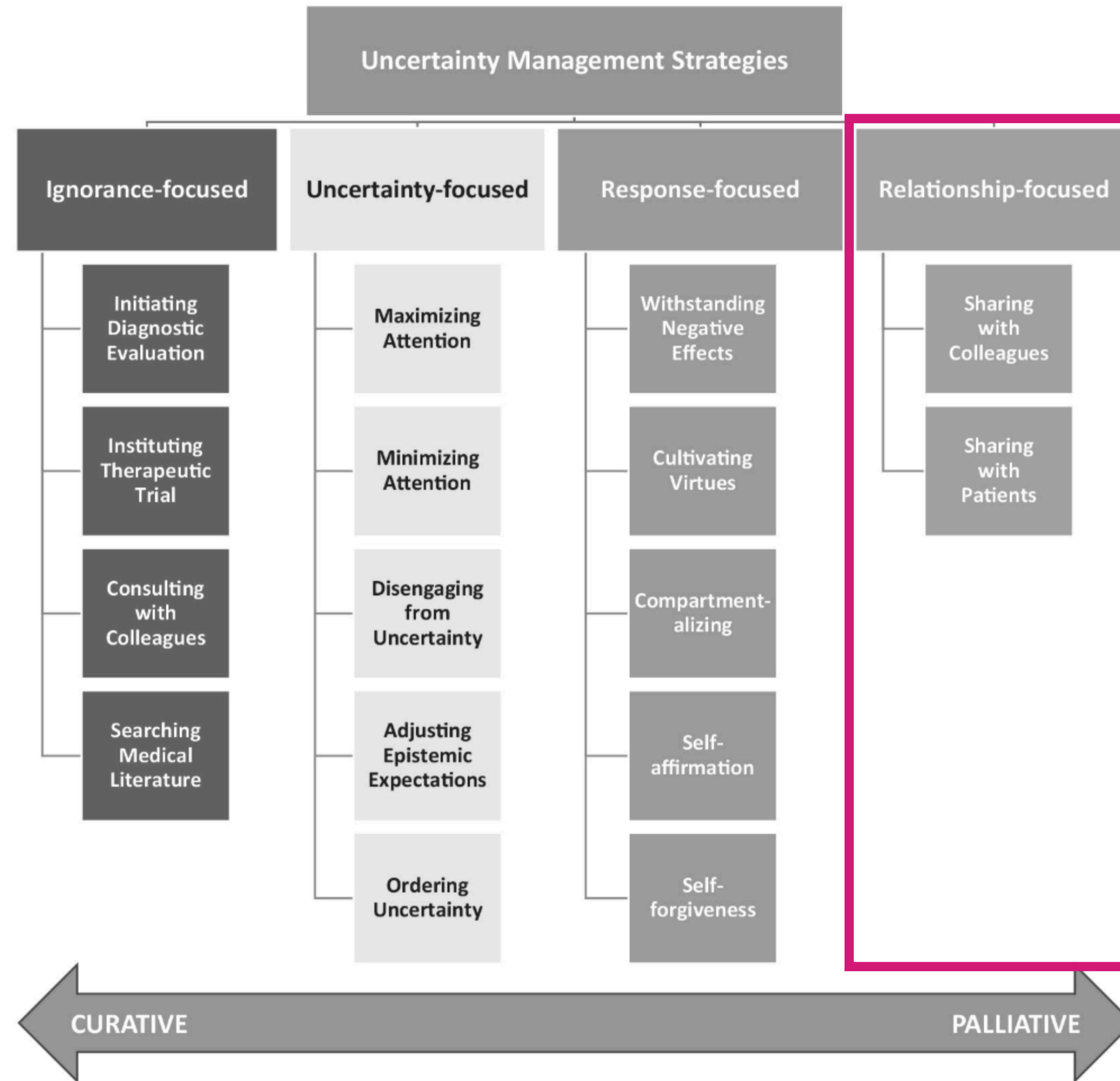


Figure 1 Physicians' uncertainty management strategies: conceptual taxonomy.

Relationship-focused

Palliative effects of uncertainty in community

- Sharing with colleagues - supporting one another
- Sharing with patients - involve patients in uncertainty, shared decision making



The Uncertainty Toolkit

Creating your own approach

- Identify the uncertain decision
- Narrow decision - what decisions do we need to know now
- What additional information will give clarity
- How can we use time to our advantage
- How can we involve patient in managing uncertainty
- How do we manage discomfort after decision has been made

Patient C

- 52yo F
- Presenting with headache
- “Worst headache” started over 30 minutes 3 days ago, sore neck, no neck stiffness, nausea with position change
- PMHx Migraines
- T 37.0 HR 88 BP 120/70

Getting more information

- More information doesn't necessarily completely ease uncertainty but it helps
- Knowledge becomes more automatic with time (e.g. Vitals in Med 1)
 - Develop personal macros to help save time
 - Develop personal practice plans for common presentations
- Give yourself permission to reach out especially in first five years
 - Calling specialists
 - Opportunities for informal consults
 - Official consults "I don't know if you need to see this but..."

The Uncertainty Toolkit

Creating your own approach

- Identify the uncertain decision
- Narrow decision - what decisions do we need to know now
- What additional information will give clarity
- How can we use time to our advantage
- How can we involve patient in managing uncertainty
- **How do we manage our own discomfort after decision has been made?**

04:00 AM

“Nighttime Thoughts”

(i.e. managing post-uncertainty distress)

- Reviewing during training allows us to offload some of this distress
- This is a big difference early in practice

Managing Post-Uncertainty Distress

First Five Years

- Uncertainty is inherent to healthcare (Stephens & Lazarus, 2024)
- Find an informal group to discuss and debrief cases
- Use your note to defend your plan (to others...and to yourself)
- Recognize a different plan does not mean yours was wrong
- Likely will never completely go away (or so I'm told)
- Reflect on decisions, will you learn anything going forward?

Developing Uncertainty Tolerance

Trainees

- Take a moment to think about your plan, and sit with plan, before reviewing
- Recognize when you are planning to anticipate a preceptors plan
- Play mental time travel “in X months, would I do this if it was up to me?”
- Ask your staff about alternatives, and how they manage uncertainty

Supporting uncertainty tolerance

Established Family Doctors

- Create a psychologically safe space for trainees and new staff by verbalizing your own uncertainty
- Push trainees to work through uncertainty, and give them time to work through uncertain plans
- Realize that your management of uncertain situations may have become more automatic over time, help trainees by verbalize plans out loud

Uncertainty in Different Settings

- These examples have focused on office based settings
- But this is also very true in hospital, FM-OB, ED, etc settings
- Especially in acute care settings, with direct patient handover
- Many of the same approaches apply
- Accepting that there will be some distress and knowing ways to help it, is important to help push through this transition period

Review

- Transition to practice is a unique transition in becoming a family physician
- A big piece of this is managing medical uncertainty on your own
- There are tools that can be used to increase uncertainty tolerance
- Like every other skill learned this becomes more automatic with time
- Finding ways to reduce uncertainty and the distress around it will help
- Ensure a psychologically safe space to work through these issues

Thank you!

