



“Now Tell Me Again What You Are”: A Family Doctor Reflects on the Importance of Context

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When the third trainer asked me what I was, it dawned on me that they might not get it. I was enduring the 16-hour training required for my third electronic medical record system in the last 5 years. As I had walked into the community college classroom building where I would undergo this indoctrination, the shiny chrome handrails and smooth slate tile floors were anything but welcoming. Things got off to a good start when I explained that I was a family doctor and we needed to start with building outpatient templates.

But when I explained that I deliver babies and I needed a delivery note and those orders, one trainer said “you can’t do that.” I paused and took a deep breath and thought about how many people have tried to tell me that over the last 35 years at multiple hospitals, I struggled to explain the concept of womb to tomb care. She said “that’s great, but you can’t do that the way templates are set up. You can only function in one context.”

I thought about the metaphorical meaning of what she had just said. At some level, I knew it was much more concrete. She sent me along to the “OB trainer” who had no problem setting me up for orders and delivery notes. She then said “so how about your postoperative orders?” I explained that although I did do cesarean deliveries for the first half of

my career, I no longer do them because I am not needed to do that here. She said “Oh, then you’re a midwife?” I said no, but I would enjoy doing that for my next career. Again she just looked puzzled. After a lot of manipulations of mice and cursors, we agreed that she could set me up without having a C-section template and postoperative orders.

I explained that I did need the details of forceps and vacuum-assisted deliveries within my note. You would’ve thought I had just spoken Russian. She said “you can’t do that in this context.” I was beginning to see a pattern. We worked our way through that with some phone calls to the man behind the curtain. Then I explained that I needed a newborn admission template and orders as well. The trainer let out what sounded like a groan and sent me along to the pediatrics room.

The pediatrics lady seemed really nice. She had a teddy bear on her mouse and offered me candy when we finished. That part went pretty well as it seemed I had gained some contextual competency. I explained that since I precept residents in their office I will need to be able to cosign their notes. With a look of disgust that didn’t seem appropriate around kids, she pointed to the resident/faculty area.

This part went pretty easily as he seemed to understand what I needed to do with the resident notes and

orders, but again “you can’t do that in the context of your other templates.” I explained that I provide medical support to our inpatient behavioral health unit, and needed a template for a consultant note. He frowned and decided to send me to the consultant training area.

The trainer said consultants have it really easy. There’s just a standard note and only a few options and it’s really simple. But again she explained that I could not do that in the context of the other templates. When I explained that I also see gynecology (GYN) patients in the main women’s center office and needed the orders for ultrasounds, mammography, and bone density, she said “well then you will have to talk to those people as well.”

Down the hall with the smooth tile floors I went, wandering until I found the GYN room. The group was mostly quiet and I noticed most of them were my age. They seemed to have it pretty easy also. They had a few sets of standard orders with only a few templates, and it seemed quite easy compared to everything else I do. And as I finished this training, I got the word again that I could not do that in the same context.

Near the end of the sessions, I was finally shown in to the man behind

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the curtain, and he explained that he would have to give me five separate contexts, and I would have to be very careful that I was in the correct one at all times. It was at this moment that I realized that Dr Gayle Stephens had warned me of this almost 38 years ago as I began training in his residency in Birmingham. He explained that a family doctor is that modern medical healer who accepts the patient as he is, with no prerogative to ignore any complaint the sufferer brings, even if it appears nonmedical on the surface.¹ As I walked back to my car, I had this image of these healers moving through multiple contexts like benevolent will-o-the-wisps, guiding their patients to safety. My challenge was to do what family doctors have always done. We simply go where we are needed, when we

are needed, stepping through barriers when necessary.

I am told there are some good things about electronic medical records. Printed prescriptions are easier to read and their digital transmission works even better. The billing people are very happy with what I do, and someday I'm told that a population health approach can really happen from these records. Honestly, I think I might be in the retired population before that occurs.

Somehow this electronic medical record implementation shook me to my core and caused me to question if in fact I was what I thought I was all those years. But you know what? I am. I am a master of all contexts. I am my patient's doctor no matter the context. I am a family doctor. Bring on the next digital challenge!

Thank you, Dr Stephens.

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