Defining what makes a good doctor is challenging. We all have different preconceived ideas as to what constitutes a good doctor, as do our colleagues, nursing staff and patients. Perhaps it is easier to define a good lawyer, accountant or salesman, but a good doctor? One may think a good doctor is simply someone who cures his or her patients or knows the diagnosis of the condition – but I believe it is more than that. Our work as doctors encompasses far more than the pure clinical aspects of our performance. We all know what makes a bad doctor, but what exactly makes a good doctor?

I have been fortunate to have mentors that I not only look up to, but also continually aspire to emulate in my own practice. Some of their excellent qualities include empathy, compassion, knowledge, patience, exceptional communication and strong medical leadership skills. As trainees, we look to our consultants as mentors and as examples of good doctors, and we in turn become role models for the next generation of doctors.

An article from the British Medical Journal (BMJ) describes a good doctor from a medical perspective as ‘a combination of individual clinical expertise and best available external evidence; they are thoughtful, evidence based practitioners who use intangible personal resources in the care of their patient’. From a patient perspective, both interpersonal relations and technical skills were highly rated. Interestingly, a BMJ debate involving readers from 24 countries regarding what makes a good doctor alluded to the desirable personal qualities more prominently than expertise in knowledge and technical skills.

As a trainee, I have looked to the Supporting Physicians’ Professionalism and Performance (SPPP) framework for assistance in the development of my professional skills. We are all ‘competent’ doctors (or we wouldn’t be where we are today), but being competent does not necessarily equate to being ‘good’. The SPPP Guide takes you through the ‘professionalism’ wheel and discusses good and poor behavioural markers.

The wheel encompasses the non-clinical aspects of medicine that are often ignored. We are all so focused (and so busy) on the clinical aspects of medicine that in most cases not much thought goes into these non-clinical aspects such as leadership and clinical practice improvement. Other non-clinical aspects of medicine such as quality and safety, communication, ethics and cultural competency are some of the other areas explored in the wheel. I think a good doctor is one who is able to integrate the non-clinical aspects of medicine into their clinical practice.

It was refreshing to see an article in RACP News discussing the incorporation of leadership into medicine. Medical leadership is essential to becoming a good doctor and I am hopeful that more opportunities to learn and become involved in leadership will be extended to all trainees of the College.

Dr Mandy Fletcher
Paediatric Advanced Trainee

Continued from page 15

References