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Lateral thinking: a guide for the foundation year doctor

Introduction

In these days of evidence-based medicine, doctors are relatively discouraged from thinking laterally. In the past, they had to rely on clinical acumen, 'sixth sense', intuition and experience. This was partly because there were fewer guidelines, but there was also a lower level of sophistication of investigations, and paucity of access to what few tests were available. Medicine was traditionally portrayed as an art rather than a science.

If you have a chance, try to ruminate more deeply about a patient that is puzzling you. Is there more to the case than meets the eye? One sadly now-deceased GP once declared in an emergency hospital referral that he thought the patient was well, but the little green man sitting on his shoulder said differently. Sometimes, you need to cultivate and listen to your own equivalent.

Deviation from the norm

There is a story about a woman who attended her GP with a runny nose. The doctor advised her and sent her on her way. The following week, she was back again, declaring that she was pregnant. The doctor was apparently not at all surprised and said: 'Yes – I thought you were.' Now, rhinitis is not a recognized feature of pregnancy, but that doctor guessed correctly all the same. Perhaps it was his knowledge of the patient or his experience of the things they never teach you in medical training, but something told him it was not as simple as it seemed.

Even now, a nurse will tell you that a patient 'does not seem quite right'. It is as well to heed such views, however non-specific, and determine for yourself whether it is anything you need to worry about. Sometimes, a patient can have a perfectly acceptable Modified Early Warning Score

(MEWS) but actually be acutely very ill, or vice versa. There is no substitute for looking at the actual patient, not just the charted observations.

Has a patient mentioned something casually that you let pass and perhaps did not record at the time, but could be significant? Is his/her behaviour at odds with what appears to be wrong? Is there something going on that you suspect but cannot quite put your finger on? For instance, if an adult cries over a relatively minor injury, it could have been caused non-accidentally, perhaps by domestic violence. Could the patient be keeping information from you and if so, why? Is something nagging and bothering you and you are not sure why?

If there are protocols, then, obviously, you should follow them wherever possible. However, if you think the patient does not quite conform to the standard pathway, it is worth asking your seniors if you suspect some deviation. It may be that some extra detective work will expose the true diagnosis. You might even be able to write it up as a case study, although that should not be your prime motivation. Even if there is no startling revelation, it does not necessarily cause any harm. So long as you have given comprehensive care in the first place, considered the evidence and are not over-investigating the patient unnecessarily or subjecting him/her to excessive invasion, then you are simply being thorough.

Medical students are taught pattern recognition from different histories and examination findings. This means associating a particular set of symptoms, signs and patient characteristics with certain diagnoses (Fletcher and Fox, 2006). It becomes obvious during training that many patients do not fit into neat categories and that 'tick-box' medicine cannot be applied. The patient him-/herself may know what is wrong from previous episodes, even if the current presentation is atypical.

There are good reasons why information technology, despite all its consistent programming, reliability and elimination of

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human flaws, is no substitute for doctors (Martyn, 2008). Anecdotes abound of staff following computerized algorithms too rigidly and missing vital clues that would normally have been picked up.

Learning to think laterally

You can train yourself to 'think outside the box' (McMullen, 2002). Creative contemplators are not necessarily all born – they can be made. The more practice you get at lateral thinking, the easier it becomes. Some people swear by scrutinizing obscure scenario exercises, where you have to work out what has happened. Dr Edward De Bono (1990) originally wrote about lateral thinking. This applies in all walks of life and not necessarily medicine. Critical thinking can be described as:

'...active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends' (Jenicek and Hitchcock, 2005).

This implies that logical reasoning is used to make a diagnosis or decision. It is not necessarily separate from lateral thinking. Indeed, it can fit with it, because sound judgment can still be involved, even if it is subconscious and instinctive. Weighing up of probabilities can figure – for instance,

what is the most likely conclusion, and are there any secondary or fringe considerations?

There is no harm in letting your imagination run away with you. However, do not make this too obvious during work time, as it may be difficult to explain convincingly. If you are visibly day-dreaming or constantly make 'off-the-wall' suggestions, people may view you unfavourably. You could bounce ideas off your peers to see what they think.

Conclusions

You must follow existing guidelines and give diligent care to the best of your ability, but do not be afraid to think more laterally and deeply about a patient. Be aware of small possible clues and do not dismiss them out of hand. Always listen to nurses' concerns before looking at patients yourself and forming your own opinion. Ask your

seniors if there is something extra or different you should do. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

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Useful website

Dr Edward de Bono's website:
www.edwdebono.com

KEY POINTS

- Keep to protocols whenever possible.
- Do not dismiss nurses' concerns, however nebulous, without assuring yourself of the patient's condition.
- It is acceptable to think laterally about what the real diagnosis may be.
- You can train yourself to be creative.
- Check with your seniors if appropriate.