

PUNs and DENs

Patients unmet needs (PUNs) and Doctors educational needs (DENs) is a system of personal learning. We all have different styles of learning, different needs and different vulnerabilities. Small group work is variably good, and skilled facilitation may help us, but probably real learning is down to us as individuals. We need to explore our own needs in our own way and in our own time, and learning with PUNs can provide the answer. It is indirectly driven by patients and self selects areas of weakness. In doing so it provides a starting point from which to progress. Its advantages are that it is simple, easy and good fun, it takes minimal time and is relevant to the daily work of General Practice. PUNs and DENs is free, identifies **your** education and training needs and will improve your consultation skills.

It does not explore what the Doctor *wants* (eg learn what I already know with minimal effort and maximum reward) nor what the Patient *wants* (eg patient Charters, demands and Sunday Times readers). PUNs does not involve mentors spending hours helping you expose all your weaknesses and ignorance and setting out a plan to turn you into 'superdoc'. All it guarantees is that, if you do find time for some learning, it will be relevant, owned by you and improve the care you give your patients. So what is it and how does it work?

PUNs are Patients' Unmet Needs. They are discovered in consultations simply by asking ourselves at the end, when the patient has gone, 'How could I have done better?' You need to focus on the Patient's *needs* to identify these. The doctor, not the patient, will decide whether the patient's needs have been met. When you discover a Patients' Unmet Need you have found your first PUN! Recognition of deficiencies lead to the discovery of **Doctors' Educational Needs (DENs)**.

How To do it

You can collect PUNs on your own but it is better if a group does it either together - all the doctors in a practice or non-principal group.

In summary,

1. Spot the PUN
2. Define the DEN
3. Meet the PUN by Delegation or "DEN fulfilment" or by changes in practice, group or personal management.

"DEN fulfilment" may be done on an individual basis but may be better achieved if groups of doctors share their identified DENs. In this way shared educational sessions could be arranged - Self-Directed Learning Groups. You could apply for educational support for such meetings. Use the group-learning logbooks for these.

The PUNs and DENs Log Book

The Log Book consists of the Discovery Page and the Process Page. The log book is confidential to you. After every

consultation ask yourself - "Was I equipped to meet the patient's needs? How could I have done better". (Consider this for all consultations - not just the easy ones. In this way areas can be identified that would benefit from further learning or development). If you "discovered" a patient's unmet need, write it down in the logbook.

The Discovery Page

- 1 Record some patient identification so you can remember the consultation in which the PUN was identified eg Computer I.D., Age, Sex.
- 2 Describe the PUN you have identified.
- 3 Define the area for improvement, development or change.
- 4 Classify into relevant areas: KC = Knowledge clinical, KN = Knowledge non-clinical, S = Skill, A = Attitude.

Once you've "discovered" the patient's unmet need (PUN), you can "process" your own educational need (DEN). It may be worth collecting 10 or so PUNs before processing them into DENs.

The Process Page

5. Identify PUNs that can be easily solved by chatting to colleagues or by delegating to practice staff. GPs can't possibly be omni-competent and so PUNs may be met without fulfilling a DEN, for example, by delegation. PUNs that require some time spent on them form DENs that by definition need addressing - so-called "DEN fulfilment". Sometimes PUNs will be met not by individual doctors but by changes elsewhere in the practice administration or managerial development.
 6. Write down the DEN i.e. what you need to know.
 7. Then record how you solved this educational need.
- Low "strike rates" are due to not bothering to collect small PUNs or because the identified PUN was actually solved during the consultation.
 - Doctors with high consultation rates have more PUNs.
 - Some GPs admitted to being reluctant to record a PUN that would create an unwanted DEN.
 - It is important not to feel inhibited when collecting PUNs - remember that the discovery page is personal and confidential to you.
 - You do not have to address everything that you discover but be honest with yourself while collecting.
 - Aim for a strike rate above 10%.
 - In groups, take it in turns to disclose some and write them on a flip chart.
 - Why not apply for PGEA accreditation or funding?

PUNs and DENs is an original idea from Richard Eve, GP Clinical Tutor in West Somerset. Further information from Clifton Lodge Surgery, 17 Cheddon Road, Taunton, Som-