The late and legendary Barbara Starfield captured the essence of primary care with her alliterative chestnut: The Four C’s. Primary care, she asserted, should provide patients with care that is: first Contact, Comprehensive, Continuous, and Coordinated. She developed this model in 1992, almost 30 years ago. Since then, others have expanded upon the Four C’s, for example, Doerr and colleagues\(^1\) took us up to 9 C’s, adding Credible, meaning the primary care provider earns the patient’s trust; Collaborative, acknowledging that good primary care often depends on integrated systems; Cost-effective, which can be considered synonymous with High-Value Care; Capacity expansion, indicating that effective primary care amplifies the physician workforce by referring to specialists only when necessary; and Career satisfaction, which I note is a theme appropriately echoed by Dr Logio, our Guest Editor, when she notes that, “intentionally elegant diagnostic care” can be an antidote to burnout. I agree. I am happiest when I fully understand the problems my patients bring to me and am confident that even if I cannot relieve their symptoms, I am going about the workup in the proper way and have a well-tested approach for their problem. I don’t feel confused; I feel in control. I have a sense of competency.

Competency, I believe, is the difference between, on the one hand, frustration and doubt and, on the other hand, satisfaction and certainty. It is the difference between burnout and joy. At the risk of sounding biblical, and with all deference to the Old Testament, I propose Competence as the tenth C.

How is Competence manifested in primary care? Not necessarily by encyclopedic, highly detailed knowledge, nor by exhaustive differential diagnoses for the common problems our patients bring to us. No. Competence in symptom management depends more on having a method, that is, an approach. And so, it is interesting to see how many of the 14 articles in this issue, *Common Symptoms in Outpatient Practice*, use approach in the title. “An Approach to the Patient with Cough;” “Current Approach to Constipation;” and an approach to knee pain, fatigue, weight...
Having an approach is the difference between ordering a slew of tests for, say, anemia, versus sorting things out at the very outset with an algorithm that distinguishes blood loss from decreased production, or evaluating hyponatremia based upon volume status. That is what primary care physicians need to bring to their encounters, and that is what the authors assembled by Dr Logio provide.

Primary care physicians need approaches to common symptoms. They need methods, not minutia. Perhaps Osler said it best in his advice regarding clinical education: “The problem with medical students is that they try to learn too much; the problem with medical educators is that they try to teach too much. Teach them methods and the art of observation, and then give them patients to practice their skills.” That is what we should be providing for our students, and that is what we should be focusing on for ourselves.

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