

Staying Connected: Eight Tips for Mindful Office Visits With an EHR

Carla Jardim, MD

A few simple changes can help you focus on your patient instead of your EHR.

Much has been written on the benefits of using an electronic health record (EHR). However, if you are like many physicians, those benefits have not been fully realized because of the difficulty of incorporating an EHR into the office visit. Over the years, I have found the following tips helpful in alleviating the frustrations of providing patient care in a technologic world and recapturing some of the joy of interacting with patients.

1. Focus on the patient when you enter the exam room. Avoid looking at your computer or typing as soon as you enter the room. Instead, look at your patient, say hello, and engage in a little small talk. Make a comment that acknowledges you see your patient – e.g., “I see you’ve lost weight.”

2. Get the chief complaint from the patient, not the EHR. Although it is helpful to review the reason why the patient is there, as recorded in the EHR, let the patient tell you his or her concerns. Instead of saying, “I see you are here for a sore throat,” ask “What brings you in today?”

3. Know when to put away the keyboard. In the paper chart world, we all had moments when we put down the pen to really focus on the patient. When a patient is telling you about his or her illness, failing marriage, or feelings of depression, push away the computer, lean forward, and look at the patient. If his or her symptoms require complex decision making, show you are deeply thinking rather than simply typing.

4. Inform the patient when you need to use the computer. Let the patient know you are recording his or her concerns, ordering tests, creating take-home plans, etc. Apologize for any distraction this may cause by saying, “I’m sorry. It is difficult for me to converse and type at the same time. Let me take a moment to make a few notes.”

About the Author

Dr. Jardim is medical director of Delaware Valley Family Health Center, Hunterdon Family Medicine Residency, in Flemington, N.J. Author disclosure: no relevant financial affiliations disclosed.

Consider reciting out loud as you type to demonstrate to the patient that you have heard his or her concerns. Ask the patient to correct you if you misheard something.

5. Sit so the patient can see the computer screen.


This setup assures the patient that the information on the screen is not secretive and actually pertains to him or her – rather than your shopping list or the last patient you saw.

6. Admit if you are not comfortable with your EHR.

Rather than appearing annoyed or fixated on your computer, admit you are still learning. It’s OK to say, “I’m still getting used to our new computer system,” or “I wish I was able to type a little faster.”

7. Engage the patient in the use of the EHR. Thinking out loud by saying things like “Let’s see, where is that flu shot order?” lets the patient know what you are thinking and gives the patient an opportunity to help you. This often empowers patients and helps you connect. Even as you address billing criteria, quality metrics, or meaningful use measures, you can let the patient follow along with statements such as, “I don’t see any family history of heart disease,” or “Remind me I need to collect urine today to check kidney function.”

8. Look things up with the patient. One of the benefits of having a computer in the exam room is quick access to the Internet, where you can look up images (e.g., a picture of degenerative changes in a cervical spine) or research clinical questions (e.g., “I’m not sure of the answer to that question. Let’s look it up together”).

As busy physicians, it is important to get our work done quickly, finish our notes, and stay on schedule. But at the end of the day, what matters most is the quality of the interactions we have with our patients – not our EHR. 

WE WANT TO HEAR FROM YOU

The opinions expressed here do not necessarily represent those of *FPM* or our publisher, the American Academy of Family Physicians. We encourage you to share your views. Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2015/0900/p56.html>.