

PRACTICE PEARLS

Avoid common mistakes when giving feedback

Giving honest feedback to your staff members and colleagues is necessary for learning and growth, but how do you deliver feedback in a way that actually helps the recipient? Here are three mistakes to avoid:

- Don't give feedback if you are feeling an emotional reaction to the other person's perceived shortcomings.

Instead, stop and consider why you are taking their behavior so personally. If the real reason behind your feedback is to get your own needs met, you are not likely to achieve the desired outcome.

- Don't diminish the other person's value in the process of giving feedback. Even "constructive" criticism can make individuals feel that they are under attack. The more they feel compelled to defend their value, the less capable they will be to take in what you are saying.

- Don't assume that you're right. Your view is simply one interpretation of the facts, so offer your feedback in a spirit of curiosity rather than certainty.

Source: Schwartz T. There's no such thing as constructive criticism. Harvard Business Review Blog Network. Nov. 21, 2011; <http://blogs.hbr.org/schwartz/2011/11/theres-no-such-thing-as-constr.html>.



Take SOAP to SNOCAMP

Many physicians are accustomed to using the "SOAP" format to document their evaluation and management (E/M) services. A number of years ago, I developed an alternative format, which provides a bit more detailed way to document E/M services, to more easily and appropriately code those services, and to defend

coding in case of an audit. I added three elements to the traditional SOAP note and called it SNOCAMP:¹

- Subjective (chief complaint, history of the present illness, system review, and past, family, and social history),
- Nature of the presenting problem (a description of the complexity or severity of the chief complaint),
- Objective (review of systems),
- Counseling and/or coordination of care (a description of any counseling or coordination of care services),
- Assessment (the diagnosis or differential diagnosis, along with potential complications),
- Medical decision making (a description of the type of medical decision making provided – straightforward, low complexity, moderate complexity, or high complexity),
- Plan (treatment options, includ-

ing the rationale for any changes in treatment or tests ordered).

The addition of nature of the presenting problem, counseling, and medical decision making creates a more effective note.

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1. Larimore WL, Jordan EV. SOAP to SNOCAMP: improving the medical record format. *J Fam Pract.* 1995;41(4):393-398. http://findarticles.com/p/articles/mi_m0689/is_n4_v41/ai_17527982/.

Plan ahead for successful e-prescribing adoption

Electronic prescribing (e-prescribing) is a requirement for demonstrating meaningful use of electronic health records – and for avoiding future penalties from Medicare. However, adopting an e-prescribing system can be a challenge. To ensure success, consider these tips:

1. Make sure at least one member of your practice can articulate to the rest of the staff the importance of e-prescribing.

2. Develop strategies for orienting patients and pharmacies to your e-prescribing processes. This may include providing educational handouts like the ones shown at http://www.annfammed.org/content/suppl/2011/09/08/9.5.392.DC1/Crosson_Supp_Fig.pdf.

3. Arrange to have access to technical support throughout implementation to respond to problems before user frustration impedes progress.

4. Redesign your work processes to incorporate e-prescribing. This may involve developing protocols that distribute prescription-related work among your staff members.

Source: Crosson JC, Etz RS, Wu S, Straus SG, Eisenman D, Bell DS. Meaningful use of electronic prescribing in five exemplar primary care practices. *Ann Fam Med.* 2011;9(5):392-397. <http://www.annfammed.org/content/9/5/392.full>.

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