



SIMPLIFY THE CHECKOUT PROCESS

Our patients and front-desk staff were often feeling confused after appointments about necessary orders and plans for follow-up. In response, we implemented “checkout sheets” — simple, laminated forms that list patient documents that we frequently print out (e.g., mammogram orders, lab orders, referrals, patient education handouts, and hard-copy prescriptions) and follow-up appointment options (e.g., “FU20 in 3 months with Dr. B for follow-up diabetes”). At the end of my patient visits, I circle items on this checkout sheet using a wet-erase marker, which is a great way to summarize my visit with the patient. The patient then brings the checkout sheet to the front-desk staff, who now know exactly which documents to print out for the patient and when or whether to schedule a follow-up appointment. Afterwards, the laminated sheet can be erased and reused. The checkout sheets have proven popular with our providers, patients, and office staff and have greatly improved our clinical workflow.

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ENSURE YOUR SAFETY DURING PATIENT VISITS

We don't typically go into patient visits worried about violence, but incidents do happen. One way to better protect yourself is to be more aware of your surroundings. For example, take a look at your exam room. You don't want a patient who is getting angry to be between you and the door. You also don't necessarily want to block a patient who is getting angry from being able to leave. Consider a triangle where you and the patient have equal access to the door. Second, make sure there are no easy weapons

available in the exam room, such as a heavy bottle with which a patient could hit you. Our practice also has call buttons in each exam room, which are meant for notifying staff if a physician needs help with a procedure but could also be used in an emergency. Finally, there are mobile phone apps that allow you to push a button on your phone and notify the front desk or other staff in your practice to come help.

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KEEP YOUR EMPATHY FOR DIFFICULT PATIENT ENCOUNTERS

Patients with complex behavioral, social, or physical issues can test their physicians' empathy, respect, and compassion. A clinic that regularly cares for homeless veterans designed a set of techniques to help clinicians deal with the biases and emotional responses they may experience with patients. A small pocket-sized card that physicians carry with them and refer to during the day summarizes the seven steps:

1. Coach yourself toward a caring frame of mind. Try saying to yourself, “I may be frustrated, AND I can choose compassion.”

2. Be warm. Use your nonverbal behavior, such as your tone of voice, physical proximity, and touch, to reassure patients that you are not angry, frightened, or disgusted.

3. Listen actively. Start out the visit with only open-ended questions, encouragement to continue talking, restatement of the patient's

concerns, and empathic remarks.

4. Create a vivid vignette. Ask the patient about his or her goals, obstacles, and what brings him or her joy, and use this to build a story that shows that you view the patient as a person, not just a diagnosis. For example, “Mark is a 35-year-old Marine Corps veteran studying to be a pastor but haunted by an Iraqi torture chamber.” Read this vignette to the patient and ask for input.

5. Use this vivid vignette with other professionals to inspire and coordinate care. This helps you and your colleagues see the patient as a person and understand that your interactions are part of an evolving story. Update the vignette accordingly.

6. During interprofessional meetings, listen actively and appreciate differences. Although team members from different specialties may have different approaches, knowing your team is willing to help and effective at their jobs helps prevent care for complex patients from becoming overwhelming.

7. Know your colleagues as people. Ask team members about their weekend, their families, or their interests outside of work. Learning more about them can help you better understand their thinking, including their assessments and treatment proposals.

Source: Soh M, Shaner A, Gelberg L, et al. Using the humanism pocket tool for patients with challenging behaviors. *Ann Fam Med.* 2018;16(5):467.

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