SAVE TIME BY LEARNING AND PERSONALIZING YOUR EHR

If you're transitioning to a new electronic health record (EHR), or still struggling to use one you've had for years, maximize your training opportunities and learn to personalize your settings. This will cost you additional time up front but save you hundreds of hours in the future. The better you understand your EHR's functionalities, the more efficiently you can navigate it during patient encounters.

For starters, attend all in-person training sessions your employer or EHR vendor offers, and ask your vendor about ongoing training for more advanced tips and tricks. One of the best ways to get additional training is to volunteer to become an EHR "superuser" (for example, I'm an Epic physician champion). At our organization, we lobbied to have additional admin time (paid time not seeing patients) for superuser physicians each week of our EHR implementation.

If you have templates or order panels you'd like to replicate in a new EHR, seek assistance from the EHR trainers or in-house IT support. Take advantage of customization options within your new system as well. You can tailor the layout, note templates, and ordering preferences to match your specific workflow and documentation needs. To limit redundant manual entries, prioritize creating smart phrases, note templates, order panels, and automated in-basket quick text. (See the *FPM* blog post "A starter list of EHR macros to save time on documentation" at https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/starter-list-macros.html.)

Learning a new EHR can be challenging, but by investing some time up front, you can develop an efficient approach that allows you to focus on your patients during visits.

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GOT A PEARL?

Practice Pearls presents advice on practice operations and patient care submitted by readers or drawn from the literature. Send your best pearl (up to 250 words) to fpmedit@aafp.org. Send comments to fpmedit@aafp.org, or add your comments to the article online.

TRY CREATIVE WRITING TO REDUCE STRESS

As a published author, I've long enjoyed creative writing, but during the COVID-19 pandemic I discovered it also helped me cope with the stresses of professional life as a doctor.

To share this gift, I started a writing group this year for physicians and others that we call "Words for Wellness." Our group emphasizes the art and craft of writing — not the basics of grammar, but more advanced skills such as word usage and how to structure a story. Our mission is to learn, share, and grow through writing.

Our monthly meetings begin with a review of our progress, a brief skills training session, and then an exercise in spontaneous writing in response to a prompt, the results of which we share in a supportive fashion. Our small group has grown from seven to 20, some of whom participate remotely. We hope others can benefit from writing as we have.

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USE CHATBOTS TO EXPLAIN TEST RESULTS

An exploratory study published online by *JAMA Internal Medicine* showed that artificial intelligence (AI) chatbots such as ChatGPT (https://openai.com/blog/chatgpt) or Google BARD (https://bard.google.com) could generate potentially useful and empathetic responses to patient inquiries.[1] My personal experience has yielded similar results.

I've been using BARD to draft responses to patients and explain test results. For example, I type in "explain hypertriglyceridemia to a patient," and the chatbot generates a response. Rather than copying and pasting the chatbot's response into the patient message, I retype it, making sure to carefully read and edit while I do as a "safety check" to ensure I agree with every word and piece of information the AI generated. I also personalize the message, where appropriate.

Using this strategy, my communications have become more patient-friendly. The messages I send contain less medical jargon and are at an appropriate literacy level for patients. I have also used AI chatbots to draft skeleton policy memos and letters of recommendation that I then edit and customize.

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Editor's note: Dr. Garcia works for the U.S. Air Force. The opinions and assertions contained herein are the private views of the author and do not reflect the official policy or position of the U.S. Air Force, the Department of Defense, or the U.S. government.

1. Ayers JW, Poliak A, Dredze M, et al. Comparing physician and artificial intelligence chatbot responses to patient questions posted to a public social media forum. *JAMA Intern Med.* 2023;186(6):589-596.

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