



DEVELOP AN SOP TO DELEGATE PATIENT MESSAGES

The patient portal is a blessing and a curse. It allows patients more access to solicit medical advice, but because most primary care physicians are fully engaged during business hours, they often have to respond to messages during “pajama time.”

Developing a standard operating procedure (SOP) is one way to lessen physicians’ workload while ensuring a timely response to patient portal requests. An SOP gives staff direction and authority to respond to common requests without direct physician input. Requests that can easily be delegated to staff include standard medication refills (those that aren’t subject to other restrictions, e.g., controlled substances), referral renewals, and annual lab orders. If delegating lab orders, be sure to identify the corresponding ICD-10 codes staff should use to order them. Spell out in the SOP that staff should direct patients to a face-to-face visit when the message requests that the practice prescribe new medications, address new health problems, order imaging, place a first-time referral, or complete paperwork.

Start developing an SOP by convening a workgroup of key administrators, medical assistants, nurses,

and clinicians. Arrange frequent patient requests into themes and create a standard workflow for each. Then put it in writing and review it with staff frequently — until it becomes part of the clinic’s culture.

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GIVE BETTER FEEDBACK

We often hesitate to give constructive feedback because we underestimate how much others want it, or overestimate the potential discomfort in both giving and receiving it.¹ One common tactic is the feedback sandwich — start with a positive, then the negative, and then finish with a positive to lessen the blow. However, this tactic is falling out of favor across many industries because it can dilute the constructive feedback or make the positive comments feel like a “setup.”² Instead, consider these principles:

- Put yourself in the recipient’s shoes to better recognize their desire for feedback and reduce your hesitation to give it. In essence, practice empathy.
- Be transparent about your intent to help them improve (but stay empathetic).
- Focus on kindness instead of niceness. Kindness is considering the other person’s best interest, while niceness is motivated by self-preservation. Decide what is needed in the moment to support the other person’s improvement.

• Focus on observed behavior and avoid ascribing negative motives, e.g., that someone who repeatedly fails to complete a certain task is deliberately skirting work.³

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1. Abi-Esber N, Abel JE, Schroeder J, Gino F. “Just letting you know...” Underestimating others’ desire for constructive feedback. *J Pers Soc Psychol.* 2022;123(6):1362-1385.

2. Schwarz R. The “sandwich approach” undermines your feedback. *Harvard Business Review.* April 19, 2013. Accessed January 22, 2024. <https://hbr.org/2013/04/the-sandwich-approach-undermin>

3. Patterson K, Grenny J, McMillan R, Switzler A, Gregory E. *Crucial Conversations.* 3rd ed. McGraw-Hill; 2021.

RETAIN MEDICAL ASSISTANTS THROUGH INDIVIDUALIZED CAREER DEVELOPMENT

Strategies to improve medical assistant (MA) retention should focus on allowing MAs to meaningfully contribute, grow professionally, and build relationships, in addition to providing competitive compensation.

Consider adding career development pathways that help MAs gain new educational, administrative, or clinical skills that align with the scope-of-practice regulations within your state and organization. MAs can provide panel management or care coordination, train to become health coaches or facilitators for shared medical appointment, support EHR documentation, or supervise and train other MAs. Understand what is important to each individual and allow them to tailor their professional development to their interests with on-the-job training and traditional education opportunities.

Source: Lai AY, Fleuren BP, Yuan CT, Sullivan EE, McNeill SM. Delivering high-quality primary care requires work that is worthwhile for medical assistants. *J Am Board Fam Med.* 2023;36(1):193-199.



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