Don't ignore a child's security object

A little boy recently came to see me, tightly clutching a bed pillow. Over time, I have developed a technique for detaching children from pillows, dolls, blankets, and other security objects so that I can perform my examination and provide care.

"Hello, Adam. How are you and how is pillow today?" I asked. "Does pillow have a stomachache, a cough? Let me listen to him."

As soon as I started listening to the pillow with my stethoscope, Adam released his grip. "Let's let pillow rest for a minute right next to you on the table here, and let me listen to your chest, Adam," I said, now freely able to examine the youngster.

After completing my exam, I said, "I don't think pillow needs any medicine today, Adam. Just rub him a bit when you get home, and he'll feel better. I'll give your cough syrup to your mom."

Out he marched, once again tightly clutching the pillow but smiling, as was his mother. I have found this maneuver – having a "pretend" patient and a real one – works with other security objects as well. Try it next time you are unable to examine a child because his or her security object is in the way.

Renate G. Justin, MD Fort Collins, Colo.

Treat the drug preauthorization blues

ike many physicians, I have grown frustrated with pharmacies and insurers suddenly requiring preauthorization for medications that patients have been taking for a long time. Some physicians have considered simply not obtaining preauthorizations anymore and let-

ting their patients deal with their insurers or advising patients to avoid their insurers by paying for the medication out-of-pocket.

While the medical establishment attempts to solve this problem, I've found a few great websites that help physicians work with their patients to find medications at the lowest cost and with fewer headaches.

Fingertip Formulary (http://drg-fingertip-formulary.com/) lets you type in your state, the medication, and the patient's insurance company, and it will

tell you the tier, or pricing group, for the medication. This will also tell you if a particular insurer requires preauthorization or imposes other restrictions, possibly encouraging you to choose a different medication.

GoodRx (http://www.goodrx.com) lets you type in your zip code and the medication name, and it will show all of the local pharmacies carrying the drug and what they charge. If a coupon is required, it also provides a link to print that coupon.

R. J. "Rusty" Oenbrink, DO Wilkesboro, N.C.

Settle a workplace feud

ike any workplace, family medicine offices have staff members who don't always get along. But unlike many other offices, where foes can avoid each other or limit their contact, most physician offices require teams to constantly work together. So if you are involved in a feud, how do you either fix the relationship or make it possible to at least continue cooperating?

First, understand that any attempt to deal with the problem is beneficial because allowing it to simmer often makes matters worse or harder to fix. Second, understand that you are most likely contributing to the problem in some way, such as unduly focusing on the other person's shortcomings, and should cease that behavior. Next, involve the other person in rejuvenating the relationship. Trying to improve things on your own without the other person's knowledge or input will likely be unsuccessful. Finally, change the dynamic of the relationship to avoid repeating the patterns that created the divide in the first place. For example, following an argument, write down what was said. This can help to identify patterns of dysfunction and opportunities to better relate.

> Source: Clark D. How to repair a damaged professional relationship. Harvard Business Review Blog Network. June 5, 2014. http://bit.ly/15rdvzz. Accessed on Jan. 19, 2015.

> > FPM

WE WANT TO HEAR FROM YOU

Practice Pearls presents readers' advice on practice operations and patient care, along with tips drawn from the literature. Send us your best pearl (250 words or less), and you'll earn \$25 if we publish it. We also welcome questions for our Q&A section. Send pearls, questions, and comments to **fpmedit@aafp.org**, or add your comments to the article at http://www.aafp.org/fpm/2015/0500/p33.html.