



Practice Pearls

FRAME NON-CLINICAL TIME AS A "WIN-WIN"

Engaging in non-patient-care professional activities can help with physician sustainability and retention, but employers may be reluctant to block time for this without a clear return on investment. It helps to frame these activities as opportunities that benefit your employer as well. For example, teaching residents can recruit a pipeline of future candidates for the organization; quality improvement projects can lead to system efficiencies, enhanced patient safety, and better care outcomes; and advocacy work can result in policies and payment models that improve primary care.

Adding structure and predictability to these activities is also mutually beneficial. Request that these "professional development" activities have a defined role, scope, anticipated outcomes, and dedicated time. This could mean blocking a set amount of time weekly, with an expectation of reporting outcomes associated with the activity annually. Tracking the benefits will make your employer more likely to approve future requests.

If your employer is worried about limiting patient access and does not want to reduce patient care time, consider flexible schedules. For example, a physician who has a weekly four-hour block of protected time for these activities could add one hour of patient care on the other four days of the week.

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RETHINK COMMON PHRASES IN NOTES THAT COULD BE OFF-PUTTING

Now that patients can read your clinical notes, it's important to be aware of how they might interpret certain terms and phrases,

even those you might consider commonplace:

- "Complaint" is a standard way to describe the patient's reason for coming to the clinic. But to patients, "complaint" could have a negative connotation. Simple alternatives include "symptom," "concern," or "reason for visit."
- "Patient denies (symptom X)" could imply that the patient refuses to admit something. But "Patient not experiencing (symptom X)" is more neutral.

• Labels such as "compliant" or "non-compliant" put the patient in a subordinate role and could imply that the physician is an authority figure to be obeyed, rather than a partner in care. "Adherence" and "non-adherence" are preferable.

• Phrases such as "Patient failed immunotherapy" could imply that the patient failed or did something wrong. It's more accurate to say "Immunotherapy failed to improve patient's condition."

• Using "poorly controlled" in the context of certain chronic conditions could be demotivating to patients. A quantitative measure (such as A1C for diabetes) is neutral, and usually a more precise descriptor anyway.

Source: Cox C, Fritz Z. Presenting complaint: use of language that disempowers patients. *BMJ*. 2022;377:e066720. <https://www.bmjjournals.org/content/377/bmj-2021-066720>

GATHER INFORMATION FROM CAREGIVERS AND TEACHERS BEFORE DIAGNOSING ADHD

Guidelines for diagnosing childhood attention deficit hyperactivity disorder (ADHD) recommend using a validated ADHD assessment, but they also encourage clinicians to gather further information from caregivers and



teachers. Given the short duration of primary care visits, our clinic decided to develop handouts to collect this information.

The handouts (available as pdf downloads from the online version of this article at <https://www.aafp.org/pubs/fpm/issues/2023/0500/practice-pears.html>) help caregivers and teachers report on the patient's function in academic work and social interactions, behavior concerns, mood, and emotional state. We make them available to our patients in English and Spanish.

At the ADHD follow-up visit, the patient, caregiver, and clinician review the ADHD assessment. This provides a perfect opportunity to also review the supplemental questionnaires and set aside time for more detailed discussion. The completed forms can also be scanned into a patient's chart for future reference.

With more understanding of the patient's observed behaviors and environment, clinicians are better able to successfully identify ADHD in childhood and make more effective treatment plans involving the whole patient with attention to school and family supports.

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GOT A PEARL?

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