PRACTICE PEARLS

Prioritize work using four categories

while back, to bring more balance to my life, I realized I needed to better prioritize my professional commitments, so I began assigning them to one of four categories:

- "Things I love and get paid for,"
- "Things I love and don't get paid for,"
- "Things I don't like and get paid for,"
- "Things I don't like and don't get paid for."

Over time, I have attempted to stop doing things in the "no pay, no like" category or have tried to remake them so that they fit in a different category. For example, I served on several statewide collaborative boards that didn't provide compensation, were largely stagnant in their actions, and required time away from my practice. After I did my inventory, I thanked them and resigned.

Jennifer Brull, MD Plainville, Kan.

Look for the simplest solution

After noticing that the trash can just outside our waiting room was frequently full of clinical visit summaries that patients were supposed to be taking home with them, my practice was concerned. These summaries contain valuable and personal information and are required for compliance with meaningful use rules, but our patients were tossing them on the way out the door. Our

solution? We removed the trash can.

This change increased the likelihood that patients will keep these materials, read them when they get home, and find them helpful. We also have eliminated the possibility of the trash can tipping over, the papers getting sucked out the door, and confidential patient information blowing around the parking lot.

Sometimes, the simplest solution really is the best one.

Russell Kohl, MD Vinita, Okla.

Encourage pediatric patients' input

make it a habit to address my pediatric patients directly, even if they are preschoolers or reticent teenagers. Often, I feel rushed and am tempted to go straight to the parent for a concise history, but there is so much more to gain from an interview with the child.

With all ages this builds trust. Younger children feel they are a part of the interaction and tend to be less wary of me and more comfortable with the exam. Adolescents appreciate being respected as an independent person. I find they are much more interested in my insights if I demonstrate that I value theirs.

This approach also builds children's confidence. Often, children have few direct interactions with adults outside their family other than their teachers. Sometimes children immediately defer to their parent when I ask them what brings them in, but I gently encourage

them to give it a try and tell me what's going on. A conversation with a respectful adult can be a rare opportunity to practice this important life skill, thereby increasing their self-confidence and independence.

I learn something each time I try this approach. Some 4-year-olds are surprisingly insightful. Some teenagers need a lot of practice and encouragement talking with adults. But all kids have something important to say, even if they need some help finding their voice.

Gianna Service, MD Kalamazoo, Mich.

Work with, not against, your finance staff

n most large practices or health care systems, the financial staff and the physicians do not typically work together. This is a shame as they share many of the same goals, such as lowering costs and improving care quality. Here are some tips for encouraging this teamwork:

- Have clinicians and financial staff map out a key process from each of their perspectives. This can identify differences that should be addressed before they hamstring future discussions.
- Look for ways to break the system. For example, ask how a particular process could cost more or how a type of clinical outcome could get worse. Finding the weaknesses can point to new ideas for improvement and influence how the team approaches future problems.
- Have the team create a mission statement that all members support. A unified goal can increase cooperation.

Source: Mitchell K. Tips for effective collaborations between clinicians and finance. Institute for Healthcare Improvement Blog. http://bit.ly/1Ho5M3u. April 22, 2015. Accessed May 18, 2015.

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