

## Office Visit Flow (effective and efficient)

1/16 v4 BB

*A nice office visit flows like a symphony and a bad visit is like a low-talent-punk rock concert...most visits are somewhere in between.*

**The Patient Visit:** many “3’s” ...

- **3 keys to flow:** preparation, presence and organization.
- **3 parts of whole visit:** previsit, during visit, post visit.
  - **Pre Visit:**
    - 1) Look at last note, med list, prob list, med hx
    - 2) Know your agenda
    - 3) Be present
  - **During Visit:** (below)
  - **Post Visit:**
    - 1) Finish any to do’s from visit
    - 2) Finish note
    - 3) Include plan for NV
- **3 parts of ‘During Visit’:** We will focus mostly on these three.
  - 1) Intro → Focus 2) Evaluate problems/reason for visit. 3) Assessment/Plan/Summarize and set up for next time.

### “DURING THE OFFICE VISIT”

#### **Part One Flow: Introduction and Focus (Agenda Setting)**

- **Intro:** Introduce yourself and check in with a question: “What brings you in today?”; “What did you want to focus on today?”; other...
- **The Agenda’s:**
  - 1) Their Agenda: what do they want to focus on today?
    - a. Keep going until they are through. “anything else?”...
    - b. OK to interrupt if they are rambling.
    - c. Do **not** get most of the details now, wait until after you have the FOCUS. Just enough to know if this is the FOCUS and if it relates to other issues.
  - 2) Your Agenda: what do you want to focus on today. Best if decided in ‘Previsit’. If they have a lot it will often ‘trump’ your agenda.
  - 3) The “Hidden” Agenda: Any forms or refills, any fears about what this might be, other (disability, school note, etc).
- **Decide on FOCUS:**
  1. Quickly Triage Their and Your Agenda/Issues
    - i. **Emergent:** eg suicidality, chest pain, etc.
    - ii. **Urgent:** eg forms, refills, letters, and other time sensitive items.
    - iii. **Important:** any other issues they bring up or HCM.
  2. If not obvious where to start, you can ask to see if your thoughts are accurate...”So it seems like these two are the most important, why don’t with #1 and see how far we can get. If we have some time we will get started on #2 and set up a visit soon so we can deal with the other issues.
  3. Budget your time well and Focus on handling a reasonable amount and get agreement!!!! If you do this well they generally relax. \*\*\*Note: *this is the main area of errors*\*\*\*

**Part Two: Evaluate Problems/Reason(s) for the Visit**

- 1) Cover the 'Emergent's' first (suicidality, chest pain, etc. )
- 2) If time then 'Urgents': forms, refills, letters, and other time sensitive items. (if time and you agreed to do this)
- 3) If still time then 'Importants' (if time and you agreed to do this)

**Part Three:**

- 1) Generate a good DDx (VINDICATES or other): What is most likely and what is most serious and a plan to treat or work up each area.
- 2) Precept if needed (residents)
- 3) Plan for next visit

**Summarize/write note/order labs/x-rays/etc/set yourself up for next visit.**

- Summarize and give patient any handouts, written instructions, Rx's, labs, etc.
- Write your note and put in a special note on NV (next visit-I like the yellow click to edit sticky for this)
- MA or you check for understanding and re-state plan for next visit

**Have fun and enjoy your time with your patients as much as you can.**

**Special Note: How to get/ stay present during clinic:**

**In Room:** Breathe while seeing patients, Shift and activate (heart math).

**Between patients:** Door knob breath, Bathroom shake, Washing hands ritual (these tips are Ben specific tips-others may have their own).