

## REINVENTING YOUR PRACTICE

## Asking the Right Question

In most practices, many new patients come in with multiple problems and symptoms, a number of conditions, and maybe a bag full of prescription drugs.

How do you home in on a patient's most pressing problem without extending the office visit for hours? Dr. Arnold Jay Simon said he asks one simple question, delivered point blank: "What do you want me to cure?"

Patients usually laugh a little bit when he pops his question. But it is also very ef-

fective at getting to the heart of what the patient really needs.

When the patient actually answers, he or she is focused specifically on what has the most importance to them, said Dr. Simon, an internist in Palm Springs, Fla. "It's an attention getter," he said. "Hopefully, it is a way of arranging the problems in a descending order."

Dr. Simon's practice focuses on geriatric patients, and he has practiced for 25 years. So he is quite familiar with complicated

patients. Some physicians are taught to ask, "What is your chief complaint?" That question is fine "for medical students and medical technicians," Dr. Simon said, but it has always grated on him.

He said he believes that "chief complaint" has a negative connotation, as if you are accusing the patient of whining. It is also jargon that often fails to resonate. His question "strikes a more



ARNOLD JAY SIMON, M.D.

upbeat chord," he said.

Moreover, many geriatric patients come in with a caregiver. The question circumvents the caregivers and has to be answered by the patients themselves, and that can open direct communication that might not happen otherwise. "This will start real communication," Dr. Simon said. "Sometimes the caregiver does all the talking."

His "what-do-you-want-me-to-cure" question is especially helpful in the first encounter. "But I will use it in subsequent visits to prioritize the patient's problems," Dr. Simon said.

"'What is your chief complaint?' does not cut it with my patients," he said. "All of their problems justify the top rung. The expression 'what's bothering you?' opens the floodgates. But asking, 'What do you want me to cure?' gets you to the gold." ■

## Discharge Sheets Help Patients Track Their Care

About 18 months ago, Dr. Thomas Madejski realized that he needed to track his patients' medications more closely. He also wanted to be able to give them a list of their medications, the dosages, and any administration directions every time they had an appointment.

From that idea, he developed a discharge sheet that is updated and given to each patient after every appointment.

The sheet contains:

- ▶ An updated list of medications.
- ▶ A list of any testing or immunization that needs to be done.
- ▶ A list of any consultation visits scheduled to be done before the next visit.
- ▶ The next visit's date and time.
- ▶ A list of any educational materials the patient received.

Dr. Madejski practices in Medina, in upstate New York near Niagara Falls. Because his practice includes geriatric patients, he found that keeping close tabs on their medications was essential. Sometimes his patients see other physicians or specialists, and do not necessarily report if they receive a prescription. Keeping the discharge sheet up to date ensures that patients are asked about medications each time they come in.

Dr. Madejski said that most of his patients like the discharge sheet because it lets them document their medical history.

"The more sophisticated medical consumer will have a file that they carry with them," he said. "They bring it in with them at their next visit. The ones who value it value it very highly."

Dr. Madejski was able to create the discharge sheets because his practice adopted electronic medical records 3 years ago, he said. In fact, he said that most medical offices would find electronic record keeping to be financially viable and an enhancement. "We're getting to the point where it is really worthwhile," he said. ■

Articles by Tim Kirn, Sacramento Bureau

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