TWELVE TIPS FOR TEACHING AND PRACTICING PATIENT-CENTERED TIME MANAGEMENT

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Patient-centered time management (PCTM) is a clinical competency that maximizes quality of care and patient experience while minimizing administrative burden and provider burnout.[1] Here are 12 tips for educators on teaching and practicing PCTM in an outpatient academic setting.

Before the Encounter

#1: Preround

Encourage students to arrive 20-30 minutes prior to the day's start time to review the schedule(s) and identify patients to see related to their specific learning goals.

#2: Start clinics with a 5-minute huddle

Introduce student(s) to the team, clarify team roles, discuss workflow considerations, and highlight which patient(s) will be seen by each student.

#3: Triage clinical tasks

Based on their prerounding, students may use Covey's Time Management Matrix to organize anticipated clinical tasks for each encounter based on urgency and importance.[2]

#4: Develop patient-centered documentation templates

Include prompts for the patient's perspective of illness (encompassing their concerns, explanatory model, and visit goals) and other clinical information. Sharing them with students can reduce documentation time, reinforce learning, and ensure collection of essential information.

During the Encounter

#5: Acknowledge time constraints

Empower students to start encounters with a statement like, "We have 20 minutes together; I want to address what is most important to you," to promote a shared sense of engagement in time management.

#6: Set an agenda

Empower learners to elicit patient concerns early in the encounter, using concern-seeking questions (eg, "what specific concerns should we make sure to discuss?"), rather than question-seeking questions (eg, "do you have anything to ask me today?").[3]

#7: Respond to emotion

Explicitly naming patients' emotions and responding with reflective, empathetic statements (eg, "I hear that you're frustrated with these limited treatment options") can result in higher patient satisfaction and shorter visit times.[4]

#8: Document in real-time

Encourage students to alternate note typing and order pending with eye contact and personal attention during the clinic visit. They may consider sharing their computer screen with patients to promote trust and shared engagement while improving accuracy of documentation.

#9: Maximize your after-visit summary (AVS)

The AVS is an underutilized tool for empowering patients.[5] Adopt an AVS template with clinic information and expectations for asynchronous care. Encourage students to conclude the visit by asking patients, "What do you especially want to remember from our discussion, so that I can include this in your after-visit summary?" This helps tailor the AVS to each patient's knowledge level and concerns.

After the Encounter

#10: Reinforce key learning points

After clinic, circle back with students to reinforce learning points, address unanswered questions, and solicit patient-specific concerns.

#11: Set a 24-hour documentation deadline

Emphasize timely documentation as a means of ensuring fidelity to the clinical encounter, facilitating continuity of care, and optimizing postvisit communication.

#12: Reflect and refine

Engage students in self-reflection around PCTM, including incorporating patient feedback, to improve future encounters.

These recommendations can guide conversations with colleagues and students, resulting in excellent educational experiences that teach medical concepts, limit administrative burden, and promote patient-centeredness through thoughtful preparation, efficient documentation, and timely completion of tasks.

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