



For you, your career, and your life

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How to Fit Teaching Moments Into a Crowded Schedule

There are teaching moments in every doctor's day – but you have to be on the lookout for them. If you're extra-attentive, you can find and use those moments — however short — to have a positive influence on your patients' health.

A teaching moment might be as simple as clearing up a myth or misconception. It might be guiding a patient to get help beyond what you can provide. Or it might be offering information in a form that a patient can more readily comprehend.

Reaching Young Patients

Eric M. Ossowski, M.D., chief of family medicine at Phoenix Indian Medical uses routine school and sports physicals to teach school-age patients about health risks specific to young people. "We'll do a patient history and exam, and then afterwards I tell them, 'This was the easy part. Now I'm going to give you a quiz about the common causes of death for people between the ages of 15 and 20.' They are often

surprised to learn that number one is motor vehicle accidents. That gives me an opportunity to talk to them about not drinking and driving, and the importance of always wearing seatbelts. Then we talk about the next causes on the list, murder and suicide. I take advantage of that teaching moment to let them know that there are counselors they can talk to if they are concerned for their own safety or if they become depressed. They may not be hearing these things from other adults, so I consider this an important part of the visit — a part I hope they will remember."

Introducing Sensitive Subjects

How do you create a teaching moment when the topic is a highly sensitive one? Broaching the subject of domestic violence with a female patient, for example, is something many doctors avoid. Fewer than ten percent of primary care physicians routinely screen patients for domestic violence during regular office visits, according to a study published

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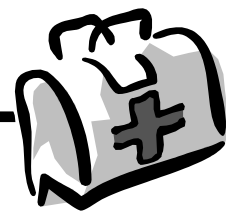
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by the Journal of the American Medical Association in 1999.

The U.S. Department of Justice reports that 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.

Debbie Lee, director of health for the Family Violence Prevention Fund, urges residents to use patient interviews to educate about domestic violence, screen in a

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Some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician.

- Hippocrates, 460-400 B.C.



Money Matters

Money and Marriage

If talking about finances with your spouse is so uncomfortable or difficult you just don't do it, you're not alone. An estimated 30 percent of married couples have never discussed their finances.

Instead of risking a disagreement, many couples leave money matters in the hands of one partner. But a sudden disability, death, or divorce could leave the uninformed spouse in a difficult spot. Here are a few of the basics you and your spouse should communicate about.

People and papers — You should both know the contents and location of estate planning documents such as a will, power of attorney, letter of instruction, and trusts. Financial records and contact information for your legal, financial, and tax advisors also should be readily accessible to both of you.

Credit cards and loans — Stay informed about all outstanding liabilities and payment due dates.

Family budget — Together, track what you earn and what you spend, and watch for opportunities to decrease spending and increase your savings.

Financial goals — When you set and work toward the same goals, you can add efficiency and focus to your financial plan. It's important for to know how close you are to reaching your goals and what it will take to get there.

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Using Teaching Moments, *continued*

sensitive way, and encourage potential victims to seek help.

"Often clinicians are under time pressures, and think, 'oh my goodness, I don't have time for that, I have patients waiting,'" says Lee. "But since violence can have an impact on so many aspects of health, it's important to talk about it even when that's not the obvious reason for the visit."

"It helps to start out by normalizing the questions," Lee continues. "You might begin by saying, 'Violence is so common that I've begun to ask all my patients whether they've ever been hurt, hit or threatened by someone at home. Has this ever happened to you?' That's the best way to identify patients (usually, but not always, women) who have experienced domestic violence. Not all will answer the question truthfully, but even if they don't, it's an important message to send them: that you are a source of information and assistance about the problem."

Another important thing to find out, Lee adds, is whether the patient has ever left because of violence or threats at home. "That tells you how open she is about any kind of change. Then you have an opportunity to provide information about resources available in your community."

New Teaching Tools

How do you teach patients about aspects of their health and care if they don't seem to comprehend the basics, either because of their level of education or language barriers? Visual materials like posters and illustrated cards, as well as easy-to-read brochures, are now available from a number of commercial companies in a variety of languages. Virtually every medical specialty now has online resources for patients. Some Web-savvy physicians are making use of the vast stores of medical information available online, and are printing it for patients as needed. Arun C. Gulani, M.D., founder of the Gulani Vision Institute in Jacksonville, Florida even provides Internet access for his patients in his reception area, so they can find eye health information from sources worldwide. To show them what will happen during their eye surgery, Gulani takes out his Palm Pilot and shows them the entire procedure on its small screen.

Take a moment to teach, use appropriate techniques and tools, and you can have a lasting, positive impact on your patients. And that's time well-spent.

Resources

Family Violence Prevention Fund, www.endabuse.org – Resources on domestic violence as a health care issue.
MedLine Plus, www.medlineplus.gov – A service of the U.S. National Library of Medicine and the National Institutes of Health.
The Doctors Page, www.doctorspage.net – Resources for physicians and patients, with an extensive library of patient information.
A.D.A.M., www.adam.com – multimedia publisher of physician-reviewed health and medical information for professionals and consumers.