Agenda Setting in the Clinic
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Author & Disclosure Information

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I have nothing to disclose

Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.


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Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.

Please click on link to be routed to the pre-test

Note: This is for learning purposes only and is NOT approved for CME.
Main Objective

The learner will acquire a set of skills to facilitate appropriate agenda setting so the priorities of both the patient/parent and pediatric health care professional are addressed without sacrificing efficiency, customer satisfaction, or physician wellness.

NOTE: We use the term “parent” to refer to all parents, caregivers, and legal guardians.
Scope of Pediatrics

• Background and Significance:
  o Avoid omissions relevant to patient’s health
  o Ensure to address patient and parental concerns
  o Patient/parent satisfaction
  o Timeliness/efficiency in the clinic

• Main take-away:
  o Agenda setting allows for optimized health care delivery in the outpatient setting while maintaining a patient-centric approach
Agenda Setting in Clinic

- Often, patients and parents have multiple issues they would like to address during the scheduled visit regardless of type of visit (Preventive Visit or Problem Visit).

- At times, patients and parents may bring lists or have a completely different set of concerns than those provided to the scheduler or roomer (eg, front desk staff or Medical Assistant).1,2

- In many cases, patients and parents forget to bring up concerns and the pediatric health care professional forgets to ask, which can lead to problems for the health of the pediatric patient.
  - This may lead to health issues, patient/parent dissatisfaction, last minute issues that may not be fully addressed, delays in clinic, phone calls after hours, and physician burnout.1,2
Agenda Setting in Clinic

- The time allotted for a health supervision visit often makes it stressful to ensure that the patient/parent and pediatric health care professional priorities are equally addressed.

- Cutting patients/parents off, not fully addressing the complaint, missing an important concern, getting behind on the schedule, and pediatric health care professional/patient dissatisfaction are all possible outcomes to avoid.2,3

- Agenda setting is an important skill for both new and experienced pediatric health care professionals.
Improving Equity: Agenda Setting

- Be sensitive to cultural norms
- Be careful not to make assumptions
- Pay attention to nonverbal cues
- Ask, rather than assume
- Recognize family dynamics
- Offer virtual visits and web portal communication to allow flexibility around parents’ schedules
Agenda Setting – Steps

1. Review chart, Update EMR
2. Establish Rapport
3. Review and update information
4. Get reason for visit, probe for concerns, review any lists of concerns brought in by parent
5. Set agenda for today’s visit. Plan out for next visit
6. Set appointment for future visit. Summarize agenda for next visit
Patient is a 2-year-old who has been brought in by her mother for a well-child visit. The mother has a list of questions and concerns (listed below). At this point, you are 20 minutes behind schedule and are supposed to be presenting a lecture to your department in 2 hours. You still have 2 additional patients on your schedule.

How would you approach this situation?

1. Asks for guidance on toilet training – worried her child is behind the others
2. Asks you to look at an area of the skin on her child’s leg
3. Father smokes – asks you to provide some smoking cessation information to take home to discuss with him
4. Asks if her child rubbing her nose is a sign of COVID
5. Both mother’s and father’s cousins were diagnosed with ovarian cancer – wants to ensure her child is screened appropriately
Visit Priorities^{3-6}

- Chart review – review history, update EMR with records.
- Ensure patient/parent concerns are heard to avoid omissions.
- Address medical concerns in order of importance to avoid harm.
- Address anticipatory guidance and prevention even during focused visits.
Visit Priorities\textsuperscript{3-6}

• Praise the parent for bringing up concerns and being an equal partner in the child’s health care.

• Be mindful of what \textit{can} be covered and what \textit{needs} to be covered today.

• Negotiate what to cover today and what can be scheduled for a later date.

• Plan for the next visit.

See sample of priorities by age group in the \textit{Bright Futures Guidelines, 4th Edition}

Source: \url{https://downloads.aap.org/AAP/PDF/Bright%20Futures/BF_EC_Priorities_Screens.pptx}
The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health* (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- Assessment of language development (how child communicates and expectations for language, promotion of reading)
- Toilet training (techniques, personal hygiene)
- Safety (car safety seats, outdoor safety, firearm safety)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Previsit Chart Preparation

1. Plan for the visit by reviewing the chart and the Bright Futures Previsit Questionnaire before entering the room.

2. Review past histories, labs, imaging, growth chart, scanned documents, vaccine records, and last 2-3 notes.
   a. Allows clinician to know the patient, update unaddressed issues
      • Update the EMR problem list and past histories to use EMR to its fullest
   b. Allows clinician to prognosticate/risk stratify the patient
   c. Allows clinician to plan the agenda for immediate items that need to be addressed as well as items that require a follow up visit
   d. Allows for coordination with your staff for future scheduling
   e. Use staff to their highest level
      • For example, MAs can enter needed vaccines, obtain copies of reports, get any forms needed ready, etc.
Establish Rapport

1. Introduce yourself.

2. Let the patient and parent know you have reviewed the chart and quickly summarize any pending items or summarize current health status.
   a. This allows families to realize you are thorough.

3. Share a personal moment to establish a connection.
   a. Some clinicians make a joke, share a story, etc.

4. If the patient is new to you, verify and update past histories/medication lists prior to starting on the History of Present Illness (HPI).
   a. If you start with the immediate concerns, it becomes difficult to update the chart as the discussion can take most of the time.
Open Ended Questions

1. Ask the patient and parent the reason for the visit.
2. Use open ended questions.
3. Ask “what else” 2-3 times to ensure all concerns were voiced.
   a. Ask if they brought a list of concerns.
4. Avoid interrupting the patient or parent.
   a. Allows patient/parent to feel heard and avoids the last-minute concern of “Oh, by the way” or “one more thing.”
   b. Average clinician interrupts the patient within 18 to 25 seconds. Average patient/parent will stop talking within 1.5 to 2.5 minutes.
   c. This approach usually only increased the number of problems addressed per visit by 0.5.
5. Write down key points to help you prioritize the agenda.
   a. Prioritize what needs to be addressed today and what can be set for another date.
Value of Shared Decision Making

1. Thank the patient and parent for their concerns and being proactive.

2. Partner with the family to set the agenda for today’s visit.
   a. Clinicians should lead this discussion to ensure most serious problems and the most bothersome concerns are addressed first.

3. Communicate date of next visit and agenda for next visit.
   a. Allows the patient/parent to realize the clinician has not forgotten about their concerns and ensures that a follow up appointment has been made.
Previsit Questionnaire

• Some practices prefer to use forms given to parent before the visit (see next slide)

• This allows parents to think about what they want to discuss rather than having the “doorknob” or “last minute” or “by the way” question at the last minute.¹

• May provide the form in waiting room or via website/web-portal prior to the appointment.

• See a sample form on following slide

Note: Plan to review and provide the parent handout to reinforce and discuss the anticipatory guidance during the visit (see sample on slide 23 for the 2 Year visit).
- Needs guidance on toilet training — worried her child is behind others
- Worried about an area of the skin on her child’s leg
- Father smokes and wants information on smoking cessation to take home
- Child is rubbing nose and wants to know if that is a sign of COVID
- Both mother’s and father’s cousins were diagnosed with ovarian cancer—wants child to be screened appropriately
Sample Conversation
Case 1 – Baby

• **Steps 1-3:**
  
  • **Pediatric Health Care Professional:**
    
    o Ms. C, good morning. I am Dr. X. Thank you both for coming in today. Since your baby is new to me, I wanted to let you know that I reviewed the chart, prior medications, prior labs, and last few notes so that I am caught up on her health care. By the way, I really like that shoe your baby has that lights up. My younger son really loved his when he was young.
    
    o Now, before we get started with the reason for your visit, let’s review all the prior history, medications, shot record, and medication allergies.

  • **Parent:** Nice to meet you. Thanks for being so thorough.
Sample Conversation
Case 1 – Baby

Step 4:

Clinician: How can I help you today?

Parent: I am here for my baby’s well check and had some other things I wanted to ask, but that can wait.

Clinician: Ok, so you are here for the well child visit today. Great, that is such an important part of your baby’s care. During the well child visit, we will go over many questions including feeding, development, voiding, stooling, safety issues, vaccines, etc. I will then perform a full exam and go over any testing, labs, vaccines, and counseling that are recommended. However, I want to take this moment to hear all of your other concerns. Please understand that we may not be able to address everything today, but I still want to hear every concern so that I can make sure your child’s health is prioritized. So, please let me know.

Parent: provides their list or states various complaints. Pediatric health care professional should ask “anything else” a few times until parent states they are done. Refer to the Previsit Questionnaire (slide 19) to make sure all concerns have been noted.
Sample Conversation
Case 1 – Baby

• Step 5-6:
  • **Pediatric Health Care Professional**: Ms. C, thank you for letting me know all of your concerns. I really appreciate you being so proactive. This also allows us to be equal partners in your baby’s care. Since you have brought up several items and we also will be doing the comprehensive well child exam today, I would like to prioritize a few items that I feel should not wait. Let’s address the rash and your concern about COVID today since I know these are worrying you quite a bit.
  • I know you are concerned about family history of ovarian cancer, so I will provide you some information on this today. Please read the information and we can schedule a follow up to discuss if you still have concerns. Regarding toilet training and passive smoke exposure from father, we will actually address that today as part of the guidance for today’s visit.
  • I also sent my medical assistant a message and I can see you next week, so we have enough time to give your concerns the appropriate attention.
  • Let’s proceed with today’s visit. Is that fair?
  • Ms. C: Yes doctor. Thank you for being so patient with me. I will make that appointment as soon as we are done.
Resources for Families

Summary: Teaching Points

1. Review chart prior to starting the visit.
2. Always ask about concerns. Avoiding interrupting the parent/patient.
3. Consider alternatives: web message, tele-visit, handouts, using staff to assist, previsit forms.
4. Realize that items can be addressed over time.
5. Partner with the parent for agenda setting rather than dictating terms.
6. Verify that follow-up appointment is set up and mechanism to ensure follow up.
Post-test

Test your knowledge about the topic and review feedback on your responses. Please complete the post-test, link below.

Please click on link to be routed to the post-test

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References