ALLOCATE HOLIDAY TIME OFF FAIRLY

Holidays are a common time for physicians to take scheduled time off, and practices should encourage it as an important component in maintaining well-being. However, practices also have to ensure that patients have sufficient access to care and that holiday time off is distributed fairly. Our large primary care practice developed a structured approach that incorporates clinicians' holiday preferences while maintaining adequate access, thereby supporting physician well-being and reducing the strain of holiday coverage. Here's how it works:

- **Prioritize patient care**. Determine the minimum number of clinicians needed per session to maintain adequate patient access and to cover staffing and overhead costs.
- **Survey clinicians annually** about their preferred holiday weeks. Distribute the survey several months before the upcoming calendar year, ideally in the summer. This provides sufficient time to adjust schedules and staffing, with limited disruption to already-scheduled patient visits.
- **Clearly define holiday weeks**. Each physician should have the opportunity to take time off during two holiday weeks, in addition to either Thanksgiving or Christmas (see below). Holiday weeks should include national holidays as well as local school breaks (excluding summer break), as these are popular times for vacation requests.
- **Alternative Thanksgiving and Christmas weeks**. Because these are the most commonly requested weeks for time off, have clinicians alternate them each year.
- **Be transparent**. Track and share previous holiday time-off data when distributing the survey. Give priority to those who have not recently taken a specific holiday week.
- **Have a plan for managing in-basket responsibilities** via cross-coverage among colleagues and let patients know they should expect longer response times for non-urgent messages.

Jennifer Corliss, MD, FAAFP
Lone Tree, Colo.

HAVE A MORNING HUDDLE

Daily huddles can be a quick and powerful way to ensure efficiency, teamwork, and patient-centered care. In my practice, these morning gatherings have become essential. This four-step framework ensures our entire team is ready for the day.

1. Prepare ahead of time. Each team member reviews the schedule and comes prepared to comment on patients' needs, such as preventive screenings, refills, lab work, or even outstanding balances. This ensures nothing falls through the cracks.

2. Meet at the same time and place. The huddle is carried out on schedule in the designated location every morning, even if one team member is unavailable.

3. Share updates. Making announcements or communicating workflow changes for the day in the presence of the entire team reduces confusion and allows for discussion.

4. End with purpose. Closing with a unifying thought — a prayer, quote, or reflection — helps the team start the day connected and focused.

Brittney Anderson, MD, FAAFP
Demopolis, Ala.

DON'T RELY SOLELY ON SELF-REPORTING WHEN DIAGNOSING ADULT ADHD

To help with diagnosing attention-deficit/hyperactivity disorder (ADHD) in adult patients, many clinicians rely on the World Health Organization's Adult ADHD Self-Report Scale (ASRS). Used alone, however, it may lead to overdiagnosis, especially in cases of impulsivity predominant ADHD. The positive predictive value (the likelihood that a person who receives a positive test result actually has ADHD) may be as low as 11.5% for the ASRS, compared to expected population prevalence.[1]

In a busy clinical setting, ASRS is an important tool, but follow-up history is necessary when making a new diagnosis. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* criteria, ADHD symptoms must be present before the age of 12. If symptoms never occurred in early childhood, consider other causes for the positive ASRS findings in your differential, such as non-ADHD impulse control disorders, manic episodes, or substance use disorder.

Often, the clearest indicator of a psychological condition is how it affects functioning. To be a truly diagnosed disorder, as opposed to a variation of normal, the condition must be causing dysfunction in the patient's life, such as difficulty with education, difficulty maintaining a job (or having frequent workplace issues), relationship problems, frequent driving violations or accidents, or other manifestations.

Ravi Shah, MD, FAAFP
Tucson, Ariz.

1. Chamberlain SR, Cortese S, Grant JE. Screening for adult ADHD using brief rating tools: What can we conclude from a positive screen? Some caveats. *Compr Psychiatry*. 2021;104:152-158

FPM

GOT A PEARL?

Practice Pearls presents advice on practice operations and patient care submitted by readers or drawn from the literature. Send your best pearl (up to 250 words) to fpmedit@aafp.org. Send comments to fpmedit@aafp.org, or add your comments to the article online.