TOOL 03

Build it once, use it every day

KEY INSIGHT

Moving beyond note bloat

Traditional phrase banks encourage note bloat, importing paragraphs of generic text that obscure the actual clinical work. These phrases are different. They are built as **prompt-driven macros**, so they structure your documentation while forcing you to enter the patient-specific detail reviewers look for when assessing MDM complexity. **[1]**

Implementation, four steps

1

Create the macro

Open your EHR's phrase or macro manager. SmartPhrase in Epic, Dot Phrase in Cerner, and equivalents.

2

Copy and paste

Copy the text of the phrase from the block on the following pages.

3

Insert prompts

Replace bracketed text with your EHR's prompt or drop-down function, such as *** in Epic.

4

Test

Run it in a test chart to confirm the prompts fire and force you to complete the narrative.

5
PROMPT-DRIVEN PHRASES

1
AFTERNOON TO BUILD THEM

0
CANNED PARAGRAPHS OF BOILERPLATE

COMPLIANCE REMINDER

Before you use them

Use only when true. Replace every bracket. Remove unused sections. Never rely on copied text to establish work that was not actually performed.

TOOL 03

Phrases 1 and 2

1. The Worsening Problem Phrase

USE WHEN

A chronic condition is not at goal, or an acute problem is deteriorating.

WHY IT MATTERS

Establishes higher problem complexity.

Status/Trajectory: I addressed **[condition]**, which is currently **[worsening / not at goal / experiencing side effects]** because **[clinical rationale or patient report]**.

Today's Management Decision: I decided to **[specific action: e.g. increase dose, add medication, refer]** to address this.

2. The Medication Management Phrase

USE WHEN

Starting, stopping, or significantly changing a prescription medication.

WHY IT MATTERS

Links the management decision directly to patient risk.

Medication Management: I **[started / stopped / changed / continued] [medication name/ class]** today. The primary clinical reason for this decision is **[patient-specific benefit, lack of efficacy, or adverse effect]**. I discussed the specific risk of **[key risk, interaction, or side effect]** with the patient.

TOOL 03

Phrases 3 and 4

3. The Data Review Phrase

USE WHEN

You review outside records, consult with another provider, or analyze a test result that changes your management.

WHY IT MATTERS

Proves the cognitive work of data analysis, moving beyond a generic “records reviewed.”

Information Used Today: To answer the clinical question regarding **[specific concern]**, I **[reviewed / ordered / discussed]** the **[specific test, prior record, or name of consulting provider]**. This information confirmed **[finding]**, which led me to **[specific change or support for the management plan]**.

4. The Diagnostic Uncertainty Phrase

USE WHEN

A definitive diagnosis cannot be made today, and further workup is required.

WHY IT MATTERS

Captures the complexity of managing an undiagnosed problem with an uncertain prognosis.

Working Assessment: The diagnosis remains uncertain. The differential includes **[potential diagnoses]**, but I cannot rule out **[highest risk concern]** because of **[pertinent clinical finding]**.

Workup Plan: I will **[targeted evaluation, monitoring, or referral]** to clarify this concern.

TOOL 03

Phrase 5

5. The Risk and Follow-Up Phrase

USE WHEN

Establishing the safety net for the patient's discharge.

WHY IT MATTERS

Demonstrates active management and awareness of potential complications.

Risk/Safety Plan: The key risk we are managing today is **[specific risk]**. The patient was instructed to **[specific escalation trigger, e.g. go to ER if...]** or follow up in **[timeframe]** for **[specific re-evaluation]**.

COMPLIANCE REMINDER

Compliance warning

Use only when true. Replace all bracketed prompts. Remove any unused sections. Never rely on copied text to establish work that was not actually performed.

Documentation must always accurately reflect the specific encounter and support the level of service reported. **[1]**

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