

*Sarah Smith*<sup>MD</sup>

**The Charting Coach**

**For Physicians**

**Tips from the Charting Coach**



# Disclosure of Affiliations, Financial Support, and Mitigating Bias

**Speaker Name: Dr Sarah Smith**

**Affiliations:** List relationships with for-profit or not-for-profit organizations:

- Grants/Research Support: Nil
- Speakers Bureau/Honoraria: Nil.
- Consulting Fees: Nil.
- Other: Contracted Physician of Edson Hospital, Board Member and Owner of Edson Medical Centre, Owner/Director and Coach at Reach Career Coaching Inc, Physician Member of McLeod River Primary Care Network, Alberta College of Family Physicians Member Advisory Council Member

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- The Speaker has received honorarium from the Northern Ontario School of Medicine

**Mitigating Potential Bias:** No medications or therapeutic goods will be discussed.

**This presentation is for educational purposes and not for marketing**





Wife, Mother, Friend, Daughter,  
Entrepreneur, Small Farm Owner,  
Adventurer, Hobby Photographer



Welcome!

I'm Sarah Smith

Rural Family  
Physician

Charting Coach



## Tips from the Charting Coach

Learning Objectives:

1. Identify techniques to make charting more efficient.
2. Describe ways to improve office management.



# Why Physician Coaches and why a Charting Coach? Life Coaching can bring transformation in any area

We have evidence that General Life Coaching reduces emotional exhaustion and burnout in Physicians

Original Investigation | Physician Work Environment and Well-Being

FREE

August 5, 2019

## Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians

A Pilot Randomized Clinical Trial

Liselotte N. Dyrbye, MD, MHPE<sup>1</sup>; Tait D. Shanafelt, MD<sup>2</sup>; Priscilla R. Gill, EdD<sup>3</sup>; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

*JAMA Intern Med.* 2019;179(10):1406-1414. doi:10.1001/jamainternmed.2019.2425

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## Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians

### A Pilot Randomized Clinical Trial

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**Results** Among the 88 physicians in the study (48 women and 40 men), after 6 months of professional coaching, emotional exhaustion decreased by a mean (SD) of 5.2 (8.7) points in the intervention group compared with an increase of 1.5 (7.7) points in the control group by the end of the study ( $P < .001$ ). Absolute rates of high emotional exhaustion at 5 months decreased by 19.5% in the intervention group and increased by 9.8% in the control group (−29.3% [95% CI, −34.0% to −24.6%]) ( $P < .001$ ). Absolute rates of overall burnout at 5 months also decreased by 17.1% in the intervention group and increased by 4.9% in the control group (−22.0% [95% CI, −25.2% to −18.7%]) ( $P < .001$ ). Quality of life improved by a mean (SD) of 1.2 (2.5) points in the intervention group compared with 0.1 (1.7) points in the control group (1.1 points [95% CI, 0.04-2.1 points]) ( $P = .005$ ), and resilience scores improved by a mean (SD) of 1.3 (5.2) points in the intervention group compared with 0.6 (4.0) points in the control group (0.7 points [95% CI, 0.0-3.0 points]) ( $P = .04$ ). No statistically significant differences in depersonalization, job satisfaction, engagement, or meaning in work were observed.

**Conclusions and Relevance** Professional coaching may be an effective way to reduce emotional exhaustion and overall burnout as well as improve quality of life and resilience for some physicians.

Participants received  
a total of 3.5 hours of coaching over 6 months





## Let's Talk Mental Load

When I ask Physicians about Mental Load, while it's occasionally the patient load

More commonly it is the Charting, Paperwork and Administration Burden

# What Contributes to Your Mental Load?

What are the things that you have to remember, think about, or do that are on your mind all the time?

What are the things that you have to do that you don't want to do or that you find stressful?

What are the things that you have to do that you don't have time to do?

What are the things that you have to do that you don't have energy to do?

What are the things that you have to do that you don't have the resources to do?

What are the things that you have to do that you don't have the skills to do?

What are the things that you have to do that you don't have the motivation to do?



# What Contributes to Mental Load?

Interruptions

Phone Calls

Task lists and Inboxes

Forms

Outstanding Referrals

Difficult Patients

Too Many Issues in Consultations

# What Contributes to Mental Load?

Too Many Patients

Business and Staff Issues

Billing

Insurance Requirements

Printer Not Working

It's your turn to do the CME talk this month



# What Contributes to Mental Load?

Patients not in Rooms

No Shows

17 clicks to Re-Prescribe One Medication

“Can I ask you about the Covid Vaccine?”

# What Contributes to Mental Load?

Can you fit in her daughter as well?

200 items in your Inbox

Your Printer is out of paper

I left a message on your desk

Can you take a call from Mr. Smith



# What Contributes to Mental Load?

Repeat CT in 12 months

Have you finished Mary's form yet

Have you seen the Cryotherapy Flask?

By the way, there's a meeting at lunch today

The staff want to discuss Bonuses

There's a critical lab call for you

# What Contributes to Mental Load?

Have you seen the PAP LIGHT!!

I need a Chaperone

67 unread emails

I forgot my Discharge Med list

Can you renew my white pills?

When was my last mammogram?

# What Contributes to Mental Load?

Oh, by the way Doc

I also need this form to complete that referral

I brought a list as I haven't seen you in a while

While I'm here can I ask you about Johnny

So, After all that, tell me again,  
Why can't you get your Charting, Paperwork,  
Messages and Forms Done?



So, After all that, tell me again,  
Why can't you get your Charting Done?

Decision Fatigue

Burn-out

Frustrated

Overwhelmed

Distracted

Exhausted



- I'm never done.
- Not even when I get home.
- I am not present.
- I chart at night.
- My holidays are often a relief as I can catch up on my charting.
- Shouldn't I be better at this by now?



- I would love my job if I could just be done
- I feel constantly distracted
- I dread going to work
- I don't want to refer patients as it's something to add to my worklist



Or Perhaps: I've thought  
about leaving medicine, but  
this makes me feel  
enormous guilt and all  
because of the damn  
paperwork





At the end of the day  
after the last patient  
there is a sense of Relief  
for a brief moment

Followed by exhaustion  
and overwhelm

Do you start with the:



Charts  
Inboxes  
Messages  
Script Refills  
Phone Calls  
Referral letters  
Forms...



Of course, It really doesn't matter where you start because actually you have to go get the kids, and cook dinner. So you leave it for later..





You know what that means...

Once the kids are in bed you push yourself to back in front of that damn computer. Wine in hand, Facebook on your phone leaning up against the computer.

You settle in for another round of Charting and Paperwork.



And Sometimes

You just can't

You go to bed instead  
Only to be woken at 0200  
with a little voice

"You're not sleeping anyway,  
you should just get those charts done"





Or Perhaps instead you refuse to  
Chart at Night

but I get up in the really early

Before everyone is up and

and spend two or three hours in the  
morning, Charting



Whether it's to help you  
get home earlier or  
enjoy work again or  
create time

It's Time to Help You  
Stop Charting at Night





It's time to break you free  
of the Paperwork

Help you ease that  
Mental Burden

And Bring back Joy to your  
Clinical Day





Let's talk about  
how to  
Stop Charting at Night



We will need to take a  
360 degree look at your  
Clinical Day

We will need to Overcome:  
Overwhelm, Frustration  
And take back Control  
of your clinical day



How is that Possible?

What are the Actual Steps  
to make Permanent  
Changes in your Clinical  
Day?







**Step 1:** Complete your Charting  
after every Patient, Even When...

**Step 2:** Evaluate and Lead your Consultations

**Step 3:** Develop your Exact Plan  
for Inboxes, Worklists and Forms

**Step 4:** Evaluate Interruptions, Distractions  
and System Processes in your Clinical  
Environment





**Step 1:** Complete your Charting  
after every Patient, Even When...

**This is the Most Important Step**





**Step 1:** Complete your Charting  
after every Patient, Even When...

Even When....

- You are running 15 minutes late to clinic
- You are 20 minutes Behind
- There's a Baby crying in the next Room
- You fit in an extra patient or two ...





But Charting every consultation  
is IMPOSSIBLE  
Isn't it?  
One Physician I coached  
found 139 reasons  
why this wouldn't work  
and She was finishing her charts  
after every patient within days!





But Charting every consultation  
is IMPOSSIBLE

How is it Possible?





# Charting every consultation How is it Possible?

## Evaluate:

- What is in your notes and Why
- What is your brain telling you is more important than the note
- How and where could you get the note done if you wanted to
- What stops you





Charting every consultation  
How is it Possible?

Evaluate:  
What stops you?

We call these Obstacles





*What stops you?*

For every Obstacle you will  
need to find a Solution

We want to be on the  
lookout for your most  
**SIMPLE** Solution





## Step 2: Evaluate and Lead your Consultations

What is Leading the Consultation?





## Step 2: Evaluate and Lead your Consultations

### What is Leading the Consultation?

- Knowing your Value in the Room
- Evaluating all the Minutes and Seconds in the Room
- Making Decisions with Now and Later in mind





## Step 3: Develop your Exact Plan for Inboxes, Worklists and Forms

What is an Exact Plan?





## Step 3: Develop your Exact Plan for Inboxes, Worklists and Forms

### What is an Exact Plan?

- Having a Structured Priority for Worklists
- Carving out Protected Time
- Building Strategies for the results  
that slow you down
- Overcoming Distractions





**Step 4:** Evaluate Interruptions, Distractions and System Processes in your Clinical Environment

**But I have no Control over my Interruptions**





**Step 4:** Evaluate Interruptions, Distractions and System Processes in your Clinical Environment

But I have no Control over my Interruptions

And I'm not a Clinic Owner so I can't make any system changes ...





# Interruptions create Decision Fatigue

## Every interruption requires 5 decisions

- What is going on right now
  - How far behind am I
  - Can I do that quickly or do I have to open the chart
- Can I do that today or will I task it for later
  - If I do that now what is the consequence for the day





# Interruptions create Decision Fatigue

## Every interruption requires 5 decisions

- If batch even some of your decisions, we will reduce your decision fatigue
- You can set boundaries and redesign some of the systems and processes
  - It will require you thinking about  
How you do Business,  
not just being in the Busyness of your day





How will it ever Change?

Change will only happen when  
you start **evaluating** your **current**  
**result** and the **process** that  
creates that result and  
redesigning your day to get a  
different result





How many hours do you think  
You spend Charting, outside of  
the clinical workday, each  
week?



Many Physicians are spending  
at least 6 hours a week

What could you do with an  
extra 6 hours a week  
or 300+ hours a Year?





What is the true cost of Charting  
and Paperwork outside of your  
work hours ?



Physician Mental Load

Unpaid Hours of Work  
contributing to Physician  
Underearning

Lost Time  
for Health, Family, Recovery





What would be different about  
your Clinical Day if your  
Charting was done?

Imagine walking into  
the 12<sup>th</sup> Patient of the Day  
and all your charting is done



What would be different about  
your Clinical Day if your  
Charting was done?





What would be different about  
your Clinical Day if your  
Charting was done?

I can see more patients

I get home Hours Earlier

I feel Energized at the end of the Day

I feel in Control of my Day

I don't dread work any more



What would be different about  
your Evening if your  
Charting was done?





What would be different about  
your Evening if your  
Charting was done?

Better Sleep  
More Present at Home  
Read a Book  
Feel Reliable  
Exercise





What would be different about  
your Evening if your  
Charting was done?

More relaxed  
Free to explore hobbies  
Enjoy time with the kids  
Feel free to sleep in



# Take Home Messages

If you consider your Charting, Consultations, Forms, Inboxes or Backlog, what would you love to create?

Ask your Brain to answer this question:  
“It Would be awesome if...”

Why do you want to Create this Result?

# Take Home Messages

Take just one thing you learned today and start doing that.

What is one thing you could do Today to start moving toward that result?

Remember: If you are committed to achieving this result then Success and Failure are both amazing because they BOTH mean you are taking action toward your goal

Quitting is Optional  
and Wishing is just Quitting Ahead of Time.



# References

Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians A Pilot Randomized Clinical Trial  
*JAMA Intern Med.* 2019;179(10):1406-1414