



AS TIME ROLLS ON

You'll never get more than the 24 hours you're already allotted,
but you can learn to make the most out of them.

Practical advice you can use at the office and at home.

By Wendy J. Meyeroff

When asked the question, "On a scale of 1 to 10, where does time management rank amongst your priorities?" Patricia Conrad, MD, a gynecologist in New York City, doesn't hesitate: "It's an 11!"

Dr. Conrad isn't just talking tough. She has definite systems in place, both professionally and personally, for managing her time. Still, experts both within and outside health care generally agree that,

for most physicians, time management is not a priority. Usually it's something done haphazardly, if at all.

Old Problem, Older Solutions

Of course, time management is not a problem exclusive to physicians. Nor is it unique to the seemingly accelerated pace of the last half-century. According to *The Dictionary of Quotable Definitions*, the great statesman, William Penn (1644-1718), said that time is "what we want most, but...what we use worst."

Of course, even if Mr. Penn had been a physician, he never would have had to face some of the most pervasive time wasters in 21st-century practices: "emergency" phone



Patricia Conrad, MD, a gynecologist in New York City, says that when it comes to time management, "You're as inefficient as the lowest person on the totem pole." That employee can disrupt the entire office with mistakes, she says, whether it's misfiling a patient's chart or not handling phone messages properly.

calls interrupting exams, e-mail messages that "have" to be answered "immediately," and dozens of journals delivered almost daily.

Nevertheless the majority of today's time bandits would have been extremely familiar to our ancestor: true emergencies disrupting carefully planned schedules, interruptions from those seeking "just a few minutes" of one's valuable time, an inability to delegate tasks, and so on.

Ironically, many physicians are convinced they're good at time management, says Marshall Zaslove, MD, a geri-

atric psychiatrist in Napa, California. Dr. Zaslove has been teaching physicians how to enhance their productivity since 1993 and is the author of *The Successful Physician: A Productivity Handbook for Practitioners* (Aspen Publishers). He says, "Most health-care professionals assume they're efficient. Doctors tell me, 'I'm busy all the time.'" But "busy" and "productive" are not the same, he says.

Ironically, the odds are that it's not a true emergency that's disrupting your schedule. Donald Wetmore, JD, a time management expert and an ad-

junct professor for the MBA program at Mercy College in Dobbs Ferry, New York, notes, "Twenty percent of the average workday is spent on 'crucial' and 'important' things, while 80 percent is spent on things that have 'little' or 'no' value."

The good news is that whether you are trying to conquer a new or an old time waster, the solutions are generally simple, indeed even old-fashioned. Even more encouraging, experts agree that anyone can learn to better allocate his time. You may

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never get to Dr. Conrad's level, but you can definitely make improvements in finding and vanquishing your most insidious time wasters.

Where's the problem?

The first step towards managing your time is simple, says training and development consultant Zena Schechter of Brooklyn, New York: "Recognize the value of time." Most people, she says, "don't budget time, because they don't think of it as something to be saved, like money."

But even those who recognize time as having value are often adrift as to how to "save" it. Bob Maiolo, OD, an op-

tometrist in Fairfield, Connecticut, admits that time management "is my weak element. We get zero training in it and it's not something I've learned well yet."

That's why the next critical step in time management is identifying exactly where your time is going. Bob Calvin, an adjunct professor of entrepreneurship and marketing at the University of Chicago's Graduate School of Business says, "We ask executives to track their time for several weeks or months in a time log," be it a hi-tech palm recorder or a simple date book. Inevitably, says Calvin, "What they realize is that there are numerous things they're doing that need to be changed if they're to devote

their time to the areas that are really important to them."

Setting priorities

Simply put, that means prioritizing, something everyone agrees is critical to successful time management.

Unfortunately, if physicians learn prioritizing, they do so the way David Crippen, MD, FCCM, a critical care specialist at St. Francis Medical Center in Pittsburgh, Pennsylvania, did: "By trial and error."

Jacquelyn Freedman, the president of TimeWorks, Inc., in Milford, New Jersey, specializes in teaching time management to executives in corporations such as Roche Pharmaceuticals. She says, "You must have a picture of what you're trying to accomplish. The doctor who's willing to make 'only' \$100,000 a year if it means spending more time with the family is going to set different priorities from the doctor determined to make \$1 million a year."

In an age of managed care, making their "ideal" income means some doctors are forcing unrealistic patient schedules, something guaranteed to cause time problems. (See "The Practice Revolution," page 30.) For most doctors, though, good patient care is their priority. That means making choices. If Conrad is scheduled to shop with her daughter and a patient suddenly presents with severe pelvic pain, the shopping has to wait. That doesn't mean doctors can't make time for family. Although Maiolo currently is responsible for five different offices, his twin six-year-old sons are the focal point around which his time is arranged. "I never miss a night of tucking them in, except Mondays when I work late," he says. Similarly, he'll schedule a few hours free from work on Sundays to take them to a party.

Ideas to Help the Time-Management Impaired**1. Take a course in time management**

Check business schools and universities, or contact the American Management Association in NYC at 212/586-8100 (www.amanet.org).

2. Find a book

Besides Dr. Zaslove's you can check out these:

- *Time Management: Saying "Oops!" So You Never Have to Say "What?"*

— this guidebook is available directly from Zena Schechter for \$38. E-mail: Zenaschechter@usa.net

- *Overwhelmed Person's Guide to Time Management*, by Ronnie Eisenberg (with Kate Kelly), Penguin Books, SRP\$12.05 (Discount available on Amazon.com)

3. Call a professional

Find an expert like Freedman or Schechter. It's NOT a good idea simply to pull someone out of the phone book or off the Internet. The best way is to get personal references.

Another option is calling organizations like the AMA (above) or these:

- *American Society of Training and Development, in Virginia* at 703/683-8100 (www.astd.org)

- *American Women's Economic Development Corp*, in NYC at 917/ 368-6100 (www.womanconnect.com)

- *National Association of Professional Organizers (NAPO)* in Texas. Their referral number is 512/206-0151 (www.napo.net)

Even with referrals, it's a good idea to ask your management or organizing expert these questions:

- How long have you been doing this work?
- What is your training?
- Have you ever worked specifically with doctors or other health-care professionals?
- What types of projects have you worked on?
- What are your fees? How do you bill? (Hourly, project rate?) What do your fees include? (The fee may include just the time spent with you and not any special materials they provide like organizing software or training manual.)

Finally, get additional referrals from previous clients. ■

Schedulus interruptus

Undoubtedly, one of the greatest defeaters of time management among physicians is not knowing how to handle interruptions. Zaslove notes, "Interruptions cost physicians approximately 20 hours of wasted time each week. That's not only because they get interrupted an average of every six minutes, but because after each interruption it takes them four minutes to get back on track."

Nanette Santoro, MD, is a professor and the director of the division of reproductive endocrinology at Albert Einstein College of Medicine/Montefiore Medical Center in the Bronx, New York. She feels that female physicians have a disadvantage in this area. "Family and colleagues feel freer to interrupt you. You're supposed to be more sympathetic, to help NOW."

Conrad agrees, adding that not only are female physicians expected to tolerate such interruptions, "but to do it with a smile."

Both women have put strict rules into place. Short of an absolute emergency, which has been clearly defined to her staff, Conrad is never interrupted during an exam. Santoro had to stop worrying about whether she's seen as unfriendly. "A lot of my work revolves around getting grants and I can't miss the deadline for submission." That means she's learned to set strict parameters regarding interruptions. "My schedule's on the front of my door, which prevents a lot of people from just barging in." For those who do anyway, "You just have to politely, but firmly, throw them out."

Freedman says this firmness is rare, that both men and women professionals



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let themselves be interrupted far too often. "You must find out why these interruptions are occurring." A staff not trained otherwise feels free to interrupt for anything. If you've explained something three times and questions are still being asked, either you haven't hired the right person or you seriously need to reevaluate your communication skills. (If more than one person is having problems, odds are it's the latter.) If unexpected patients always slow down Monday's schedule, maybe your staff should know

to schedule light that day to accommodate post-weekend "emergencies."

Also, consider the sales reps who show up unannounced and ask for "just a few minutes." Freedman suggests doctors work with their staff to make it clear the reps will only be seen at specific times and stick to that schedule. "Maybe those days you'll give up lunch, or stay an extra half hour at day's end, but it's better than being interrupted 10 times every day."

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Most people know the expression (to put it politely) "The manure flows downhill." When it comes to time management, Conrad disagrees. "You're as inefficient as the lowest person on the totem pole." That employee can disrupt the entire office with mistakes, she says, whether it's misfiling a patient's chart (so you can't find it when needed), or not handling phone messages properly.

Freedman gives an example of the latter. "I had one executive whose receptionist gave him phone messages with the caller's name, but no phone number. Her answer was, 'He knows who it is.' Even if that's true, he's wasting time searching for that number in his Rolodex or day planner." It may not sound like a lot, she says, but it's these minutes that add up.

The solution? Know everyone and everything about how your office works. Conrad notes, "Most doctors get into practice and think now they can kick back and the office will run itself." Change that attitude now, she says. "Doctors should know every job in the office and how to do it," from answering phones on up.

For example, Conrad finds it takes her three calls to book an operating room because she's put on hold or just cut off. Perhaps your staff is facing the same problem in making some of your calls and has not been able to resolve it. The only way to institute solutions is for you to understand the problem and work with staff to resolve it. Conrad discovers potential disruptions by holding weekly meetings with the staff. She goes over gripes, emphasizes new procedures, etc. But, you're yelling, I'm already pressed for time. How am I supposed to do this too? Her answer: "It takes maybe an hour a week, and if you don't devote that

hour, eventually you're going to lose more time that could have been spent on rounds, CME, or other things that only you can do."

Specifying tasks

It's critical that everyone around the doctor (both staff and family) has specific tasks, since as Conrad puts it, "They're all cogs in the wheel." At Santoro's house, both her husband and teenage daughter help out. "She's sort of a clothes horse, so she's taken to handling the laundry."

Ironically, Conrad says a seemingly "good" worker can cripple an office. "That's the person who tries to be super-efficient, doing everyone's work, so nothing gets done." Instead, a truly good worker makes a list of what has to be handled, delegates it, and then makes sure that the person who is supposed to handle it does so. "So person A has responsibility for filing, person B handles billing and so on."

Unfortunately, doctors face two problems in implementing such organization. One is that they're generally too controlling and find it hard to delegate. (See "Delegate Your Way to Success," page 41.) Additionally, says Zaslove, "Building a team, wooing good people, even using common courtesy, is 'terra incognita' for most doctors." Physicians pay for this lack of "team smarts" with a staff that's not trained appropriately and doesn't understand the importance of keeping you on track.

Other time wasters

Zaslove is ruthless about tossing journals. "What's the chance I'll really find an article at my level of expertise on information I need now?" he asks. Instead of letting journals stack up, he recommends two things. The first is using Medline, "where it usually takes 15 sec-

onds to find what I'm seeking." More importantly, he advocates setting up a "personal knowledge network." This is "three to five colleagues whose expertise complements your own, including pharmacists and other experts." You establish a relationship, professional and personal, with these people so that when you need information and you call, they take that call immediately...and you take theirs.

But isn't this an interruption? Not to Zaslove. To him, an interruption is a useless, avoidable, time waster. Taking (or making) these calls is critical to patient care, strengthens professional expertise, and ultimately saves time.

Technology also presents time-management issues, with missing files, too-slow modems, and other problems. Freedman emphasizes, "These are tools. You should be controlling them, not vice versa."

Recently when one of Santoro's children was sick and her husband was away, she was able to work from home in New Jersey thanks to e-mail. However, if you answer your e-mail every 10 minutes because "you've got mail," you've lost control.

Duplication of effort is a major time waster. Schecter suggests having standardized patient forms and protocols for staff to follow. "Someone else can determine which insurance this patient uses, pull the proper form, fill in name, address, etc., in the waiting room, or even gather it by phone so it's ready when the patient arrives." Nurses could be utilized to take more than vital signs if trained in basic history taking. That way, you can be moving between two or three exam rooms at once, doing the exam in one while the history's being started in the next.

Double X's and time management

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No matter how politically incorrect it sounds, it's a fact that male and female physicians face different obstacles to time management. Maiolo admits he can do the amount of work he does because his wife is a full-time mom, keeping the household running smoothly, handling family emergencies and social schedules. (Even in two-income homes, the wives usually end up juggling domestic issues.) He says bluntly, "I don't know how female physicians can raise a family and practice their profession."

Santoro believes it's because, "Most of us assume we're going to marry and even raise a family, so we start preparing for multiple obligations early on." When she took the job in the Bronx, she demanded (and got) a driver to bring her to and from Jersey three days a week. She uses the nearly hour and a half each way to "return patient calls, read, and do a lot of administrative paper work." She finds this time perfect for getting rid of tedious, but necessary work, like reading the hospital's new policy on how to purchase widgets.

Kimberly Roth, MS, RD, splits her professional time between teaching at San Jose University in San Jose, California and overseeing food programs in local schools and day care. She is also mother of a 3-year-old daughter and 10-month old son. While she says her husband, a gerontologist, is a gem about pitching in with housework and child care, the fact remains that she has arranged her career so that she's working from home a couple of days. "That's when I do the food program's paperwork [such as] making sure menus provide the right foods in the right amounts." She also has excellent childcare and neither of her jobs is more than 10 minutes from home.

One expert trick Roth follows: budget extra time into each task. "If I have to feed my son before I'm due to pick my daughter up at day care, I do it a little earlier than usual. That way if he's fussy, I'll still make it in time." Being good at time management saves her when there is an emergency. "Because I haven't left things until the last minute, I'm usually okay even if something derails my schedule."

Roth also feels women professionals have an advantage in time management. "We're more likely to ask for help when we do get in over our heads."

Zaslove agrees. "Male physicians have taught me that every doctor has his own strength, be it patient relationships or diagnostic skills." Yet while few physicians are good at everything, he says it's hard for male physicians to admit that and to put systems into place to accommodate their weaknesses.

Finding "my time"

Time management experts emphasize that it's not enough to find time for the practice and for the family. The most critical person to find time for, they agree, is yourself. For Roth, that means gardening, as well as running and ballet. "I get up at 7, then put in some time exercising," so she feels ready to start the day when her youngest wakes at about 8:15.

Roth emphasizes that these are rewards, not chores. "They help me relax, give me time to meditate, to work through things, to review my day." They also provide her with avenues towards self-fulfillment. She keeps finding her running time improving, her stamina increasing. Through gardening, she sees the landscape come alive in a way she's planned.

Setting aside time to reap such rewards may be particularly critical for

today's physicians, given your many professional, emotional, even bureaucratic obstacles.

Like Roth, one of Maiolo's rewards is running. Before he gets started on Sunday, "I go for a run and I meet up with friends for coffee. That's my time to relax." Golf is another passion. "I find time every three weeks or so to take the afternoon off and play a few rounds."

Exercise is also one of Santoro's priorities. She runs, does aerobics, and weight training on a regular schedule. Sometimes she can combine her routine with something else (like reading on her stairclimber), but even if she can't, this is time she feels is well spent. "If I don't stay fit, I don't have the energy to do everything else," and then her whole system falls apart.

Find your best way

Ultimately you have to find your best avenue to time management. As you might imagine, Conrad's office is ruthlessly organized, with files color coded, precisely arranged. By contrast, Maiolo has little reminder notes all over his wallet. "I tried those palm organizers and other systems. They didn't work for me." Zaslove says there's nothing wrong with devoting your desk to what he calls the "hemorrhoid system—everything in piles," as long as you know where things are and can lay your hands on them easily.

Remember, overcoming time chaos is a lot like conquering alcoholism: The first step is simply admitting that you have a problem. ■

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