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Improved Office Efficiency- A Key to Reduce Burnout for our Residents and Ourselves
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Summary:
Administration burden contributes significantly to physician burnout. Residency affords an opportunity for learners to experiment with different ways to approach administrative tasks. For example, would it serve you and your patient best to chart during the patient encounter, immediately afterwards, or at the end of the day? When dealing with a tricky inbox item, do you action it immediately or put it off for consideration at the end of the day? What are the benefits and risks of different approaches?

Take away tidbits:

1- Encourage your residents to chart during or immediately after a patient encounter
2- Encourage "one time" interaction with inbox items whenever possible
3- Experiment with stamps/templates/ Rx "favourites" and many more..

Consider, for example, the clinician finishing a challenging clinical encounter and finding themself 10 minutes late for their next patient. Charting prior to moving on would likely take an additional 2-3 minutes, but the clinician must weigh their wish to not make their next patient wait additional time against the downside of not charting before the next encounter. It may take longer to chart the encounter later as they would have to cognitively re-orient themself to the situation, and risks being less accurate. Granting oneself or one's learner the permission and flexibility to selectively run a little late at times may yield positive benefits in providing excellent patient care as well as reducing administrative burden.

Second, consider a clinician opening an MRI report from their inbox. The clinician reads the report, reviews the chart to recall the context and purpose of the investigation, and considers next steps. If the way forward is not immediately clear, it may be tempting to close the inbox item without taking action, returning to it for reconsideration later. However, in returning at a later time, re-reorientation with the case may again be necessary, consuming further precious time and cognitive capacity. The clinician may wish to trial taking time immediately to solve the problem to the best of their ability in the moment, using the resources available such as consultation with a colleague or looking at the medical literature around the topic. They may find on the whole that this approach saves them considerable time and cognitive energy without compromising best care for their patients.

Residency affords a wonderful opportunity to experiment with different approaches to a host of administration tasks. Consider for example deliberately creating space and time to consider some of the following:

- Stamps/Templates: consider the pros (reduced charting time, memory cueing) and cons (ensure accuracy in charting, appropriate safeguards against charting errors)

- Consider completing forms/referrals during booked appointments
- View 15 minute appointment times as 12 minutes of patient contact time, 2 minutes of charting time, 1 minute of inbox time
- Inbox prophylaxis: Avoid ordering unnecessary tests and referrals!
- Inbox triage: Prioritize patient care items (e.g. messages from team) so they are less likely to spill into the next day
- Inbox anticipation: If a test is ordered with the intention of using that information to make a referral, complete the paperwork right away, with a reminder to your future self. When the result arrives, your chart reminder will cue you to simply attach and send.
- Prescription favourites: Consider saving in the EMR common or complicated prescriptions (compounding, H. Pylori quadruple therapy)
- Prescription intervals: longer may be better when safety is not an issue
- Prescription requests: when you get a request for 1 prescription, consider renewing all active medications to save yourself time with future requests

Resources:

1-https://acfp.ca/ffyfp-blog-give-yourself-the-gift-of-extra-time-5-tips-for-efficient-charting/

2- https://hr.berkeley.edu/grow/grow-your-community/wisdom-caf%C3%A9-wednesday/impact-interruptions

3-Sloane JF, Donkin C, Newell BR, Singh H, Meyer AND. Managing Interruptions to Improve Diagnostic Decision-Making: Strategies and Recommended Research Agenda. J Gen Intern Med. 2023 May;38(6):1526-1531. doi: 10.1007/s11606-022-08019-w. Epub 2023 Jan 25. PMID: 36697925; PMCID: PMC10160308. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10160308/