

# Reclaiming the Calendar: Time Management for the Clinician Educator

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## The Challenge

The number and variety of clinical and academic tasks can at times overwhelm busy clinician educators (CEs), and traditional time management concepts may not transfer well to their unique schedules and responsibilities. Although a calendar is a key element in time management discussions, a downloadable template may not be the best approach for CEs. For some, clinical service obligations (eg, clinic, operating room) regularly define the calendar, which limits the usefulness of templated calendars created for other fields. Adaptations of existing calendaring approaches or other strategies are needed to achieve your professional and personal goals and reduce stress.

## What Is Known

Better time management is associated with achieving career goals and supporting career satisfaction. Studies of physician burnout and work-life balance suggest that control over time and schedule is a key driver of physician career satisfaction.<sup>1,2</sup> Lack of individual control over the work schedule is also associated with physician attrition.<sup>3,4</sup> Yet CEs' clinical duties and academic expectations can yield unpredictable schedules, unconventional hours, and moral distress regarding task prioritization. Despite this reality, CEs *must* prioritize tasks and assert some control over calendar management to achieve their unique goals and priorities within each of their roles. Time is finite—each day offers only 1440 minutes that must be used judiciously. The CE's quest for the perfect time management approach is an evolving search for an individual system that promotes professional and personal goal achievements with minimal stress.

## How You Can Start TODAY

1. **Allocate time realistically.** Don't give your time away. Develop a calendar planning routine that allocates a prescribed amount of time to each item. Visualizing allocated blocks of time creates healthy boundaries between responsibilities and minimizes stressful thoughts associated with "remembering to get that done," as it is already scheduled. This practice requires commitment to task prioritization to avoid the urgent-important crisis mode: allocate

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### RIP OUT ACTION ITEMS



1. Choose tasks wisely by developing personalized time management strategies that align your priorities, goals, and new opportunities with institutional priorities.



2. Assert control of your calendar where possible to create time to align with your priorities.



3. Define time and energy needed to perform all tasks and responsibilities.



4. Map actionable tasks onto your calendar and stick to it! Review the calendar regularly, protecting time allocated for individual tasks.

time to complete your abstract submission or final manuscript edits outside of a clinical shift.

2. **Map projects across the calendar year.** Certain months or quarters may offer more time flexibility to accommodate projects than others. Some activities typically remain static each year (eg, letters of recommendation, national conference presentations, clinical competency committee [CCC] meetings). Others allow CEs a more flexible timeline (eg, required institutional safety courses). Take advantage of scheduling windows to create open time in your schedule for high-value, high-priority tasks.
3. **Maximize available focus and energy.** CEs routinely contend with fatigue. Prioritize intense or high-priority tasks for mornings after adequate rest (eg, writing a grant proposal, drafting an interactive learning session) and save less intense tasks or those requiring less focus for after clinic or call (eg, gym workout). Consider bundling more complex cognitive tasks together (eg, the elements of a curriculum proposal development) and keeping them separate on your schedule from simpler tasks (eg, completing an institutional compliance module).
4. **Limit distractions and manage interruptions.** The psychology of human cognition has limits, even for CEs. Respect time allocated to specific responsibil-

ities by limiting distractions (eg, no email during clinic, silencing messages while writing) and triaging interruptions to minimize their impact on previously allocated time. Ask yourself, “Can this be delegated or handled later?”

5. **Delegate.** Not every task needs to be completed by the CE. Help is often nearby and capable. Identify resources and consider delegating tasks to colleagues (eg, literature search performed by a senior resident, clinic scheduling parameters managed by an administrator).
6. **Control inboxes.** Email and electronic health record inboxes constantly supply additional tasks and potential distractions. Label both as projects requiring time and attention, then build adequate time into the calendar to manage each. Consider creating routine, scheduled calendar events to address each inbox to avoid their creeping into every part of the day.

### What You Can Do LONG TERM

1. **Select best-fit opportunities.** Ensure that each new opportunity aligns with your values and goals, and gracefully decline unaligned opportunities. Practice saying no with poise. Consider if new additions will fit your current and future career stages. Negotiate with leaders regarding aligned efforts and projects (eg, chairing program’s CCC, becoming active in a national organization as a step toward leadership goals).
2. **Assess available time and energy.** Inventory available bandwidth to take on new projects, even the small ones. Consider what will be sacrificed to accommodate time and energy for a new project, and note that more time and energy than initially estimated may be required.
3. **Eliminate time wasters.** Identifying time wasters creates opportunity to minimize or eliminate them (eg, how much time is really spent engaging social media, worrying about a task versus doing it). Consider completing a 24-hour or 1-week activity log to visualize how each hour of the day is typically spent.
4. **Resist perfection with grace.** Do not allow ego to usurp your time. A+level work is not typically

required for every task; B-level work may be perfectly acceptable for some tasks (eg, resident assessments contain specific comments, but not flawless paragraphs). Focus and energy usually cannot be fully allocated to every required task.

5. **Cultivate networks.** Collaborate with colleagues to catalyze progress toward shared goals. Network locally, regionally, and nationally via professional groups that share like interests and long-term goals (eg, specialty society task forces, institutional faculty committees).
6. **Advocate for faculty development on time management.** Encourage academic groups to incorporate time management strategies for CEs into standing meetings (eg, departmental faculty meetings). Share tips and strategies, and periodically seek out best practices from the literature, professional development meetings, or a coach.

### References and Resources for Further Reading

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