



Crazy Busy Doctor

By John Wyatt Crosby MD

Assistant Professor of Medicine, University
of Toronto and Family Medicine, McMaster
and Queens Universities

Copyright © 2022 by John Crosby BSc., MD, FRCP (C)
Emergency Medicine and MCFP (EM) 1983
Family Physician, 11 George St. South,
Cambridge, Ontario, Canada, N1S 2N3

All rights reserved. No part of this publication may be reproduced or transmitted in any form, by any means, without prior permission of the publisher.

Audiobook, mentorship and videos available for free at
drjohncrosby@rogers.com

I dedicate this book to my wife Jill. To my three sons; Andrew, Stephen and James. To my daughter-in-law Kristy. To my mother and father; Doris & Jack Crosby. And to my mother and father-in-law; Clara and Sparky Copeland.
Also to my grandson Max.

With special thanks to my Medical Post editors Colin Leslie and Louise Leger.

Table of Contents

Introduction	6
Delegation	7
Too many patients	10
Paperwork	11
Templates	13
Interruptions	22
Multi-problem patients	26
Seniors	28
Outside responsibilities	29
No Competition	32
Counselling	34
A year in my life	43
Time managing the top 12 diagnoses	46
About the author	53
Bibliography	55

Introduction

Are you a crazy busy doctor? Do you wake up to a jarring alarm clock hitting the snooze button for a useless 10 minutes more? Do you rush your shower and miss breakfast? Do you get to the office late and look with dread at a full paper and virtual in-box?

Are your secretary and nurse lining up with phone messages, texts and emails?

Is your waiting room standing room only? Are you always late and multi-tasking?

Do you miss your morning break and wolf down a sandwich at lunch?

No time for bathroom breaks?

Do you run late with patients?

Are you home at 7 pm with 'homework' (office, paper, computer, admin and charting work) to do at night and on weekends and holidays?

Do your spouse, kids and friends complain that you work too hard?

Do you go to bed at midnight and then can't get to sleep and then wake up at 3 am with your brain churning?

You need to find time (40 minutes) to read this short book.

If you don't have time email me for a free audiobook so you can listen to it while driving or jogging or are collapsed on the couch.

drjohncrosby@rogers.com

As an emergency and then family doctor for 49 years I have mentored 123 doctors from across Canada. I have spoken worldwide 120 times to thousands of doctors just like you. Their biggest problem is that they are too busy and are burning out.

The cure to being crazy busy is good time management.

Rx For being Crazy Busy: Top Ten Time Management Tips

1. DELEGATION

Only do your MD job. The secret is to shift the initiative. Get your staff and co-workers to not dump all their problems on you but to bring you their solutions.

Secretaries or medical office administrators are the most important people to help you stay on time. You need to be in constant communication (weekdays) with them by text or email.

Copy them on all emails you receive pertinent to the office. On lab results and imaging you need to be very specific on how you want each result handled. Meet with them for lunch monthly (you buy) to discuss office efficiencies. They are trained to run a tight ship and need your blessing, back up and co- operation. I talk to my secretary every Monday morning to discuss the upcoming weekly schedule to avoid overload and conflicts.

Online booking of appointments is like booking a seat on a plane.

It improves access for patients, and avoids your phones ringing off the hook and making you and your staff crazy busy. It also helps patients get through and not go to a walk in clinic which costs you money if you are in a rostered practice or takes away the easy cases in a fee for service practice and interrupts continuity of care for your patients.

Nurses can help you stay on time. If you can't afford a full time nurse, hire one for one afternoon a week and have her help you do

all the needles, well baby examinations, prenatal examinations and full physicals (which should be done only every 3 years). She will pay for herself many times over. With nurses at the hospital or nursing homes you should communicate by responding to their phone calls, faxes, emails or texts STAT.

Nurse Practitioners can do everything a family doctor can including prescribing narcotics, referring to specialists and taking away driver's licenses (why they would want to is beyond me). I work with one and she covers my entire office and two nursing homes in an excellent fashion when I am away. We text or phone each other using patient initials to keep care coordinated.

With pharmacists, communicate by fax or secure text or email **stat**. This avoids a phone call. Use E prescriptions.

Specialists: Family physicians are like generals in the army, leading and coordinating care. The buck stops with us. With specialists you have to be very precise in what you want them to do

and in your consult letter send them everything you have done with regard to prior diagnosis and treatment, even things that **failed**.

Don't order tests for cardiology or respiratory consults (eg stress tests, spirometry etc.). Leave them for the specialist who might repeat them and can coordinate them better than you. This saves the patients and you and your staff time and the taxpayer money.

There is now e-consult with online specialist help.

Delegate to diabetic day care, COPD clinic, CHF clinic, podiatrists, physio etc.

The Patient: get them to take an active part in their care for better buy in and compliance.

2. TOO MANY PATIENTS

This is a huge problem world wide with an aging population and sicker more demanding patients.

You can also hire a physician assistant to help you with the load.

Barriers to Change

Many doctors are afraid their income will drop if they hire more staff and have to pay them. However, you will find that you become more efficient and will make more money. Plus you won't be crazy busy.

To prevent getting too overloaded, don't take any new patients without exception. Even if 'Aunt Mabel' calls you and begs you. Tell her you are overloaded and this will decrease care for all and stress you out. Offer to get her in to see another doctor. Also if a physician in town quits and there are a lot of orphan patients don't get guilted into taking them. It will diminish care for your existing patients. You did not cause the problems and don't have to solve it.

3. PAPERWORK, COMPUTER-WORK, TEXTS, ADMIN AND E-MAILS

Do them every weekday at a booked time, for example 8 am until 9 am or if you have young kids, noon until 1 pm while eating lunch.

Do not do them after hours. **Guard this time with your life.** Turn off your iPhone, landline, texts and emails. Tell your staff to not interrupt you. If you are in a room with other people try to get an empty office to be alone in or wear headphones, sunglasses and a sign on your forehead to not interrupt you. Bring in patients for big insurance and lawyer forms (chartomegaly) and charge the provincial rate (\$300 per hour in Ontario).

Put the money in a fun fund so paperwork and admin time is happy not sad. Come back a day early from vacations to get caught up and not be crazy busy your first day in clinic.

Train your nurse to triage lab and imaging results and see abnormals to you by text protecting patient identity using EMR patient numbers. For example: Dear Doctor X, Patient 324819 has a K of 6. Signed Nurse Y.

Templates/Stamps for thoroughness and speed.

The Rourke Baby Form, workers comp and Provincial Antenatal forms are templates or stamps.

If you have Telus PS Suite here is how to make stamps. Do it on a Sunday with no distractions. It is a huge time saver and make you more thorough.

Click Settings in top left corner

Click on New Stamp right bottom corner

Type in the stamp or cut and paste the following, one at a time.

Click Done

Tab over to the dot when typing the chart.

Abdominal pain for • days. Caused by • . Improved by • .

Aggravated by • . Feels like • .

Constipation • . Diarrhea • . Blood • .

On examination Temp • ENT • Chest is clear to auscultation.

Abdomen soft, no tenderness. Liver and spleen •

Bowel sounds • Rectal •

Pain rating out of 10 •

Assessment •

Plan • Side effects of medications explained. Call me or return if worse or in • months or go to the ER.

• **Ankle injury (Left or right)** • days ago.

• Mechanism of injury. On exam, range of motion • Swelling •

Ligaments • Assessment •

Plan • rest, ice, elevate, tensor, physio, Advil 2 tabs every 4 hours, side effects like gastric upset explained, call me in one week if no better.

Back Pain: Subjective: pain in • area for • . Night pain • .

Radiation• . Has tried • . Caused by • Bladder • bowels •

Objective: Spasm in • . Range of motion flexion, • Extension, •

Lateral rotation,• Reflexes • Straight leg raising, •

Pain rating out of 10 •

Assessment:•

Plan • Physio, heat, hard bed, •

Side effects of medications explained. Return if worse or in •

months or go to the ER.

BP: Subjective: Feels• No chest pain or shortness of breath no swelling of ankles

Objective: BP is • Cardiovascular system, rate • rhythm • heart sounds S1 and S2 are normal, no murmurs.

Chest is clear to auscultation

Assessment: •

Plan • see prescription below plus diet, low salt and exercise handouts given out. Side effects of medications explained to patient like swelling of ankles for Norvasc and cough for Vasotec.

Return in • months or prn or go to the ER if very high.

Cholesterol level is • Subjective: Feeling •

Objective: ENT normal, Cardio Vascular System: heart sounds normal no murmurs, no Congestive Heart Failure, no Jugular Venous Distension, pulse, normal sinus rhythm. Chest is clear auscultation. BP is •

Assessment: •

Plan: Diet, exercise.

Side effects of medications explained like muscle cramps with Lipitor.

Return in • months.

Depression for • days. Why? •

Subjective: Fatigue • Sleep • Crying • Blaming yourself or feeling worthless • Lack of concentration • Lack of joy •

Weight change • Faster or slower than others • Suicidal •

Bipolar: Has there ever been a period of time when you were not your usual self and

you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? •

You were so irritable that you shouted at people or started fights or arguments? •

You felt much more self-confident than usual? •

You got much less sleep than usual and found that you didn't really miss it? •

You were more talkative or spoke much faster than usual? •

Thoughts raced through your head or you couldn't slow your mind down? •

You were so easily distracted by things around you that you had trouble concentrating or staying on track? •

You had more energy than usual? •

You were much more active or did many more things than usual? •

You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? •

You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? •

Spending money got you or your family in trouble? •

Objective: On exam: affect • grooming • alertness • Hallucinations •

Delusions • Pressure speech • Tangential thoughts •

Assessment •

Plan • exercise, omega 3 foods, sleep hygiene discussed. Side effects of medications explained for example gastric upset, increase suicidal ideation. Return in • weeks or prn. To ER or call 911 if suicidal.

Female Complete Physical

Problem •

Functional Enquiry: Head and Neck • Ears, Nose and Throat •

Respiratory •

Endocrine •

Cardiovascular •

Gastrointestinal •

Genitourinary •

Musculoskeletal •

Neurological •

Wt: Ht: BMI•

General Appearance •

Ears Nose Throat •

Skin • Breasts -

Cardiovascular system - Blood Pressure • Pulse • Heart sounds •

Jugular venous pressure • murmurs • peripheral pulses •

Respiratory •

Central nervous system • - Pupils & Fundi • cranial nerves. tone •
power • Sensation • reflexes •

Vaginal exam •

Assessment •

Plan •

Headache

Subjective for • days. Cause • Where on head • Feels like •

Have tried •

Objective fever • neck stiff • Cranial nerves • Reflexes • Pupils •

Pain rating out of 10 •

Assessment •

Plan. Side effects of medications explained. Return in • months or if
worse.

• **Hip pain** (right or left) for • Due to •
On Exam • ROM • Wasting • Neuro • Pain rating out of 10•
Assessment •

Plan • Physio, Advil 2 tabs every 4 hours. Side effects like gastric upset explained

• **Knee pain** (Right our left) for • Cause of problem • Range Of Motion •

Ligaments • Cartilages • Effusion • Redness • Temp •
Pain rating out of 10 •
Assessment •

Plan • Weight loss. Advil 2 caps every 4 hours. Side effects like gastric upset explained.

Male Complete Physical

Problem •

Functional Enquiry

Head and neck •

Ears, nose and throat • Respiratory system • Endocrine system •

Cardiovascular system • Digestive system • Genitourinary system •

Musculoskeletal system • Central nervous system • General

appearance • Wt: Ht: BMI•

Ears nose throat:

Skin & Mucosae:

Cardio vascular system - BP: Pulse: Heart Sounds: JVP: Peripheral
Pulses:

Respiratory system: Abdo: •

Central Nervous System - Pupils & Fundi: Cranial nerves • tone •
power • coordination • sensation •

Testes:• Prostate:• Assessment •

Plan •

• **Shoulder pain** (Right or Left) for • days. Caused by • . Range of
motion • . Crepitus • . Wasting • .

Neurological exam •

Pain rating out of 10 •

Assessment •

Plan: physio, Ice, heat

Side effects of medications explained. Return if worse or in •
months.

Skin Lesion for • days

Objective:

Size •

Shape • Colour • Itchy? •Where on body? • What has been tried? •

Assessment •

Plan •

Cough for • days (Covid 19 negative). Sore throat • . Cough • .

Earache • . Sputum • . Shortness of breath • Chest pain •

On Examination: Neck supple Temp • . ENT • . Nodes • . Chest •

Assessment •

Plan • Advil liquigels 2, q4h prn, Koffex, 5 cc's q4h prn, Cool mist vaporizer.

side effects of medications explained such as allergic reactions, diarrhoea or yeast vaginitis in women.

Call or go to ER if worse or hard to breath or drooling or unable to swallow.

Urinary Tract infection : Frequency and dysuria for • days.

Temperature • Costovertebral pain •. Abdomen •. Bowel sounds •

Assessment •

Plan • drink cranberry juice, call if no better in 48 hours. Side effects of medications explained such as diarrhea, allergic reactions and yeast vaginitis in women.

4. INTERRUPTIONS

The phone is the biggest interrupter for doctors. I have no phones in my exam rooms and the phone doesn't ring in my private inner office. I speak only to specialists. You have to really back up your secretary on this one. If anyone complains that they wanted to speak

to you and your secretary wouldn't put them through try this script:
'I'm sorry you are upset that my secretary wouldn't let you speak to me when you called recently. This is our office policy. We value your time and want to be on time for you. We want to offer same day appointments for urgent cases. If I spoke to everyone I wouldn't have time for my office patients'.

If you don't back up your staff they will open the floodgates and let the patients drown you and make you crazy busy.

TGIM. Make Monday Funday.

Mondays are a terrible way to spend one seventh of your life.

Workload can be predicted for the most part. Because Mondays are usually the busiest (because they also have the burden of illness for Saturday and Sunday) we leave them wide open for same day call in urgencies which my secretary puts in the schedule one after the other. For example each patient has an appointment starting at 9 am and then 9:10 am then 9:20 and I get to go home at 3 pm when the

last one is booked. We book no physicals, prenatal visits, counselling or well baby exams. Just short little snappers like a skin lesions, UTI's and minor injuries. This is great for the patient wanting in quickly and makes us love Mondays instead of hating them.

You have just changed a crazy busy Monday into a restful one.

Of course then you will hate Tuesdays. No system is perfect.

I knew a family doctor who took every Monday off for 41 years.

Imagine having 2,132 long weekends? He did it by covering another doctors' Fridays.

Also, if your summers are quieter, gradually shift complete physicals into them (do them every three years).

Book your last appointments at 11:30 and and 4:30 pm. Put your phone on answering for the lunch hour.

You can enjoy a nice leisurely lunch instead of bolting a sandwich between patients.

If you have a ‘wobbler’ (an older patient with multiple problems and care giver burnout) have your staff set up a family meeting. Link in family ‘out of towners’ on your speaker phone (they often feel guilty and can take it out on you). Or have a Zoom meeting. With the patient’s and substitute decision maker’s permission, outline in simple terms what the diseases are, what the future may be and discuss resuscitation wishes, home care, nursing homes and respite care. If it is a large family you can do it from 4:30 pm on in your waiting room if you are a solo GP or a meeting room if you are in a clinic.

I tell the families that hospitals will not be able to keep the patient for long if they are sick or injured or not coping and nursing homes take years to get into.

Have the family schedule shifts in caregiving to avoid burnout.

Have the family elect a spokesperson and they alone can communicate with your one staff spokesperson. This takes more effort up front but can really save you time later on and is good care.

This keeps you from being crazy busy talking to every family member all the time.

5. MULTI-PROBLEM PATIENTS

I once asked my auto mechanic if he liked customers coming in with lists of things for him to fix on their cars. He said ‘hell yeah, I can bill them for each thing and have them leave their vehicle for the day’. As doctors we can’t do this. I think it’s tacky to have a note on your wall saying only one problem per visit and so does the college of physicians and surgeons in your province, territory or state and so does the Canadian Medical Protective Association. The second problem might be lethal. At the same time it isn’t fair to our other patients or ourselves to let a patient reel off five chronic problems and expect us to fix them all on the spot.

A nice compromise that has always worked for me is to reach over and ask permission to take the list or ask to look at their iPhone list and ask the patient to pick their top two concerns. Tell them to

rebook to do the rest of the list later and assure them you will check everything.

My script is: ‘I see you have five problems today. In order to be fair to you and give us lots of time to solve them all please choose your top two concerns. Let’s get some lab work now and set up another appointment to check for the other three’.

Do your ‘annual’ physicals every three years. For women over 50 years of age I do a mammogram, bone density and pap smear every three years.

I book all complete physicals on Wednesday morning when I am fresh, rested and not when I am crazy busy at the end of the day.

Some patients keep reeling off new complaints as soon as they are done the last one so I say ‘let’s rebook to get in everything’ as I **stand up and walk them** out to my secretary.

6. SENIORS

Seniors have all the time in the world and you have none. They often have many diseases and medications. Sixty percent of my practice is over the age of 65. I ask them what has *changed*. We book them in for the middle of the day, which tends to be quieter as most young workers and students want to see us after 3 pm. Ask your secretary to remind them to bring in a caregiver and all their medications in a bag including over the counter medications.

If they don't know their meds don't guess. Leave the room and delegate to your secretary to call the pharmacy and you go and see another patient.

You can google 'patient handouts' from the College of Family Physicians of Canada website.

If you have patients scattered across town in nursing homes, give them up to the house doctor who can offer them more frequent care.

If they are mixing up their medications get your secretary to arrange

for home care to go out to assess and have the pharmacist do blister packs.

7. TOO MANY OUTSIDE RESPONSIBILITIES

House calls are great for you and the patient but are hard to fit in.

Delegate to your secretary to tell the patient or their families that you can't make house calls because you can see 6 patients in the time one is made and this allows you to be more available. (always put patient needs first). We are lucky to have in Cambridge a family doctor who has given up her office practice and overhead and does free house calls for every complicated patient who can't get to their family doctor.

Then you won't be crazy busy trying to rush off to a house call at lunch or afterwork.

Administration for your office.

If you are a solo family physician, meet regularly with your staff. If you are in a clinic, make sure you have a paid office manager and

paid MD manager who can make sure each doctor follows the same rules with regard to billing for third party fees, hours of operation, phone advice (try not to ever use the phone yourself) and scheduling of holidays. These people can take away your busy tasks.

Call groups. Learn to love being on call.

Try to form as big a group as is practical to avoid being on call as much as possible. In Cambridge we have 50 family physicians in two groups. There are two doctors on call every night, one for surgical assists and one for critical office lab results and nursing homes. This was formed by me by taking the old call groups and gradually combining them. Since I hate being on call I created this 29 years ago. We are only on call once a month and can take the day off afterwards. You can grandmother or grandfather off call at age 65. Cambridge family doctors have saved tens of thousands of hours of being on call. This is good for the patients, staff and us and helps with recruitment and retention.

You can break up weekends and holidays into one day chunks.

Reward yourself on the day off after call with something you like doing like a spa day, skiing, museum or art gallery so you will look forward to call not dread it.

Time managing the hospital.

We had 55 family doctors seeing 55 patients on the medicine floor so we got hospitalists. In smaller hospitals where the FP's still look after in- patients you can combine hospital ward rounds by having one member of the group do the whole group's rounds for a week.

Committee Work

Limit yourself to one committee per year and ask for it to meet at *your* convenience, for example breakfast or lunch. Ask if you can be on first then leave. You can also do this with family meetings at nursing homes. Always ask if the meeting is necessary as hospital administration types are addicted to meetings (it helps to share the blame). You may be able to do it by e- mail or phone or Zoom

conferences. Ask if the meetings can be every two months instead of every month. Make sure there is an agenda and start on time and end early. Try to keep committees to seven or less people and have them self-destruct on completion of stated goals.

8. NO COMPETITION

With the doctor shortage, patients can rarely leave one doctor for another. In Canada we have a monopoly system which means little innovation or reward for efficiency. There is no incentive to be on time other than pride in giving good service to patients. This can also benefit the doctor. If patients have to wait they often think up new problems or complain to you about how hard it is to get in to see you. 30 patients complaining for 5 minutes adds a 150 minutes to your day. That is the difference between getting home at 5 pm or 7:30 pm. Having patients complain about wait times also sucks the joy out of your day.

Competition Is Coming

Nurse practitioners, physician assistants, virtual care clinics and pharmacists are doing more of our work and governments see them as being cheaper and more accessible. Virtual clinics are popping up all over and patients love them. If you adopt my strategies your office can have open phone lines and same day service on time and can successfully compete.

E-mailing patients

If you decide to do this make sure you have a secure system and get patients to sign a contract to avoid them trying to reach you in an emergency. Set hours of operation and call back intervals (I will get back to you within 2 business days). I recommend Monday to Friday from 9 am to 5 pm to avoid burnout from being on duty all the time. Turn off your devices at 5 pm and also on weekends and holidays.

Never give out your private phone number or email address it will make you crazy busy. If a patient is sick enough to need you in the off hours they should go to the ER.

9. PSYCHOLOGICAL COUNSELLING

Can take up a huge amount of your time and energy. Patients often can't afford the high cost of a psychologist (up to \$250 per hour) or don't have benefits to pay for a social worker or counsellor. Waiting times for psychiatrists are scandalous almost everywhere as well.

Patients also often want to come to see only you because they are comfortable with you and trust you and there is no stigma in sitting in your waiting room.

Make sure your patients check with their employer to see if they have any coverage for counselling or if they have any employee assistance plans (EAP). There is often 'geared to income' counselling available in your area. Delegate to your secretary to

check with your local mental health clinic. I tell patients that if they had a heart problem they would think nothing of going to a cardiologist so if they have a mood disorder the expert is a psychiatrist and there is no shame in getting help.

There are also fast, free substance use disorder clinics available without an appointment in many larger cities.

I also tell patients that a counsellor can spend an hour with them but I can't due to patient demands. They can also meet after business hours.

Empathy Addicts

A lot of doctors get into counselling patients who dump all their problems, feel great and do nothing to change. The doctor becomes an expensive social worker and enables the patient. The patient feels great and the doctor feels terrible and gets behind in their schedule.

You have to set goals with the patients so they make progress and make change in themselves and their lives and not just come to you for a complaints session.

Give them 'homework' to make changes in their lives at each session

Virtual Medicine

I have found that over 90% of visits can be by audio on my cell phone alone. While ensuring privacy, pictures can be emailed to me for rashes and skin lesions and minor injuries. This is a huge time saver for patients and me.

10. NEVER TAUGHT TO BE EFFICIENT

Doctors are taught to be slow and methodical and to not miss anything. Your professor had a few patients a day and you to chart for her and do her paperwork and admin work and check labs, imaging and consultant letters.

Then you came out into the real world and had to see 30 patients a day to pay back your debts, pay overhead, taxes, buy a house and a car. You have to save for retirement and put your kids through university. You have to pay for disability and life insurance and all benefits.

To end the patient visit, ask the patient what they wanted from the appointment, then sum up what you have said, **stand up and walk** them to the printer in your secretary's office for lab, imaging, advice sheets or a prescription. As we gain experience we learn to hone in on important matters. Cutting corners can still burn us so we have to learn how to be efficient without missing anything. The nice thing about doing the above things is that they give you more time with the patient. You will find yourself refreshed and able to see people when they need it and spend lots of time really listening to and examining them because you won't be rushing. You won't be demoralized by an overflowing real and virtual in basket, a standing

room only waiting room and constantly ringing telephones. You won't be crazy busy anymore.

CHANGE

All this is simple and common sense, so why are so many doctors so crazy busy?

The hardest thing to do is to change. We spend our careers trying to get patients to change their smoking, eating and exercise habits, so let's treat ourselves like our patients.

First is **diagnosis**.

Are you always busy and frantic? Do your patients joke about how you are slammed?

They are not amused but can't say anything to you.

Secondly you need to **want to change**. Being less crazy busy will be wonderful for you, your patients, staff, family and friends. You will have lots of time to spend clinically instead of with paper/computer

work or on the phone or in meetings. You will have time for rest, exercise, hobbies, meditation and spiritual replenishment. You will have time to do nothing, something you haven't done since kindergarten. Also your income will go up.

Set up a start date. Just as we tell smokers to and tell everyone. Start small, for example right now copy and paste and email to your secretary:

Dear Secretary,

Please do not put 'fat forms' (insurance forms, disability forms, lawyer's letters etc.) into my in-basket but bring in the patient.

Sincerely,

Doctor: (Your name here).

You can start this now; it costs nothing and is very simple to do.

Once you have mastered this first baby step try a new item every two weeks so as not to overwhelm your staff or yourself.

Send letters re not taking phone calls, last appointments at 11:30 and 4:30 and put the phone on answering for lunch hour. Also book 8 weeks off a year and guard them with your life. You can also send a note to everyone in your life that you will be taking an afternoon off per week by signing out to another doctor then reciprocating. You can transfer all you nursing home patients to the house doctor. Just like with smokers there will be failure and backsliding, as it is hard to change old habits.

Also, email your secretary to start booking no one on Mondays.

Leave it wide open for same day, call in appointments and go home when done. TGIM.

Miscellaneous:

Get a nanny. You are only as good as your support systems.

Get a cleaning service for your home.

Vacations won't fix a toxic workplace.

Sit down with your spouse or friend and your calendar this Sunday and block out 8 separate week's vacation (two in a chunk once a year) for the next 365 days.

Take a red magic marker and circle them or bold them in your smart phone calendar.

These are sacred and should only be overridden by death in the immediate family (sorry grandma).

Copy it to your staff, family, call partners, hospital(s) and nursing home(s)

Personally I take a week off alone with my wife in February. This rejuvenates our marriage and helps with the winter blahs.

We then take a week with the kids in March break. In July we send the kids to camp and have a week alone at the cottage. In August we take 2 weeks with the kids. The definition of a good vacation is when you can't remember what day it is.

We then go to a big city for a conference in November and take the week off between Christmas and New Years.

Remember to leave your first office day back empty so you can enjoy it too. Your staff and patients will love it as they can get in to see you fast. Come back a day early before your clinic opens to catch up on paper/computer/admin work.

I have mentored a large number of young doctors who never take a vacation alone with their spouses. One man has not been alone for a restaurant meal or hotel stay with his wife in 10 years!!. The kids will leave home at 18 and leave two strangers behind. This is a fast ticket to divorce. Start small with a date night and then try a weekend away alone. Then try a week away with just the two of you. A babysitter is cheaper than a divorce lawyer.

A Year In My Life: How I Avoid Being Crazy Busy

Sunday night

I go to sleep at 10 pm after no screen time for 2 hours before so I can wake up refreshed without an alarm clock on Monday at 6 am. I brush my teeth, shave and drink a protein shake so I am not hungry and eating donuts and muffins full of sugar at 10 am. I have a decaf coffee.

I then drive to the YM/YWCA and swim pool lengths for 30 minutes. I have a whirlpool bath, sauna and shower and then drive to my office. I practice mindfulness in the sauna.

I do my paper and computer and admin work from 8 am to 8:50 am (I have made an appointment with myself in my smartphone calendar). I am all alone with no distractions. No phone, text, emails, patients, secretary, nurses or patients. NOOOOOObody!

I reward myself by reading the news on my iPhone at 8:50. The money I make on big forms I put into a fun fund and go to a nice

restaurant or live play or sporting event or museum or art gallery. I love paperwork instead of hating it.

I then leave time to get to my first nursing home on time at 9 am (never go at mealtimes). If I am late I get stressed and it sends the message that everyone can be late.

I see all the patients the nurse needs me to then do my charting and computer work, labs and imaging.

For family meetings I am on duty for the first 10 minutes then leave.

The nurse tells everyone to stick to medical matters, so my time is not wasted hearing about the food or plumbing. I am constantly teaching the nurses how I do things (delegation). I do this too with my secretary who knows how I think and can advise patients and text me for confirmation thus shielding me from constant interruptions = no crazy busy.

I then drive to my next nursing home and do the same until noon.

I take off from noon until 1:30 pm for lunch, which is a nice break. I

can go to meetings at this time and not lose time from my office. My secretary puts our phone on answering so she gets a break too.

At 1:30 pm I start to see patients. If you have small kids you can do admin at noon but never after hours.

On Monday the afternoon has been left empty except for same day call in appointments which my secretary fills into slots one after the other. Therefore I love Monday's because it is little, easy cases. The patients love it because they can get in on the phone line and be seen on time the same day. If you have long waits the patients will tie up your secretary by arguing with her to get in early and may exaggerate their symptoms. They will go to a walk in and you will pay for it. I get to go home when done which might be as early as 3 pm. Heaven.

Time Managing The Top 12 Diagnoses

- 1) *High blood pressure*. I have a stamp or template in the computer that has all the history and physical in a SOAP = S (ubjective) O(bjective) A(ssessment) and P(lan) format. I ask the patient how they are doing then shut up and let them talk. I then ask if they have any ankle swelling, shortness of breath, chest pain, light-headedness or headaches. I then do their blood pressure, listen to their chest and heart and check peripheral pulses and ankles for edema. If normal I remind them why we do blood pressure (to prevent stroke and heart attacks) and that they can't feel it when it is high. If it is normal I see them in six months and give them a handout (in the computer) to reinforce my teachings. I print a lab slip on my secretary's printer (exit strategy) and type on it 'back in 6 months' so I don't have to interrupt her.
- 2) *Arthritis*. With anyone with a painful joint I use a template and get a history and examine the joint. I do an x-ray if I suspect osteoarthritis and wait until they return a week later to go over the x-ray with them and then advise the patient re medications, physiotherapy, weight loss, bracing and ice and heat and rubs. I have a handout and I refer to physiotherapy with the consult letter function on my computer. It includes my history, physical and the x-ray results.

I refer to an orthopedist early if it looks surgical. We have central intake now so we get an instant appointment by email, no more fax limbo.

3) *URI, or upper respiratory infection* (pre and hopefully post Covid 19). I use a computer template that asks how long they have had it, if they have a cough, sputum, ear pain or a temperature. I then examine their ears, nose, and throat, palpate their neck for lymph node enlargement, take their temperature and listen to their chest. If it is viral I explain that antibiotics are not only useless but also harmful as they may cause allergies, diarrhea or superbugs.

I have a handout in the computer on why they didn't get an antibiotic. If they need an antibiotic I have a prescription function on my computer that writes it out. It blocks it if any allergies. Also there is an off work letter writer on the computer.

4) *Abdominal pain*. I have a template that prompts me to ask what caused the pain, where the pain is; it's quality and duration, what helps it and makes it worse and what they have tried as a home remedy. I then take their temperature, check ears nose and throat, listen to their lungs and palpate and auscultate their chest and abdomen. I do a rectal if needed. I can order imaging by computer. If they need stat help I can write a consult letter to the Emergency Physician.

5) *Depression*. I have a stamp in my computer that prompts me to ask about the nine symptoms which are: are you tired, do you wake in the middle of the night, are you crying, do you blame yourself and feel guilty, do you lack concentration, do you lack joy in things you used to love, has your weight gone up or down unintentionally are you faster or slower than others and are you suicidal?

If suicidal I get immediate help for them. Otherwise I give them my handout on depression and ask them to read it and set them up for counselling. I have them back in a week to go over the handout.

6) *Prenatal*. I use the Ontario prenatal forms and get (delegate) my secretary (or if you have a nurse) to fill out as much as she can then go over it with the patient for accuracy. I do the physical the next visit. I tell the patient to read the book, 'What to Expect When You are Expecting'. I leave the pelvic exam for the obstetrician or midwife to avoid double discomfort.

7) *Well Baby Care*. I use The Rourke Baby Record in my computer for every visit. It helps you remember all the milestones and safety and feeding tips. I always talk to the parents before examining the baby to avoid having to shout over the crying. I always compliment the parents and tell them to never hesitate to call for advice, which we have, 24/7/365 through our Ontario Telehealth service and my office.

8) *Diabetes*: I use a stamp and check feet and eyes. The patient has their shoes and socks off before I see them and they bring their list of sugars since the last appointment. We go over their lab and how they are doing then I examine their heart, lungs, peripheral pulses, skin and blood pressure. I weigh them as I am talking to them. If stable I bring them back every three months. My secretary gives them a lab slip signed by me to do blood sugars, HbA1C, creatinine,

urine for protein, lytes, CK, liver profile and lipids one week before each visit. I send them to Diabetic Day Care with their spouse to learn about diet and exercise and how to handle their disease.

(Delegate to the patient and diabetic day care).

9) *Urinary Tract Infection*. I use a stamp that asks how long they have had symptoms, do they have frequency and burning, do they have any temperature or flank pain. I examine their abdomen and take their temperature and if it is a simple UTI, I do a urinalysis, routine and micro and culture and sensitivity and if the results can't be back in a reasonable time I start an antibiotic.

10) *COPD*. I ask about sputum change and shortness of breath. I inquire re smoking and encourage them to stop and try medications to help with this. I examine their ears, nose and throat and chest. I refer them to the COPD clinic and give them an antibiotic to take if they get a URI. I encourage them to get a flu and pneumonia and 3 Covid shots. I don't order a lot of respiratory tests as the respirologist will just repeat them anyway, same for cardiology.

11) *Physicals*. I do one every 3 years on healthy symptomless patients. I give them my Ocean WaveTablet by CognisantMD.com which does the functional enquiry wirelessly. I can see other patients while they are filling it out. It is more thorough than I am and the patients will answer more truthfully.

I weigh the patient and do their height and blood pressure. With

women I bring my secretary in to chaperone breast and pelvic exams. I do lab for a complete blood count, lytes, blood sugar, cholesterol and FIT (fecal immunochemical test) for colon cancer.

12) *Hypercholesterolemia*. I have a stamp for this too and go over their labs and meds. I do their BP and examine their heart, lungs and peripheral pulses. I ask about muscle aches and if stable see them in 12 months and do a lipid profile, creatinine, BS, lytes, CK and liver profile.

The last patient is booked at 4:30 pm so I can be home by 5 pm. I visit with my wife from 5 pm to 6 pm and unwind from the day by reading the mail. I complain for 10 minutes then move on to non-medical, fun stuff. We eat at 6 pm then read until 9 pm then watch trash TV (no news, it is always bad and stressful) until 10 pm then go to sleep so I get 8 great hours.

Tuesday

Is the same as Monday but with booked patients like people with cholesterol, blood pressure and diabetes issues. Also we see well babies and do prenatal visits.

Wednesday

I do my office in the morning from 9 am to 11:30 am. We put in physicals and counselling here that I haven't been able to delegate to

social workers or psychologists. This is a good time to do these things because I am fresh, not rushed and not tired or crazy busy like at the end of a busy day. I get my secretary to put my toughest patients first so I am strong and I get the worst over first and it is all downhill from then on.

At noon I am off for the rest of the day. I do non-medical stuff. No paperwork or computer work or emails/texts as I have already done them. I sign out to another doctor or nurse practitioner and reciprocate. I turn off my iPhone. I read (non medical), nap, garden, walk, cross-country ski, meditate, do nothing or anything my heart desires. If I have my once a month after hours clinic I do it on Wednesday evening from 5 pm to 8 pm to avoid a long day.

Thursday

Is like Tuesday. I call it TGIT or thank goodness it is Thursday as my weekend starts at 5 pm. For you younger doctors that still have to work harder you can work Friday like a Tuesday. I do errands and

chores on Friday and am really off on Saturday and Sunday and can do anything. If you are young and overwhelmed hire your kids or a gardener for weekend grass cutting. Pay them, it teaches them how to budget. Get a nanny and a house cleaner to help you avoid being crazy busy. I sign out my practice on Wednesday afternoon and Friday to 2 family physicians to avoid burning them out and I reciprocate. I help my secretary avoid burnout because she gets every Friday to work unbothered by patients, the phones, fax, text and email to get caught up before the new week begins.

About the author

Dr. John Crosby was born in Sarnia, Ontario, Canada, in 1947. He attended medical school at Western University in London, Ontario, where he graduated on the Dean's Honour List in 1973. He received his FRCP (C)(Fellowship of the Royal College of Physicians of Canada) and MCFP (Member of the College of Family Physicians) in Emergency Medicine in 1983.

He was the Medical Consultant for Emergency Medical Services for the Province of Ontario and Director of the Oakville ER.

He has been a Family Physician in Cambridge, Ontario, for 29 years. He is an Assistant Professor of Medicine at the University of Toronto and Family Medicine at McMaster and Queens' Universities.

He is medical director of two nursing homes. He is an Ontario Medical Association Peer Leader and has spoken world wide on burnout and efficiency 120 times. He has written 309 blogs in the Medical Post and this is his third book. He is a supervisor for the College of Physicians and Surgeons of Ontario and an expert witness for the Canadian Medical Protective Association. He has mentored 123 doctors separately on time and practice management.

He is married and has three sons, a daughter-in-law and grandson.

E-mail him at drjohncrosby@rogers.com for free 3 minute videos, 15 minute audiobooks and free phone mentoring in 1/2 hour sessions on time, stress and risk management for doctors, nurse practitioners and physician assistants.



Bibliography

Capko, Judy: 'Take Back Time, bringing time management to medicine'(2008). Greenbranch Publishing, Phoenix, Maryland.

Drummond, Dike (2021). 'Stop Physician Burnout'. Heritage Press, Middletown, Delaware, USA.

Dubord, Dr. Greg. www.CBT Canada

Gauman, Mamta, 'The Iron Doc', (2004), Book Coach Press.

Dr. Darria Long, Ted Talk on not being Crazy Busy.

Meagher, Dr. John. 'Medicine, Mistakes and the Reptilian Brain'. AHYMSA publishing, 2017.

Mackenzie, Alec (2009). 'The Time Trap'. American Management Association, New York, New York.

Mayer, J (2017), 'Time Management for Dummies'. Hungry Minds Publisher

Myers, Dr. M.F. : 'Why Physicians Die by Suicide', ISBN;978-0-6928318-8 (2017).

Patel and Puddester (2012) Royal College Of Physicians and Surgeons of Canada ISBN 978-926588-16-2

Patterson, Kerry, (2002) 'Crucial Conversations', McGraw-Hill, New York, New York.

Onken, William (1972). 'Managing Management Time, Who's Got the Monkey'?

Sotile, Wayne, (2021) 'The Resilient Physician', Sotile.com.

Valerie Sutherland and Cary Cooper (2003), 'De-stressing Doctors', Butterworth Heinemann

'Thirty five Quick Prescriptions for the Stress in Your Life' (2003) QP press.

