Time Management for BMC Academic Faculty

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You May Need Time Management (TM) if ≥ 1 of the Following are True

- "*Busy*" is the answer to "*So, how are you doing*?"
- In addition to career, your current life includes:
  - *Family*
  - *Friends*
  - *Hobbies*
- Teaching responsibilities
- Competing for NIH funding
- *Meetings* are your most common daily activity
- Inbox *too full* to send emails
- The term "R-V-U" is recognizable

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Why Us?

Having wasted much time over the years,

I therefore make no claim to have emulated all of these (TM) pointers…

Many of us have learned the hard way or from others”

CAJ McLauchlan, *Time Management*, 1997

Time Management SeminarS Goals

1. Set ***short*** and ***long****-term* goals
2. Establish ***priorities*** among competing responsibilities

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3. Plan and ***organize*** activities

4. Identify & minimize "***time wasters***"

Absence of Medical TM Literature is *Shocking*

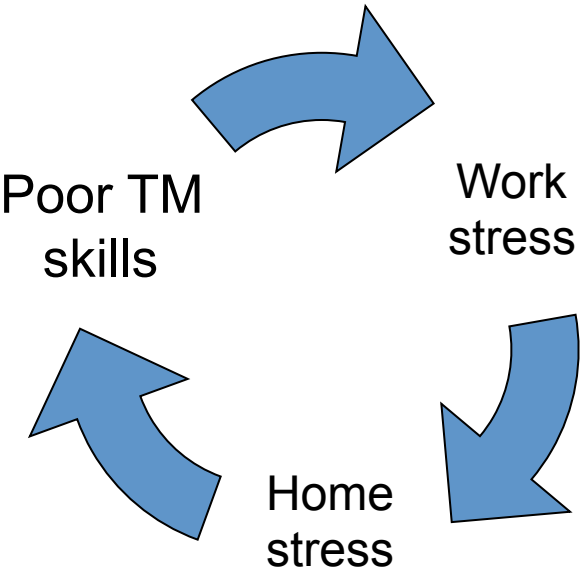
- Search terms "*time management*"+"*physician*"+ "*academic physician*"+"burnout"+"career development"
- Yields ~ *5600 titles/abstracts*
- Only 15 studies in these disciplines suggest effective TM techniques:

  - *Family Medicine*
    - *Radiology*
    - *Emergency Medicine*
    - *Psychiatry*

Why Manage Time?

Poor TM Skills: ***Negative Impact***

- Clinical productivity
- Educator success
- Research productivity
- Academic promotion
- Recognition in/out of BMC
- Job satisfaction
- Stress
- Personal life



Burnout !

That *Remarkable* Someone…

- **Visualize someone whose career success you admire…**
  - Section chief?
  - Department chair?
  - Research mentor?
  - Someone outside of medicine?

- **How are they *so* successful?**
  - Devote more time to work?
  - Greater talent?
  - More infrastructure (administrative assistant, lab techs, etc)?
  - Less clinical responsibility?
  - Magic?

Although Several Explanations are Convenient…

Effective individuals uniformly

optimize TM skills…

…independent of the work load

Our Single Greatest Misconception…

TM Requires No Time

and…

Even Less Planning

Our Second Misconception…

Effective TM is a *Mendelian Trait*

that cannot be learned…

And requires no practice.

TM Skill Building is Lifelong…

Many relapses expected!

1. Set Short and Long-Term Goals

How to Set Short and Long-Term Goals

- Short term *often yield* long-range goals
  - Short-term goals = intermediary steps to larger ones
- Honest reality testing = are goals achievable?
- Key Annual Review Queries
  - Do I actually ***want to do this***?
  - Are my goals still ***realistic***?
  - Am I on ***track***?
  - Are goals ***consistent*** across time?
- Successful professionals *frequently re*-set goals

Imagine 1 Long Term Goal…

Marathon *vs*. Academic Promotion

Marathon

- Try running 5K
- If successful, increase distance
- *Decline invitation* for distracting triathlon training

Promotion

- Finish manuscript
- If published, then work on grant… or develop lecture based on same work
- *Decline invitation* for more committee time

Exercise #1 – Setting Goals

- **Identify ≥2 long-term career goals**
  - Research?
  - Education?
  - Clinical?
  - Administrative?
- **Identify ≥ 4 short-term goals**
  - Research?
  - Education?
  - Clinical?
  - Administrative?

Exercise #1: *Event Order*

1. Select my own goals (3 min)
2. Review my goals with small group (n=3 x 3 min)
3. Identify *Group Reporter*
4. Groups report findings (10 min)

Key Queries for Setting Goals

- What do I really want to do?

- Is passion involved?

- Are goals realistic?

  - *Am I on schedule?*

  - *Does short-term goal success promote long-term success?*

2. Set Your Priorities Among Competing Responsibilities

2. Establish Priorities Among Competing Responsibilities

- **Acknowledge Endless Requests and Expectations**
  - *Clinical*
  - *Educational*
  - *Research*
  - *Administrative*
- Goal awareness promotes *realistic decision-making*
- Everyone is certain that their request is essential
- Plan personal time

Covey's Time Management Matrix Technique (TMMT)*

	Important	Less Important
Urgent	I	III
Less urgent	II	IV

*Adapted to reflect that MDs have difficulty labeling any tasks as non-urgent or non-important

Covey S, *The 7 Habits of Effective People*, 1990

Exercise #2– Place Your Activities Into TMMT

	Important	Less Important
Urgent	I	III
Less urgent	II	IV

Covey S, The 7 Habits of Effective People, 1990

Exercise #2: Event Order

1. Organize my own goals in TMMT (3 min)
2. Review my goals with small group (n=3 x 3 min)
3. Report group findings (10 min)
   - Create “Master” TMMT (*discuss next session*)

Exercise 2 – *follow-up*

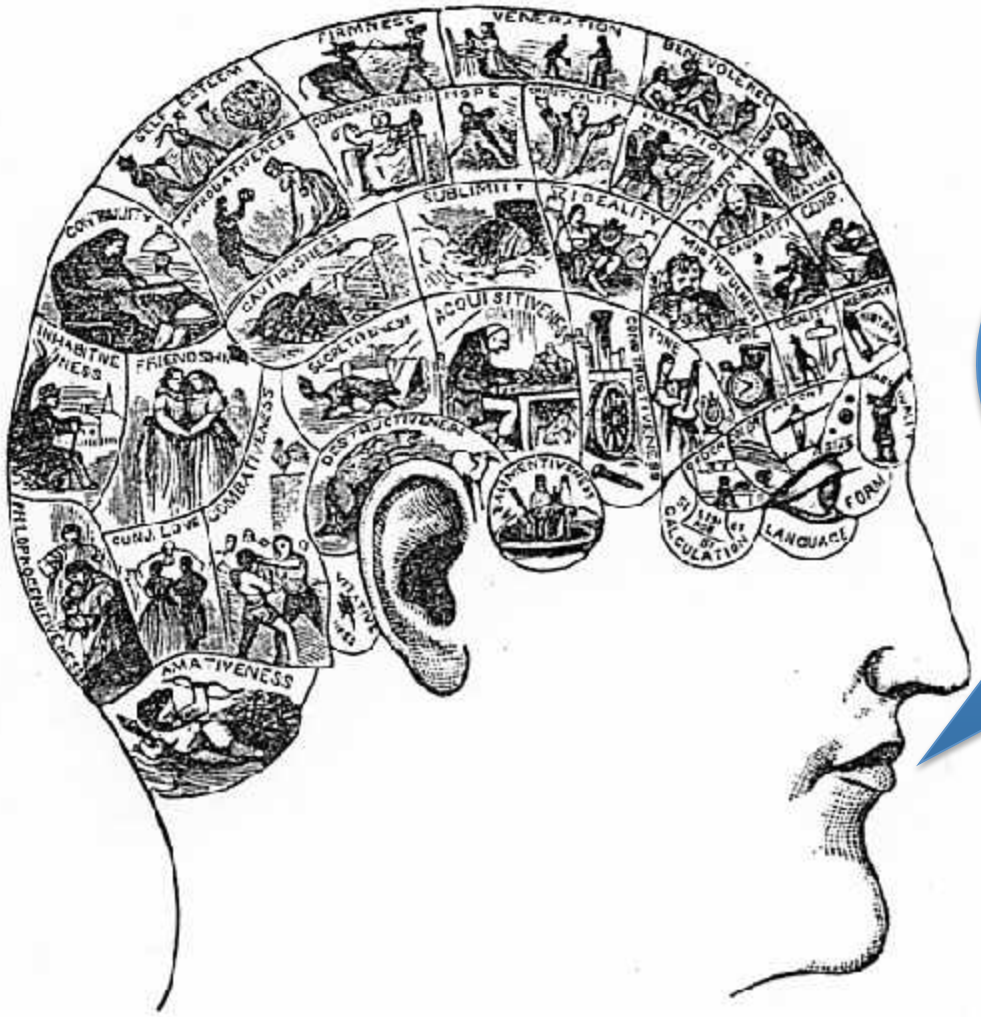
- Which quadrant(s) contain activities promoting my *short-* or *long-term* goals?
  - *Am I devoting enough time to key activities*?
- Are activities from other quadrants impeding my goal-directed activities?
- Does my Mentor validate important goals?

Coming Next Session: *Feb 18, 2014*

1. Set ***short*** and ***long****-term* goals
2. Establish ***priorities*** among competing responsibilities *
3. ***Plan*** and ***organize*** activities
4. Identify & minimize "***time wasters***"

** Mentor Required*

We are not kidding: *Feb 18, 2014*



Priorities?
I have 8 clinics, 5 lectures,
3 letters of rec, 8 Housestaff
evals, am short on RVU's,
and you want me to find
time to write a manuscript?
Are you kidding?

Time Management (***Part II***) for BMC Academic Faculty

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February 4th & 18th, 2014

Today's TM Goals

1. Set ***short*** and ***long****-term* goals
2. Establish ***priorities*** among competing responsibilities *

3. Plan and ***organize*** activities

4. Identify & minimize "***time wasters***"

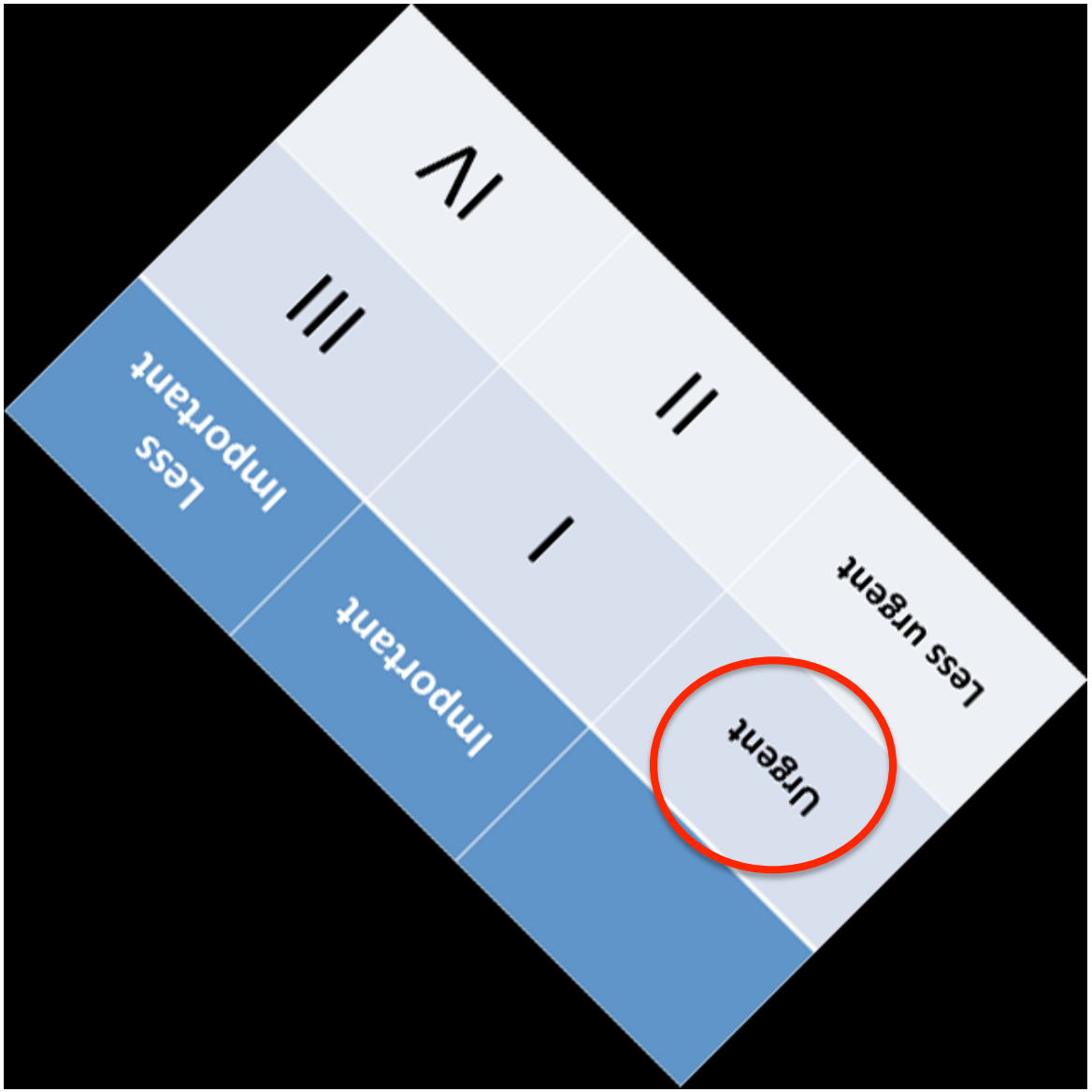
** Mentor Helpful*

Refresh Exercise #2– Placing Activities Into TMMT

	Important	Less Important
Urgent	I	III
Less urgent	II	IV

Covey S, The 7 Habits of Highly Effective People (1990)

"*All My Activities Are IMPORTANT*!"



3. Plan and Organize Activities

3. Plan and Organize Activities

- ***How do I find time*** for activities that promote my short- and long-term goals?
- **How much time** is required for each?
- ***KNOW*** your schedule in advance
- ***CONTROL*** your schedule
- Identify **un-avoidable** commitments
  - *Clinics, meetings, service time, grant deadlines*

Plan Ahead!

- "***One day at a time***" planning = ***recipe*** for ***failure***
  - ***"urgent"*** activities just take over
- Planning ahead
  - Create **weekly** or **monthly** schedules
  - Facilitates immediate, daily work productivity
- **Group** similar activities
  - Creates (***longer***) time blocks for important and less-urgent activities (***Quadrant II***)
  - Big projects have high "*activation energy*"

What Do ***I Need*** to Be ***Productive***?

- "***Tuesdays to Write***"
  - *How will I effectively use this **protected time**?*
- Think of it as a **weekly sabbatical**
- ***DO NOT WAIT…*** for long time blocks to magically appear

Create Protected Time!

Know Thyself…

- ***When*** am I most effective?
  - *Morning vs. evening?*
  - *Beginning or end of the work week?*
- ***Where*** am I most effective?

Exercise #3 Table

Size of Task	Description	Examples
Large (> 1 hour)	Require maximal concentration and uninterrupted time Schedule task during most alert and productive time	Grant application or manuscript writing Performing bench or clinical research Curriculum development Proposal for new clinical activity
Medium (30-60 min)	Require concentration Ideally should be alert and productive	Clinical documentation (EMR) Reviewing and editing section of manuscript Preparing slides for presentation
Small (5-10 min)	Require minimal or brief concentration Schedule during less alert portions of the day or week Use as a transition between large or medium-sized tasks (create a "mental break")	Returning non-urgent phone calls Signing discharge summaries Editing letters of recommendation
Very Small (< 5 min)	Require little concentration Useful as "fill" time while waiting for meeting to begin or on hold on the telephone	Responding to electronic messages Opening and sorting paper mail Clinical billing

Exercise 3:
Finding the Right Size Time Block?

- Enter activities from all 4 TMMT quadrants into **column 3 - Exercise #3 Table**
- Consider optimal time length for each activity (*examples provided)*
- ***Find TIME BLOCK and PROTECT it!***

4. Minimize "Time Wasters"

Your Top 10 Time Wasters

Our Infamous "***Time Wasters***"

Our Infamous "*Time Wasters*"

- Email
- Mail (patient-related, others)
- Phone calls or pages
- Physical interruption – "*I was just stopping by*…"
- Disorganization
- Procrastination
- Repetitive activities
- Waiting for meetings/conferences to begin
- Commuting

Top 10 Time Recapture Solutions

Email*

- ***Limit check*** *and/or* ***reply***
  - *How many times have you checked email this morning?*
- ***Handle*** messages only ***once****
  - *Immediately* ***discard unimportant*** email

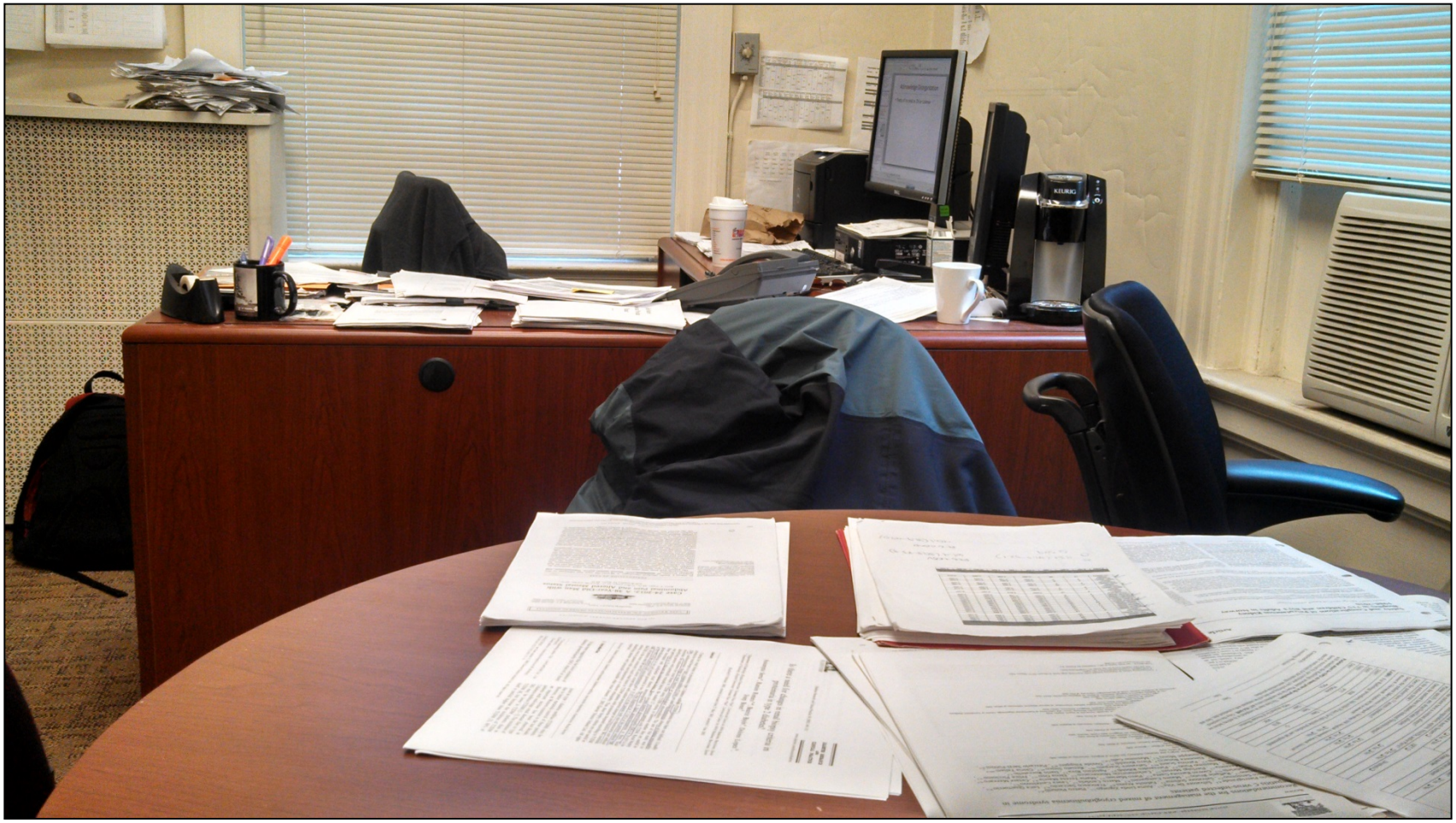
    (Automatic *filters* avoid some messages/senders)
  - ***File important, less urgent*** messages for later review
  - ***Immediately*** respond only to ***time-sensitive messages***
- ***Disable*** auto-alert beeps, flashes, vibrations
- Reinforces rationale for ***infrequently checking email***

**Use same approach for "snail" mail*

Interruption –*Dreaded Knocker at My Door…*

- ***Force*** folks to ***knock***
  - Close door when concentration required
  - *Barriers make a difference*
- ***Open door*** when collaboration beneficial
- ***Doors Talk***: *Consider message being sent*
- ***Respect*** colleagues' closed door
  - *They might respect yours…*

Acknowledge Disorganization: View #1



Acknowledge Disorganization: *View #2*

Acknowledge Organization:
View #3

Avoid Procrastination*

- Identify and address ***procrastination reasons***
  - *Goal beyond today's scope*
  - *Professional assistance required?*
- ***Complete small aliquots*** of work
  - *Celebrate progress no matter how small*

"***Perfect is the Enemy of Good***!"

Perfectionism *vs.* "Let It Go"

Interferon for Hepatitis C Virus in Hemodialysis—an Individual Patient Meta-analysis of Factors Associated with Sustained Virological Response

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Background and objectives: Hepatitis C virus (HCV) infection is prevalent in hemodialysis patients and causes excess mortality. Interferon (IFN) treatment of chronic HCV infection in hemodialysis patients results in high sustained virological response (SVR) rates 6 mo after treatment. The authors aimed to identify factors associated with SVR in hemodialysis patients through analysis of individual patient data obtained from systematic review of published literature.

Design, setting, participants & measurements: Medline was searched from 1966 through February 2009, and prospective studies describing IFN treatment of hemodialysis patients with chronic HCV infection with published individual patient data were included. To identify factors associated with SVR, logistic regression was applied with adjustment for study.

Results: Twenty studies of IFN treatment provided data on 428 patients. Overall SVR was 45% and in univariate analyses was higher with: 1) three million units or higher three times weekly of IFN; 2) treatment for at least 6 mo; 3) treatment completion; 4) lower baseline HCV RNA; 5) female gender; and 6) early virological negativity. Although limited by missing data, these relationships persisted in multivariate regression.

Conclusions: SVR is more likely with larger IFN dose, longer treatment duration, treatment completion, female gende lower HCV RNA and early virological negativity. For appropriate treatment candidates, regimens should consist of thre million units of IFN three times weekly for at least 6 mo, with patients encouraged to complete the full course.

Clin J Am Soc Nephrol 4: 1449–1458, 2009. doi: 10.2215/CJN.0185030

Hepatitis C virus (HCV) infects an estimated 170 million people worldwide (1). The prevalence of HCV in hemodialysis (HD) patients ranges from 3 to 23% in developed countries (2) and exceeds 50% in some developing countries (3). HCV-infected HD patients have higher mortality rates than noninfected HD patients, with reported relative risks from 1.25 to 1.57 (4,5). Untreated, spontaneous viral clearance occurs in only 0.5% of chronic HCV-infected patients per year (6). The standard measure of treatment success, sustained virological response (SVR), is defined as achieving HCV RNA negativity six months after treatment completion. In non-HD patients, interferon (IFN) monotherapy achieves SVR in 9 to 22% of patients (7–9) but combination pegylated IFN and ribavirin achieves SVR in 50 to 60% (10,11). However, IFN and ribavirin are associated with significant toxicity including influenza-like symptoms, anemia and depression with IFN (7–9), and hemolytic anemia with ribavirin (7,8).

Most studies of HCV-infected HD patients have investigated IFN monotherapy. Only recently, studies have explored pegylated IFN or ribavirin (12–18). IFN treatment after kidney transplantation is associated with increased rates of allograft rejection (19,20), so treatment before transplantation is advised (21,22). Our recent meta-analysis of summary data in HCV-infected HD patients demonstrated an overall SVR rate of 41% with IFN (22), higher than rates in IFN-treated non-HD patients (7,8), but rates of treatment discontinuation due to adverse events were also higher (22).

Identifying factors associated with a higher likelihood of SVR among HD patients has important implications for selecting treatment candidates and the optimal treatment regimen. In non-HD patients, higher SVR rates are associated with younger age, female gender, lower patient weight, HCV genotypes other than 1, lower baseline HCV RNA, and absence of cirrhosis on liver biopsy (7–11). Early virological response (EVR), defined as a 2-$\log_{10}$ or larger decrease in HCV RNA by the 12th week of treatment, is a powerful predictor of SVR (23,24).

We investigated whether these previously identified factors associated with SVR in non-HD patients could be validated in the HD population. The majority of studies of IFN in HD patients reported individual patient data, allowing us to extend our prior subgroup analysis and meta-regression of summary data (22) to identify factors associated with SVR.

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equipment, and to Dr. G. E. R. Deacon and the captain and officers of R.R.S. *Discovery II* for their part in making the observations.

1 Young, F. B., Gerrard, H., and Jevons, W., *Phil. Mag.*, **40**, 149 (1920).
2 Longuet-Higgins, M. S., *Mon. Not. Roy. Astro. Soc., Geophys. Supp.*, **5**, 285 (1949).
3 Von Arx, W. S., Woods Hole Papers in Phys. Oceanog. Meteor., **11** (3) (1950).
4 Ekman, V. W., *Arkiv. Mat. Astron. Fysik.* (Stockholm), **2** (11) (1905).

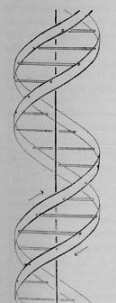
MOLECULAR STRUCTURE OF NUCLEIC ACIDS

A Structure for Deoxyribose Nucleic Acid

WE wish to suggest a structure for the salt of deoxyribose nucleic acid (D.N.A.). This structure has novel features which are of considerable biological interest.

A structure for nucleic acid has already been proposed by Pauling and Corey[1]. They kindly made their manuscript available to us in advance of publication. Their model consists of three intertwined chains, with the phosphates near the fibre axis, and the bases on the outside. In our opinion, this structure is unsatisfactory for two reasons: (1) We believe that the material which gives the X-ray diagrams is the salt, not the free acid. Without the acidic hydrogen atoms it is not clear what forces would hold the structure together, especially as the negatively charged phosphates near the axis will repel each other. (2) Some of the van der Waals distances appear to be too small.

Another three-chain structure has also been suggested by Fraser (in the press). In his model the phosphates are on the outside and the bases on the inside, linked together by hydrogen bonds. This structure as described is rather ill-defined, and for this reason we shall not comment on it.



This figure is purely diagrammatic. The two ribbons symbolize the two phosphate–sugar chains, and the horizontal rods the pairs of bases holding the chains together. The vertical line marks the fibre axis

We wish to put forward a radically different structure for the salt of deoxyribose nucleic acid. This structure has two helical chains each coiled round the same axis (see diagram). We have made the usual chemical assumptions, namely, that each chain consists of phosphate diester groups joining β-D-deoxyribofuranose residues with 3′,5′ linkages. The two chains (but not their bases) are related by a dyad perpendicular to the fibre axis. Both chains follow right-handed helices, but owing to the dyad the sequences of the atoms in the two chains run in opposite directions. Each chain loosely resembles Furberg's[2] model No. 1; that is, the bases are on the inside of the helix and the phosphates on the outside. The configuration of the sugar and the atoms near it is close to Furberg's 'standard configuration', the sugar being roughly perpendicular to the attached base. There is a residue on each chain every 3·4 A. in the *z*-direction. We have assumed an angle of 36° between adjacent residues in the same chain, so that the structure repeats after 10 residues on each chain, that is, after 34 A. The distance of a phosphorus atom from the fibre axis is 10 A. As the phosphates are on the outside, cations have easy access to them.

The structure is an open one, and its water content is rather high. At lower water contents we would expect the bases to tilt so that the structure could become more compact.

The novel feature of the structure is the manner in which the two chains are held together by the purine and pyrimidine bases. The planes of the bases are perpendicular to the fibre axis. They are joined together in pairs, a single base from one chain being hydrogen-bonded to a single base from the other chain, so that the two lie side by side with identical *z*-co-ordinates. One of the pair must be a purine and the other a pyrimidine for bonding to occur. The hydrogen bonds are made as follows: purine position 1 to pyrimidine position 1; purine position 6 to pyrimidine position 6.

If it is assumed that the bases only occur in the structure in the most plausible tautomeric forms (that is, with the keto rather than the enol configurations) it is found that only specific pairs of bases can bond together. These pairs are: adenine (purine) with thymine (pyrimidine), and guanine (purine) with cytosine (pyrimidine).

In other words, if an adenine forms one member of a pair, on either chain, then on these assumptions the other member must be thymine; similarly for guanine and cytosine. The sequence of bases on a single chain does not appear to be restricted in any way. However, if only specific pairs of bases can be formed, it follows that if the sequence of bases on one chain is given, then the sequence on the other chain is automatically determined.

It has been found experimentally[3,4] that the ratio of the amounts of adenine to thymine, and the ratio of guanine to cytosine, are always very close to unity for deoxyribose nucleic acid.

It is probably impossible to build this structure with a ribose sugar in place of the deoxyribose, as the extra oxygen atom would make too close a van der Waals contact.

The previously published X-ray data[5,6] on deoxyribose nucleic acid are insufficient for a rigorous test of our structure. So far as we can tell, it is roughly compatible with the experimental data, but it must be regarded as unproved until it has been checked against more exact results. Some of these are given in the following communications. We were not aware of the details of the results presented there when we devised our structure, which rests mainly though not entirely on published experimental data and stereochemical arguments.

It has not escaped our notice that the specific pairing we have postulated immediately suggests a possible copying mechanism for the genetic material.

Full details of the structure, including the conditions assumed in building it, together with a set of co-ordinates for the atoms, will be published elsewhere.

We are much indebted to Dr. Jerry Donohue for constant advice and criticism, especially on interatomic distances. We have also been stimulated by a knowledge of the general nature of the unpublished experimental results and ideas of Dr. M. H. F. Wilkins, Dr. R. E. Franklin and their co-workers at

Standardize Repetitive Activities

- *Patient **education handouts***
- *Paste frequently used phrases into **EMR template***
  - *Use quick-text functions*
  - *Applies to e-mail and Microsoft Word*
- Identify repetitive tasks & ***automate***
- ***Up front time*** cost affords ***long-lasting benefits***

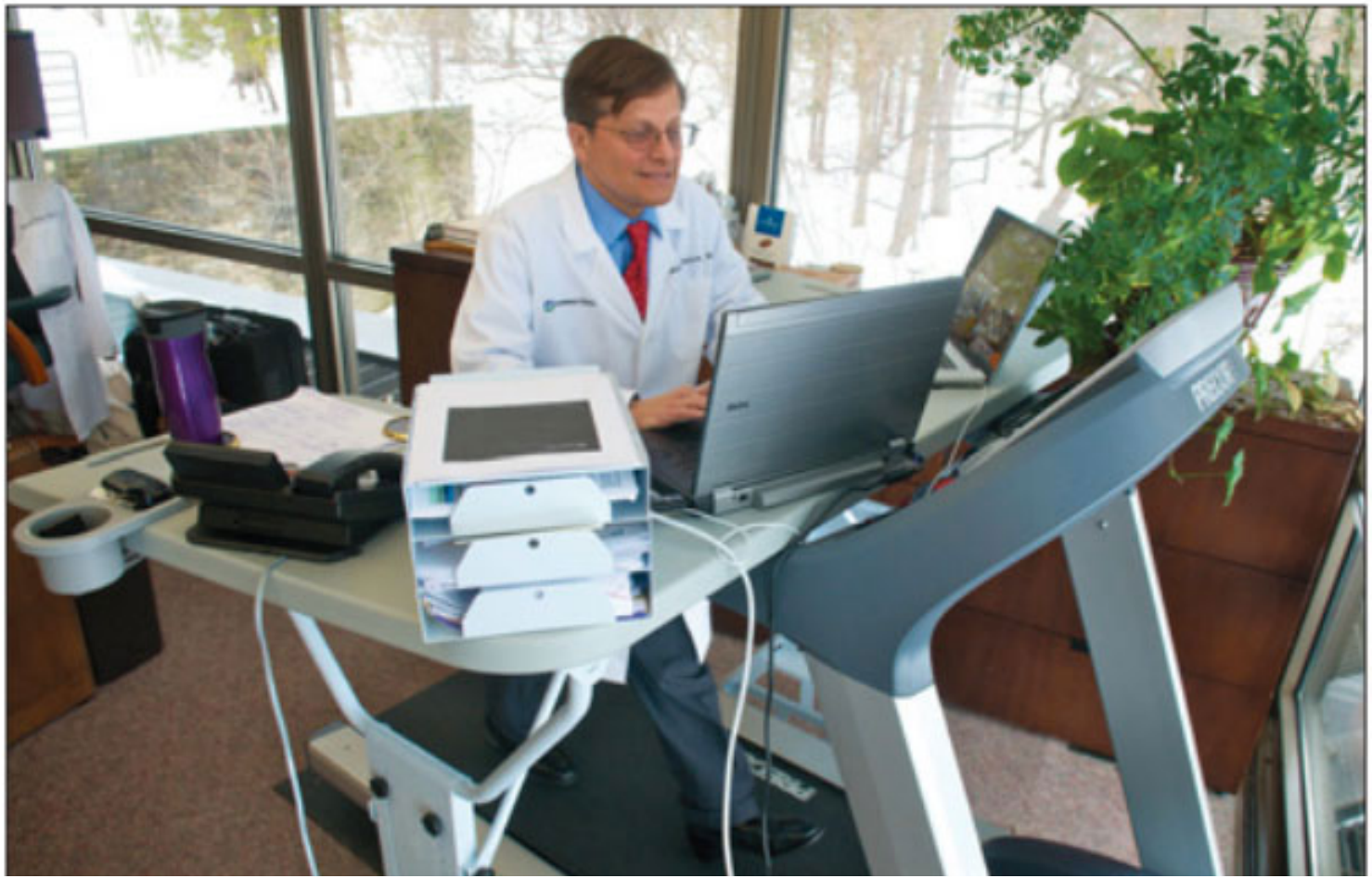
Meeting & Conference Wait Time

- ***Use short wait times for portable work***
  - *Email via smart-phone*
  - *Patient-related or other paperwork*
  - *Edit letters, sections of manuscripts/grants*
  - *Update calendar*
- May be ***OK to interact*** with others!
  - *Make a conscious choice*

Capture Commute Time

Public Transport	***Driving***
• Write manuscript/grant • Make slides for talk • Paperwork • Read journals • Reflect • Breathe/Relax	• Plan the day • Journals on CD • Learn foreign language • Reflect on goals • Call patients • Enjoy the moment

TM Summary

1. ***Set Short*** and ***Long-Term Goals*** in TMMT
2. ***Establish priorities*** among competing responsibilities; ***validate w/mentor***
3. ***Plan*** and ***organize*** *these* activities
4. Minimize "***time wasters***"
5. Identify (1-2) ***areas*** of ***TM inefficiency*** and strive to improve
6. After initial success, tackle new challenges
7. ***Celebrate victories***

The Ultimate TM Device