

Time Management for ENT-Residents

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Initially

- Sure that I would never finish my work in time, I went home, when all my work was done.
- I answered countless phone calls by nurses.
- I hurried from A to B and back again.
- I called a meeting with my superior when I had completely worked up my admissions...I had to wait until last.
- I never asked my colleagues for help.
- I tried to solve all problems by myself.
- My workload varied daily.
- The chief physician arrived at 7 p.m.

→ Externally controlled and reactive!

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What am I?



Helpless Victim?



Self-determined individual?

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Time Contents

08:00 - 08:30	Radiology conference
08:30 - 09:00	Preparation of ward round, Dismissal of patients leaving
09:00 - 10:15	Ward round
10:15 - 11:15	Work up of ward round, Admissions
11:15 - 11:45	Patient discussion with specialists
11:45 - 14:00	Lunch break, Work off tasks
14:00 - 14:30	Patient discussion with specialists
14:30 - 17:00	Management of patient, Admissions; Discussion of Admissions with senior
17:00 - 17:30	Consultation hour for relatives
17:30 - 18:00	Close up day, check out with nurses and physician on duty, Plan next day

- I can and I must manage time!
- Time frames can be helpful (set limits)

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Value of time management

- Goal orientation
- ↑ Work productivity
- ↓ Stress/Burn out → ↑ Work satisfaction
- ↑ Transparency of complex tasks
- Systematic work off and tracking of tasks
- Better overview
- Relief of unnecessary tasks



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You waste time if you...



- ...try to do too much at once.
- ...do not delegate (nurses, students?).
- ...do not coordinate with your team.
- ...are incapable of saying NO.
- ...attend superfluous meetings.
- ...do not execute self-discipline (breaks...).
- ...communicate too long (physician-patient or physician-relative communication).

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Work expands so as to fill the time available for its completion

- If working hours are not regulated, people are idle more often.



Parkinson's Law: The Pursuit of Progress
(London, John Murray, 1958)

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Technics of time management

- Set goals
- Get an overview (to-do-list, Mind map)
- Set priorities (ABC-Analysis, Pareto-Principal, Eisenhower-Principal, Salami-tactics,...)
- Plan things (written planning, ALPEN-Method, performance/output curve,...)
- Motivation

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ALPEN-Methode

- A Aktivitäten und Aufgaben notieren
- L Länge/Zeitdauer einschätzen
- P Pufferzeiten reservieren (ca. 40%)
- E Entscheidungen über Prioritäten/Weglassen
- N Nachkontrolle und Unerledigtes auf den nächsten Tag übertragen

Das neue 1 × 1 Zeitmanagement. Graefe und Unzer Verlag 2005, ISBN 3774256705

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Handy tips

- I will go home at 6 p.m.!
- Realistic time limits for tasks:
 - Ward round 1.5h → 15 patients = 5min/patient (communicate!)
 - Admission: 1.5h
 - Lunch break 30min
- Keep Overview of tasks (written memo), always rearrange priorities
- Hold workload on a constant level (admissions and discharges)
- Anticipate (the chief physician, the nurse...) → plan, look ahead

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Time management: long time perspective

- Where do I want to go?
 - A What do I need to get there? What have I already done?
 - L How long will it take?
 - P Do I need to take a detour?
 - E What is absolutely essential, what not?
 - N Is this the right plan for me?
- Be initiative: Approach „Enablers“
- Lay open your plans, express your wishes
- Take advantage of goal-oriented opportunities

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