**EPISODE 189 Get Your Charts Done and Get Home: Expert Tips from a Charting Coach**

**With guest Dr. Junaid Niazi**

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JN: “Those perfectionist tendencies often work against us. But where perfectionism becomes maladaptive is when we never allow ourselves to take the foot off the gas to relax a little bit. And that's just completely unsustainable. There's no way you can keep doing that and stay on top of your work, as well as more importantly, have a life outside of medicine.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hi there, and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 189. Imagine this, it's the end of a long day, and instead of being bogged down by hours of charting, you close your laptop and head home ready to enjoy your evening. Your spouse and kids, perhaps your dog or cat, can't believe you're home and can actually spend time with them without the pressure of work distracting you. You can hardly believe it yourself.

Sound like a dream? Well, for over 350 physicians and APPs, this dream has become a reality thanks to our special guest, Dr. Junaid Niazi. Dr. Niazi is an internist and pediatrician who worked as a primary care physician for a large healthcare organization. Part of his time is spent as an information services medical director working on optimizing the EHR for physician use and patient care. In addition, Dr. Junaid Niazi is a trained coach who helps physicians optimize their charting and productivity through his program, Charting Conquered.

In this episode, Dr. Niazi will share his story that led to his founding of the Prosperous Life MD coaching business and the tips and strategies he uses to help physicians put an end to their charting challenges. I'm excited to have you join in as we explore how you too can reclaim your time and get home sooner. Without further ado, it is my distinct honor and pleasure to welcome Dr. Junaid Niazi to the podcast. Well, hi, Junaid, welcome.

JN: Hi, Heather, thanks for having me.

HF: Yeah, this is so exciting because this is a huge problem. And when I was in practice, honestly, we didn't have the EMR and that really dates me. And as a dermatologist, I cannot imagine not being able to just sketch a quick diagram in the chart where I did the biopsies and move on with my day.

JN: Well, yeah, I wish I could say you're missing out, but you're really not.

HF: No, it sounds like honestly a nightmare and I'm really thrilled that you offer the service. And so I'd like to dive in as I often do with your story because people often ask, “Well, how does someone do something like this? To be in a great physician and start a whole new career on the side?” And the how is described in the details. We’ll figure that out.

JN: Right.

HF: Yeah, so tell us a little bit about you and your journey into this current position and work that you're doing.

JN: Yeah. Coming out of residency and starting my first big person job in the fall of 2016 as a Med-Peds primary care doc, I was always stuck at work late. I got to know our custodial staff really well. No one told me there was a clinic alarm until I set it off once or twice without realizing it.

And so I was always the last person to leave. I was recently married, but we had no kids. My wife's also a physician. And it was really disheartening to me to think that this is what the rest of my life was going to be like, which was stay late at work until I got so hungry that I just had to get home for dinner, eat dinner, and then chart more after I was done eating. And then my wife and I would just be on opposite ends of the couch a lot of weekends, just typing away at our laptops, trying to catch up on our notes in our in-basket.

And like I said, that was really disheartening. This is not what we signed up for when we went into medicine. And there's good data out there to show for every hour we spend seeing patients, we spend over two hours basically proving that we've seen a patient. And that's not how we want to spend our time.

And I was realizing my disillusionment with this was probably going to cut my career in medicine short. So I tried to actually focus on this, meaning I became pretty intentional about where can I make improvements in my charting and my workflow, and what was I willing to compromise or give up in order to finish my charts with each patient.

I first focused on strategies and things that I could do that worked for me. It was later I discovered kind of coaching and mindset work, and that was sort of the missing piece for me. And so I did it the hard way. I did years of trying to figure out efficiencies, and then I figured out the mindset piece right kind of just before COVID hit.

And so my journey took years. What I really try to offer the folks who work with me now is get that mindset piece in place first, and then we'll layer on the strategies because I've had some people who within one or two weeks have really sort of transformed how they chart at work and they're getting home hours earlier.

HF: How long, Junaid, were you sitting at the opposite end of the couch as your wife and spending hours after working on the weekend before you actually decided to do something about this problem?

JN: It was probably a good, I mean, I think the first six to eight months were just rough. And I recall, we used to live in a different location in the Twin Cities, and my commute took me on a major highway. And when they started doing construction on that highway, my commute suddenly became much longer, which meant I wasn't getting home until very late at night.

And I think that was probably actually the straw that broke the camel's back was the construction job. And in Minnesota, we say there's two seasons, winter and construction season, neither of which are very fun, depending on how much you like snow and frigid temperatures.

And so it was really after that eight month mark, I started to make some changes. One of the first changes I made was coming out of residency, I said, I am just going to look directly at my patient at all times. I'm not going to touch the keyboard while I'm talking to them. That is something that I hold dear and I want to really abide by that.

And it just became so apparent so quickly when I'd be writing 20 notes at the end of the day that I was like, what did we talk about? I can't keep that straight. And so I asked myself, well, what would it look like if I let myself type while they were talking? But still engage them and even try to get them engaged with the computer monitor and the EHR while I was doing it.

And it's sort of that curiosity, I think, you ask these “what if” questions and you just try things. And then you start to see that the world didn't end when I looked at the computer. In fact, I was able to stay more organized and move through the visit in a more efficient manner and document things that the patient said, such that when patients read my notes now on open notes, they can read what you write about them. Some will say, I can't believe you had the time to write that thing that I actually said down. And that's like, “Well, yeah, that's kind of one of the benefits of this.”

HF: I really liked that you brought up this point that you initially were thinking, I can't type in front of the patients. And I hear this from my clients a lot. If you said, let me do an experiment, because often that's where the thinking process ends is I can't do this. But if you just say, well, I don't have to commit that that's how I'm going to do it. Let me just do an experiment, maybe for a week and just see what happens. And so you found, like you said, that the world didn't end and the patients didn't like throw things at you. And it was actually helpful.

We're going to get into a bunch of strategies and tips and I love the mindset piece because I find that the most powerful thing with coaching as well when I work with physicians. And I have a friend who's a dermatologist and he said I could use his example because he's been telling me for a while about his turning woes and need to be making any progress.

I'll just share some of what he wrote and he gave this for us. He said, “I've been told that I need CBT, that there is a block that prevents me from closing my notes.” So he was referring to cognitive behavioral therapy. First, when I glanced at my phone, I thought he said CBD. Like, oh, who told him that?

And then he continues, “Ideally it should be done in between patients. But when you are jumping from one room to another in a high volume specialty like ours and when you are needing to make sure the note is adequate so insurance doesn't deny payment and that the codes are all correct and you also need to send prescriptions. And in Durham each patient needs at least two to three meds. It's so hard to stop in between patients to do the note. So they just pile up. And then you try to do them at the end of the day but there's no more time. I'm mentally exhausted.”

And he said, “As a perfectionist, I don't like to have A-S-S part in my language, my notes or any other tasks. So I find myself wanting to do notes in one sitting when all I have to do are the notes.” He said he's spending most of his weekend doing his chart.

JN: Yeah, that is rough. I'm curious how long this friend of yours has been in practice.

HF: Oh, a while. He initially was working for someone else and then he started his own business. So he's also running the practice. Gosh, I don't know how many years but a good number.

JN: Yeah, and it's those perfectionist tendencies often work against us. But it's important to note that perfectionism serves us in certain ways. It's not all bad, right? First off, it's kind of been selected for in us throughout all of our schooling and all of our training. We were expected to be get top marks, be top of our class and graduate at the top, et cetera. And that's what was emphasized.

And so that's what we have learned to seek and we've been rewarded for it. So our brains are naturally wired to continue assuming that's going to be the pattern. And there's good intent with perfectionism. I want to capture everything that transpired so I don't miss anything. Or so, unfortunately in the US so I don't get sued for a “I said, they said” type situation.

But where perfectionism becomes maladaptive is when we never allow ourselves to take the foot off the gas and take the foot off the pedal to relax a little bit. I've worked with some folks who will triple check their notes before they sign them. And that's just completely unsustainable. There's no way you can keep doing that and stay on top of your work, as well as more importantly, have a life outside of medicine.

I think too often we sort of say it's something we need to combat against ourselves. And I think that kind of framing is actually not helpful. I think it's important to accept the role perfectionism has had in your life and how it has benefited you. And just understand like anything in life there's pros and cons. So one of the cons of it is how it's impacting your relationship with your charting. And so you say, well, I want to change this part of it.

So how can you ease up a little bit on those perfectionist tendencies? Well, I'd first encourage your friend to intentionally misspell words in their note. Like simple words that don't make a difference. Misspelled the maybe T-E-H, and maybe your EHR doesn't automatically correct it. Obviously, you don't want to misspell like hypo or hyper pigmented. It's something that might throw somebody off.

And you'll see that nothing bad happens, right? When you think of your audience of who's reading your notes, any person or anything, we look at maybe the first letter of a word, the last letter of a word, and we kind of elide everything in between and assume what the word is going to be kind of based on the length. And so a lot of us won't even notice typos when we're reading, honestly, just because we're so trained to read that in a fast clip.

But it's also like, who is that note for? So if you're making it perfect, why are you making it perfect? Who are you hoping is looking at this that's going to say like, “Oh, wow, that's like an amazing note by this dermatologist?” And do you feel like you're really just trying to prove your value and your knowledge and everything? Are you wrapping that all up into the note? Because that's maybe the only tangible end product other than the care that the patient received as evidence that you did something for that person.

And for me, when I untangled that and said, well, actually, the only thing that matters is what I did for that person, the note serves a couple very specific purposes. I'm not going to tie my value into the note. And I think that was a big mindset shift for me.

HF: That's an interesting tip about intentionally spelling a word wrong that is a bit inconsequential, trying to help shift that perfectionism with something that's not a major change.

JN: Well, it's a minor change. And it might be sort of annoying to even consider, but it shows you that nothing bad happens. So my note wasn't actually perfect. And what came of it, right? You're waiting for the pin to drop and nothing really happened.

HF: What would you say to someone who said, “Okay, well, I am changing things and I'm actually typing in with a patient, but I can't get it all done. And then the patients are piling up and I'm getting stressed because my MA is saying you're 30 minutes behind. So I just can't keep the strategy you're trying to teach me because it's stressing me out even more.”

JN: Well, change is hard. And you get to choose your hard. Your status quo is hard. And based on the fact that you've probably been doing this for years and years and years, that's your path and you haven't really been able to get out of it. So what I'm suggesting is that you choose a different hard and that hard is learning to try to view these things in a slightly different context and then learning some strategies to layer upon that, which is hard. I'm not going to say it's easy, for some people it may be, but whenever you have to change something, it's going to be hard, especially when you haven't thought about this or haven't been taught any of this in med school or in residency or anything like that.

And so in life, it really comes down to you have to choose your hard. So am I going to do the hard thing that I've been doing all this time that leaves me very unsatisfied and unfulfilled at work and then I'm returned home as a shell of my former self and I'm not present for my loved ones, or do I want to do the hard that's going to be really a little more uncomfortable in the immediate future, maybe the next couple of weeks or months, but offers this glimmer of hope that I might be able to actually get that balance that I crave, get some of my time back such that I can live my life outside of medicine.

HF: Do you have an example of someone that you worked with who's similar to this dermatologist who really felt like they couldn't get those notes done with patient and the things that they did to make that change and how long it took?

JN: Yeah, someone who also owns their own practice, which I think is going to be kind of similar to this. One of my clients, Dr. Emeka, he's said I can share his name and example before. He's a private practice pediatrician, owns his own practice, and he was really getting burdened down with running the business of his clinic and his notes were just piling up.

I think when he joined my program, he had over 800 notes in a backlog and that backlog was weighing on him. In his mind, he knew there was tens or hundreds of thousands of dollars tied up in those notes. The work he's already done and he's just not getting paid for, that was putting stress on his business as well because he had to meet payroll and pay his employees and everything and overhead costs, other overhead costs.

And so that backlog though was kind of sitting on him like an albatross. And for medical professionals, maybe another analogy for that is for those who have student loans, it just feels like this big thing that is weighing you down that actually affects how you show up every day and affects how you move forward from there. And so he was just continuously adding to his backlog and never really chipping away at it.

And after joining the program, some of it seemed like it was just permission, just like permission to tell him, you're allowed to write the note with your patient there and get it done while everything's fresh in your mind and then you're not going to forget things. You'll get all the prescriptions in, you're going to get fewer interruptions later because you're not going to get called by the patient saying, “Hey, I'm at the pharmacy waiting for that thing you said you were going to send in or I'm at lab and they're saying they don't have your orders.”

But then I also encouraged him to start chipping away at the backlog. And I tell people, you got to stop adding to the backlog before you can start chipping away at it. If you have an artery bleeding out in front of you, I'm not going to be mopping up the blood on the ground first, I'm going to focus on stopping the bleeding first, being priority number one, same with this backlog.

And so within the span of the course, the way I run my program, it's intense for six weeks and then it's sort of lifelong access after that. In those six weeks, he kept up with his charts in clinic and got down to about 250 charts left from his backlog. He got to about 550 backlog charts in addition to running the business, in addition to seeing patients in those six weeks. And he was just tremendously happy. And he stopped at 250 and said, “I'm okay with this number right now.” Because he actually wanted to launch a business of his own, helping parents of newborns kind of deal with newborn issues. And so he's actually done that. He has his own separate second business with an online course and coaching program.

HF: 800 charts, that is a huge weight to be carrying around on your back, it could definitely suffocate you for sure. And now is he caught up on his charts? Is he able to keep up with them do you know, and not have that 250?

JN: When I chatted with him last, he still said, I'm at a point where I'm okay with what I carry and I carry it intentionally. He's like, I know I can knock it out. And he said, having that confidence that I know I can knock it out, means I'm okay just sort of carrying this. It's not that much of a burden on me, but he also has some young kids. So he likes to dedicate some of his time there.

I have other clients who have completely knocked out their backlogs completely, or now just don't even create or generate a backlog. And that's really the goal, if we can. So for me, what's really nice is, I tell people I have my medicine brain when I'm at work. But for me, there's such a disconnect then when I leave work, because I'm allowed to leave my medical brain behind and don't even think of notes. In that rare occasion, I do have a note that's not closed usually because the last patient needed vaccines and the nurse has to input the vaccine, specific information before I can close the encounter.

I often forget that I even have a note open until I'm in clinic next time, and I get alert about it, because I'm so used to just closing my charts. I don't even log in over the weekend or at home or anything. And that just makes medicine a lot easier to practice when you can kind of put that little bit of distance between medicine, allowing myself, my brain, just to have that time and space to recuperate, makes it a lot easier to come back the next day or the next week to back to medicine.

HF: It's true, because I have clients who'll tell me that when they finish their day and they have to do these charts, they tend to procrastinate because they don't want to do it. There's this resistance and they're also tired. And then they know there's this big mountain they have to climb.

Going back to this dermatologist, one thing I thought of, “Well, he probably seen a lot of patients. Is there a way he can maybe cut back on the numbers so he could make it easier to keep up?” And obviously that affects the revenue. And he said, yes, I could do that, but I can't make overhead. We get paid $600 to $100 per patient. That's going down every year. If I double book the patients, that's only for an hour and I can't pay my staff and my rent.

And so, there's lots of issues here. It's kind of a complicated ball of work, but I'm curious when you've seen physicians who are successful in your program, and I'm sure a lot have high success rate, but let's say when you find that people are better at making these changes, what are some characteristics between them and people who maybe it's more challenging?

JN: Yeah, that's a great question. I would say first off, the ones who are most successful are open. They're curious about what life could look like for them. They're open to change. I've had some people who've joined who have never even opened the program. I had one person, the spouse signed her orthopedic husband up and she was just like, I am desperate to see him. Please, I can't make him open the I can't make him log in and open. And I check periodically. He's never opened or logged in, but I hope they're okay.

And it's really having that curiosity. I think if you're thinking, “Oh, this person's going to teach me the way that's going to help me figure out my charting.” There is really no the way, there's no single way because everyone has a different EHR. Even if you have the same EHR as me, maybe your company pays more for it. So yours has more bells and whistles or has a more streamlined functionality than mine. And it's all different, right? Like your context, your workflows, your support system, all very different. So really you have to come up with your own solution. I will be happy to give you tips and advice towards that, but you have to know you and your system. And the best way you're going to succeed is just be willing to try something new.

HF: How much would you say good typing skills or being a fast typist plays into this?

JN: Yeah, my typing skills have gotten so good that I should lose that position. It's funny. Usually at least once or twice a week, one of my older patients will comment about how fast of a typist I am and how nice that must be. And I tell them it's not nice. I said this is a requirement for the job, unfortunately.

It's definitely important right now. I think as more of these AI scribing technologies come about, it's less important. And at speed, I have some colleagues that are still, I call them like my dad, hunters and peckers at the keyboard. They have to look down at every key. And some of them, I joke, their notes look like E.E. Cummings poems, just like text in random places on the page. I'm like, I don't know how you even did that. That looks like it took effort to mess it up or hit spacebar that often.

But even folks like that are able to get their notes done faster if they focus on the mindset pieces of it. And some of that's just getting comfortable with silence or the sound of keyboard clicks only in the room when you're with the patient. Too often, we try to fill the silence with “Anything else or what else?” And then patients feel obligated to tell us something more or they feel uncomfortable and they try to fill the silence too. So it's being strategic in that as well.

HF: By the way, I love E.E. Cummings. That was a great comparison there, no caps. And the typing style. Now, I definitely want to talk to you about AI that's been foremost in my mind about what's coming down the pike and what's already here. But before we go into that, I want to take a short break to share some exciting news.

All right, my dear listeners, you are the first to hear this. I have been working on, and I'm still working on, a big course that's going to launch on October 7th, 2024. Entitled, Should I Stay or Should I Go? And this is a course for physicians at the white coat crossroads wanting to find greater fulfillment in their careers. So this might be for you.

As I mentioned, the course will start on October 7th and for the very first time, offer much of what I offer in my successful program where I coach clients one-to-one. There will be pre-recorded lessons you can watch at your convenience, as well as live Q&A sessions every week.

To find out more and join the waitlist, go to doctorscrossing.com/join and save your seat. There will also be a link in the show notes. You're welcome to reach out to us at team@doctorscrossing.com if you have any questions. Again, to join the wait list, head to doctorscrossing.com/join and I can't wait to see you there.

All right, we're back here with my wonderful guest, Dr. Junaid Niazi, and we're talking about how to optimize your charting so you can get home and have great time doing whatever you want to do. So AI is something that I am so fascinated with.

I've been using it every day with my clients. I did some webinars on how to use it to help you when you're exploring career options and I actually bought a bunch of Nvidia's stock just because I think it's already gone through the roof, but the tool is amazing. So I'd love it if you could share what's already here for charting with AI and what you predict could be the next frontier.

JN: Yeah, the large language models, most popular of which ChatGPT, really revolutionized what was previously the direction everyone was headed in scribing, which was remote scribing. Companies based overseas where they could hire typists or transcriptionists more cheaply and it's still sort of dictation model, they can transcribe it and that's kind of what some of the big companies were doing. Some of them literally were still doing that December of, was it 2022 when ChatGPT kind of came out?

That changed their business model literally almost overnight to where now they could cut down the cost tremendously, not actually use people hired overseas and get almost instantaneous notes and such back. Maybe because I talk about charting, I get a lot of ads on Meta and other various forms online directed towards me about them, but there's a lot of players coming out now. Some of them are enmeshed within certain EHRs. Some of them are sort of EHR agnostic, but might require you to copy and paste. And the technology is still new. A lot of them still have a lot of kinks and such to work out but it's really only been two years or so. So in the next couple of years, I think we're going to see tremendous growth in this and I think it's going to get better. Like within my organization, I'm piloting something called DAX.

HF: How do you spell that?

JN: DAX, D-A-X.

HF: DAX, okay.

JN: Yeah, it's an acronym for, don't ask me what the acronym is for because the X is some misspelled word that just looks cool when it's written out, but it's a dragon based dictation thing. And it's cool. It listens in to me talking with the patient and it generates, it tries to separate what was the narrative part.

Objective, it really struggles with unless you're verbally saying out loud like what you're doing with the patient, which most of us don't really do when we're examining somebody, and then the assessment and plan is getting there. They're still working on making that a little more robust, but in terms of the HPI, it can be pretty good at capturing that, and it can even tell when there's a third, like a patient brings a relative or a friend, and it can even tell when friend weighs in and says this thing, which is kind of cool. And this technology is only going to get better.

I'm also involved in other work, at my institution, where we're looking at triaging medical messages that come in your in basket to see can we automatically route them based on the content of the message, which is obviously tricky, but there's some good work being done there, as well as what's called automatic response technology, generating a preliminary response that you can start using as a draft back to patient messages.

AI is going to be soon just touching all aspects of our work. And so, people have different, differing degrees of how much they want to get involved with AI. I think it's going to be here to stay. I hope it's going to change things for the better and make things easier for us, but there's going to be growing pains along the way.

I'd encourage people to get involved or to try things out if they can, because the more of us involved in trying this out and giving feedback to the people working on these programs and AI technologies, the better they'll become.

HF: That is super exciting, and we're about to wrap up here, but I do want to ask you, if you could look into a crystal ball, Junaid, five years from now, what is AI going to look like?

JN: Yeah. The sci-fi nerd in me is a hesitant about AI moving forward, or being a fan of the Terminator movies, so hopefully we won't be fighting for survival against AI, but if that does not come to pass, I think AI vis-a-vis charting is really going to be, there's some little microphone or little device that is in our exam rooms, and it's just sort of always on recording things in the future.

I don't know, I don't think there'll be video cameras, because that'll be a huge hurdle to get over for patients, but if it could record visual, like what you're doing on the exam and things like that, to automatically generate your note. I could see it where we just have to really dictate a little part of our assessment and plan, and the note is done.

I also would love to see AI read the existing chart and come up with summaries, and they're already doing this to a degree, like, oh, which one of these patients is going to get worsening heart failure and things like that. I think those kinds of predictive models are going to be more in the forefront for clinicians to see and try to manage their patients.

HF: Well, that's exciting, and I know just in the 14 years that I've been doing coaching, and seeing this arc of burnout, and how it's really been affected by the EMR and all the clicking, and it's been really horrible for a lot of physicians. I think there is hope in AI, and I'm excited about it. So, how can folks get in touch with you if they're interested in your program and your coaching?

JN: Yeah, they can find me at my website, which is prosperouslifemd.com. There they can find out how to work with me. I have a blog with a lot of articles about charting, productivity, wellness, a lot of useful information there. They can also find me on Instagram, ProsperousLifeMD, and lastly, my charting program. I do two cohort launches a year, which are a little bit different, but then for the rest of the year, just for other people and to help others, the course is available called Charting Conquered Blueprint, and you can find that at chartingconquered.com.

HF: All right, we'll make sure to have your links in our show notes, and when is the next launch of your course?

JN: I'm aiming for September sometime. I have to figure out when school starts for the kids and avoid that like I did last year, because that was tough.

HF: Yeah, that's totally fine. Now, any last words of encouragement or suggestions for this dermatologist who I think is really, really struggling with this, in this trap that he's in?

JN: Think creatively. So, you mentioned you suggested maybe seeing fewer patients. Sometimes, it's just how you schedule your patients. It might be you schedule, instead of having like a morning of procedures and an afternoon of simple follow-up visits, they may move faster if they actually schedule a procedure and a follow-up visit. They double book that at the same time, so that they're seeing the follow-up while their staff is setting up the room for the procedure, and then they go in and see the procedure while their staff is then rooming the next patient.

There may be some benefit to actually looking intentionally at, and I schedule a little differently. This is called wave scheduling, where you'll actually see the same number of patients, but you'll intentionally double book over a double. So, instead of seeing one patient at 09:00, another at 09:20, you'll have two patients come in from at 9, and they both have till 09:40, if you will. And so, that might be a good way to get around some of these issues, where you have to sort of change your change from doing a procedure to just writing a bunch of prescriptions and things like that.

HF: And do you have any specific suggestions just for perfectionism? I think that's such a problem for so many physicians, is I have to do these charts when I can focus on them, and I have to do them in a certain way, because I don't want to get sued, and I need to get the pertinent information in there. Just one last tip that's been really helpful.

JN: Yeah you, in the moment that you've seen that patient, you have all the information at hand, you're formulating your plan, you've communicated that to the patient. You have everything you need right there and then to most succinctly and most thoroughly capture what transpired. And so, if you just spend a couple of minutes there and then doing that, you will actually be unburdened for the next patient that you go see. You're not thinking about, “Oh, I have all these other charts to do.” And you'll become more efficient. You'll actually move faster with that patient as well. And you'll be providing better care.

And it sounds weird to people, but I liken it to a ship going through water, accumulating barnacles over time. And that's kind of like, it becomes less hydrodynamic as it goes through the water. We're kind of like that. All these things are sort of attention residue. They're dragging us away from being present in the moment with our patients. And honestly, the most valuable thing we can give patients is our full attention. So, I would say, if you actually want to capture the visit better and give full attention to that, doing your notes in the moment will actually help you do that.

HF: That's a great metaphor, the ship with the barnacles. And as a former dermatologist, when people come in, they get what they call barnacles for the optus that cares. Nobody wants barnacles on them. I just wanted to touch upon, you made me think of something that Zig Ziglar, the famous motivational speaker, stuck with me ever since I heard it, which is “Never touch a piece of paper twice.” Well, now we're with the electronic record, but every time we have to open and close and go back and go back in our mind and recreate things, it takes a lot more time. So, thank you for sharing that tip. Thank you for all the knowledge and inspiration that you brought on the podcast today. And I'm so honored to have you here.

JN: Well, thank you so much, Heather. It's been a pleasure.

HF: Yeah, likewise. All right, my dear listeners. So, if you're interested in getting some help from Junaid, go to the link that we have in the show notes and check out his different resources.

And if you're interested in this course that I mentioned that could help you in your situation, you can join the wait list and we'll keep you updated on the course. So, just go to doctorscrossing.com/join and I'll be excited to see you there and help you in any way I can. As always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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