DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 235: Taming the Charting Beast: From Overwhelm to Ease with Charting Coach Dr. Sarah Smith

With guest Dr. Sarah Smith

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SS (00:00.142)

I hated it, I was so frustrated by this. How do you do the paperwork part? What is the solution here? I don't understand why there's so much of this left behind. My constant thoughts were, will I ever figure this out? What's wrong with me? Why can't I do this yet? I've been at this job for decades. I can't escape it.

HF (00:30.606)

Welcome to the Doctors 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 Doctors Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical 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.

HF (01:20.174)

Hey there and welcome to the Doctors Crossing Carpe Diem podcast. I'm your host, Heather Fort, and you're listening to episode number 235. You know that feeling when you're the last one in the clinic staring at a mountain of unfinished notes and wondering if you'll ever get home before dark. Maybe you tell yourself you'll just finish a few charts after dinner and before you know it, it's 11 p.m. and you're still documenting in your PJs.

For so many of you, the workday doesn't end when the last patient leaves. It follows you home into the evenings, the weekends, and preoccupies your mind. Our wonderful guest today, charting coach Dr. Sarah Smith, knows that struggle all too well. As a rural family physician, she spent years drowning in unfinished notes, inboxes, and to-dos until she found a way to completely transform her clinical day.

Now, through her charting coach programs, she's helped hundreds of physicians not only get their charts done on time, but also rediscover a sense of ease, efficiency, and even joy in their workday. In today's episode, we're going to be exploring how coaching can help physicians tame the charting beast, not just by teaching better systems, but by uncovering the deeper patterns that keep us stuck.

Perfectionism, procrastination, the imposter syndrome, and those quiet stories we tell ourselves about why we can't do this. We'll also take a look at how AI is changing the charting landscape and what still comes down to us. If you've ever wondered whether it's really possible to leap work with your notes done and your mind at ease, this conversation is for you, my friend. It is my true honor and pleasure to welcome Dr. Sarah Smith to the podcast.

Welcome, Sarah. I'm so excited to have you here.

SS (03:00.882)
Thank you so much Heather, I'm really delighted to be here too.

HF (03:04.882)
Yes, and I love your accent. So you are from Australia. Yes. And you were working recently in Canada for a while, but now you're back down under.

SS (03:18.882)
That's right. So I have a bit of a mixed muddled accent now because I need to talk to Canadians and US positions often. Plus I'm now reintegrating into Queensland, Australia. So there's a lot of Australianisms coming back.

HF (03:31.882)

Well, if I had money to burn, I would buy your accent because I just love it. So everybody's in for a treat to hear your content as well as your beautiful voice. So let's start with your origin story. Now, most of us really can relate to the charting burden, but it's not everyone that then decides to become a charting coach. So take us back to the time when you were struggling with your charts. Yeah.

SS (03:58.882)

Yeah, so this was me for the first 15 years of family medicine. I was always asking my mentors, how do you do this? How do you do the paperwork part? What is the solution here? I don't understand why there's so much of this left behind. These were the days where you couldn't work at home as well. So the answer was come in on Sundays. Then retrospectively, I've realized that these were older male physicians and when they were coming in on Sunday, they were doing the leftover paperwork for when they'd been on holidays or forms or referral letters. They weren't just doing the charting. I'd missed something along the way in terms of the teaching as to how to get the notes done in real time, how to manage the expectations within the appointment, how to get these referral letters done right now while I'm seeing the patient. I was just deferring all of that work and trying to do it all and have this massive mountain on Sundays. Then...We took a hiatus, my husband and I and the two kids, we traveled around Australia for a year and a half, which was fantastic.

I highly recommend semi-retirement. It was brilliant. I worked in emergency departments around Australia as we traveled and did a little bit of general practice, but mostly just had some time with the family and laid down great memories. And then we hopped continents to Canada to see something different. And I started again in full-time family medicine and emergency and hospitalist and long-term care and palliative care. So I like to do it all. I'm the worker, husband was the primary care provider for the kids at home and cooked meals and would go to work as the kids were at that stage old enough to be at school all day. So he got a job too.

But for me, suddenly within weeks of going back to family medicine, I am at night every night, the last person out of the office come home right on time for dinner, like scooting the door to sit down at the table, because that was the objective was to be present as a family for dinner. And then once the kids were in bed, back to the computer for hours. Or

sometimes I was so exhausted, I would go to bed. And if I woke up at two or three or four, I would have this, get back to it. You should be doing your job. You should be catching up with this. So I'd get back on the computer between two and four, or I'd get up at four and stay up all day to get my notes done. I was creating this cycle of tiredness. I hated it. I was so frustrated by this. My constant thoughts was will I ever figure this out? What's wrong with me? Why can't I do this yet? I've been decades at this job and it's I can't escape it. So my oldest was in grade 10 and I walked past the living room on the way to the computer and I heard him talking about university.

SS (06:59.488)

It still makes me sad because I thought I'm going to miss out. He's only at home for another two years. So that was my impetus to say it needs to change. Something needs to be different about this. And so I didn't have an answer. It was impossible. I still asked everybody. And then we had these lovely ladies coming to the clinic and they said, Hey, we want you to also check if people are exercising and smoking and eating their vegetables and fruits.

And I said, I kind of cracked a little bit. Do you not understand what we already do? This is too much already. I can't just ask one more question. And so I was on my way to teach some medical students and I wanted to be a more motivational speaker because you know, I'm kind of dying on the inside so I've got to sound good. And so I listened to a motivational speaker which happened to just be, I've never listened to a podcast before. It was a life coach. She popped up top of the list of motivational speakers.

So away we went and it was a five hour drive. Well, by the end of it, I had learned some things about my brain, which was very cool. She was saying impossible things are possible. And I'm like, but you don't understand. I've got the biggest problem in the whole world. This is dreadful. And she was also saying things like, your frustration is optional. You can enjoy where you are right now. The things that are happening around you do not have to equal your lived experience of frustration, irritability, anger, dread, that is all created by sentences in your head. And I'm like, this lady's loopy, but I need something because I don't have anything else. And so I went and followed her teachings. And over the course of 18 months, I really decided, look, if she says impossible things are possible, I'm going to make it happen. I am done with this. And so it was that stepping into and everything about my day changed everything. How I

showed up at work, what I did after the consultation, I started to notice what my brain wanted to do, which was leave it to later. And I said, no, we are not doing this later. And we made that step by step by step, everything changed. So nothing about my external change, number of patients the same, EMR the same, staff the same, everything else the same, me. I'm the only thing that changed. And in the process of that, I got home.

SS (09:26.774)

After the last patient walked straight out the door, everything was done, sat on the couch in the evening and it was restless. It is not exciting. It's restless. I'm like, my brain doesn't know what to think. There's nothing in there. There's no should be. What? So then I'm like, okay, this is phenomenal. And I lived in that for a few weeks and then I'm saying, Hmm, I think I need to help my friends.

So I popped into a Facebook group and I said,what do you all need help with? Because I've got bucket loads of time and I can see if I can help you out. And they're like the paperwork. And I'm like, no, the one thing I just fixed. And now you want me to dive back into your problems too. And I'm like, of course that's what they're struggling with. Because that was my struggle too for so long. And so we step by step by step helped over and over and over again, different types of doctors, different types of healthcare providers just radically changed their experience in clinical medicine.

And they were having bucket loads of time and getting their lives back. My favorite question was, why don't I do it myself now? I've got all this time and I don't know what to do with myself. And I'm like, that's a fantastic question. Go figure that out.

HF (10:30.598)

Well, thank you for sharing that story. And I could definitely feel the emotion when you talked about, you know, your son and thinking, I don't have that much time left and I don't want it to be spent with my nose in a chart when my family is precious and I want time with them. So you had a big catalyst, you had a big wake up and then you did this coaching program that transformed everything. So obviously, Sarah, you're not going to tell us one tip or trick and that's going to solve everything. We're talking layers here.

So where do we even start unpacking this situation that affects people with lots of different situations and circumstances?

SS (11:19.598)

So I think the first step is noticing what's happening in your day because most of my career life happened to me. So I didn't take into account how much was in my inbox. It was just the stuff I had to do before I went home. I didn't notice the way I was working, which was I saw patients and I said, I'll do that later. And I moved to the next one. That was a whole lot of just doing as we've always done. And this is how the human brain works. It is efficient to do things badly because we've always done them badly.

It's really difficult to do things in a new way. It takes energy to do things in a different way. So when I teach my members how to see a patient and close the chart right now before they move to the next patient, that is a different way of working. That may not be what their current way of doing things is. And you can tell that because they've got a back load of hundreds of unfinished charts or more or less, but there's always a backlog. And so we start saying,

Well, what is it that you do instead? So when you come back to your office, sit down to do that note, what is it that you do instead? And so you might open the inbox and have a look. And the first thing you do is you pull up an inbox item and it says something that you have to go fix up for this patient is an unexpected result. And you say, well, I don't have time for that. I've got a patient waiting. So you close it again. So now we're doing work twice. When you catch yourself doing that, then you get really angry.

And then you start to be curious. Okay, well that's not working for me. So if I want to get this note done, how or where could I get it done? Sometimes we're in a big pod and people are talking around us and it's really hard to concentrate. So what do you need to help you? That's a great question too. So we start asking great questions. What do I need to be successful here? Then if we do want to get that note done, we start noticing other problems. Well, if I sit down to do this note.

It takes me a few minutes now. running further behind in the clinic. That's not comfortable. I noticed that I sat down to do the note, but there's a patient waiting and I immediately dash out to the next room. Well, that's just your brain pre-programmed to say that's more important than the note. Huh, more noticing, more decisions now. What do you want? Do you want to do this note later or do you want to do it now? If you want

to do it now and it's going to take you 15 minutes, how can we start to make it take less time?

SS (13:45.366)
What is it that's in your note? What else is in your note that doesn't really need to be there? And how can we do things in a different way so it gets a little faster? We even start looking at what are you doing inside the room? One of the great questions that'll catch you out is when you say to a patient, how are you today? That's going to cost you five minutes. Instead of what are we doing today? Which is still friendly, polite, and gets closer to the point.

HF (14:01.366)
That's a great shift. I love that. And you're right, when you have 10, 15 minutes, everything you do matters.

SS (14:08.366)
Every second matters. And that's the other thing. What can we do, what are you doing? What are you leaving the room for? What do you bring up that's blank that you have to put the patient name in? That is a waste of your time. Every time you leave the room, you're interrupting your brain and somebody likely interrupts you too. So that is costing you huge amounts of your decision-making or executive function is dwindling every time we switch you around. So we have to be really careful with all of the things about your clinical day that are happening to you because you haven't made that boundary set or that conversation with someone that says, hey, don't ask me that question. Here's the answer ahead of time. So you don't have to come find me to ask me that. Here's how I do that. And starting to set up ways to save us time, reduce interruptions, reduce distractions.

SS (15:02.366)
So you started off with saying first notice. So kind of do an audit in a way of your day, like observe. Like first, because we can get into autopilot and just think that this is that we have to do things, but first you're saying observe what we're doing. And there's a lot of things to pay attention to. And the second thing you're doing is ask a question like, what do I need here? What's going to be helpful? And then you're looking at very many aspects.

HF (15:41.134)

So when you're coaching clients, is there some type of worksheet or anything like that that they fill out so they can kind of see it all in front of them of all these different pieces of their day.

SS (15:42.134)

Yeah, we did lots of different types of worksheets and different styles of doctors and humans like worksheets and others don't. So just keep that in mind. Some of the worksheets I used initially was a simple clipboard and I wrote down what time the patient appointment was supposed to be, what time I actually walked in the room, what time I walked out of the room, how long it took me to chart, what else I did in between. I literally did that for one Monday, one Wednesday, one Tuesday, like we just picked a random day of the week just to notice. The noticing was really important because I'm like, I noticed that for my physicals that I get 20 minutes for, I spent 18 minutes in the room. Okay, well, I can't shorten them and maybe I need to think about it longer or maybe I need to do things differently in the room so that I get a little bit more time to get my note done about that. What interruptions are you having? Who comes and asks you what?

write that down for a day or just notice it for a day and you'll start to see patterns. And then you'll start to see frequently asked questions and then you can create the frequently asked questions manual.

HF (16:44.427)

I know one of the biggest struggles I hear is about how when doctors get advice, you have to close the chart before you leave the patient's room. You got to close the chart. And then they're torn between, there's three patients in the waiting room, and then I don't want that Google review that I waited for an hour. And then they may start off finishing their chart for the first three patients, and then someone's late, and then they get behind it, and then they just can't do it.

How would you address this conundrum?

SS (17:17.427)

Yeah, because we can't just add in something else. You're already full. All the minutes are taken. And notice that I noticed that at 10:30, I'm half an hour behind. Okay. This is another notice. That's a great thing to notice, whatever it looks like for you, because then you say, rather than the judgment, the shame, why can't I figure this out? If that happens, that is not helpful. Your brain can't find you an answer. Start with the

I wonder why, I wonder why it takes us back to when you woke up this morning. How long did it take you to get breakfast? Were you making your lunches? Was it already ready in the fridge for you? What time did you leave the house? Was that because you were dreading going to work or was that because that is the physical time you can get out of the house to get the kids to school on time? When you arrived at the office, was your patient ready for you or were they 10 minutes getting in the room and you're persecuting yourself for being half an hour behind, but actually you started 10 minutes behind, okay?

So there's a lot of things that compound to create this, but I'm always half an hour behind at 10.30. Hmm. Now what? That is our next great question. Now what? Take yourself for a walk during a shower, not necessarily in the busyness of your day. Now what? If I wanted to start at eight o'clock and my patients are supposed to start at eight o'clock, but they're not ready till eight, 10, who do I need to have a conversation with? How do I start to change that up? Should we have our first patient at eight o'clock? Like, everything is up for interrogation and can change potentially if we want it to be.

HF (19:00.206)

So we've been talking about a lot of theoretical things to do, and I love bringing this home with certain case examples, personalizing it. And one thing I also wanted to bring in too is how perfectionism, the imposter syndrome, procrastination can play in because we could just fix all the efficiencies, but it's usually not that simple because there's the mindset piece. So do you have any examples of physicians who may have had an overlay of some of these things?

I mentioned in terms of mindset and how you worked with them and what their results were.

SS (19:26.206)

Yeah, so we're going to give you an example of an emergency department physician who saved herself six hours at the end of shift. And so when we see a patient and try to get the note done in the emergency department, it's piecemeal. You might see this patient three times because you evaluate them, you audit some tests, you come back and reevaluate with the test results. You come back and reevaluate after you've started some treatment. But just by taking that moment to get that note done up to where she was at, where it was possible, obviously, in the context of the emergency department, was getting her so much closer to done by the end of day and reducing the mental load of keeping all these patients in her head. So at the end of a shift, you're exhausted. You have absolutely given it all. And to then sit down and record that takes so much mental energy and time because you're having to rehash every single encounter.

So this was part of the shift that she made to create bucket loads of time for her to be able to really get the rest and recovery she needed to come back into the next day. And when we start thinking about looking at our colleagues and seeing who's struggling, can you imagine if somebody had said to her, hey, I can see you're struggling, can you sit down and get some of those charts done? Because I know that way you can get home earlier and get to bed and come back better and brighter tomorrow. So it's not just a you problem, it's an us problem.

SS (20:59.502)

When we start to see it within our teams. We've had others who've had this significant guilt that comes up. Now you'll know how many minutes behind you are when it is way too long. When your brain's decided, I can't be more than X minutes behind. For some of you, you'll get anxious after three minutes. Some will get anxious after 20 minutes. Some will get really anxious after 45 minutes. Notice that. It's not a set thing, okay?

Our brain has decided on her behalf for whatever reason that X number of minutes behind is a terrible thing. It's covered in shame and guilt and I'm a terrible doctor. We've got this huge vocabulary about ourselves, about this number of minutes behind. So sometimes we need to start working on the, what are we doing in the room skillset to help us run closer to time that then allows and builds in time for some of the charting.

So some people don't start at the charting, they start at the consultation style. What are we saying yes to in the room? How do we start to navigate? I've been given 15 minutes

for whatever reason, that's the number of minutes I'm given with a patient. Now what? How do I start to navigate those minutes? Because you're the boss of that consultation time. You're the executive decision maker with that patient. You're asking them what they're there for, but you've got an agenda too and you've got to run that within a time frame.

And everything you say yes to has a time consequence. So now we have to learn phrases and do things differently to defer some of that work potentially, to say no to this, but go and see so-and-so instead for that. We have to do things in a different way. And that brings up all sorts of anxiety and restlessness for physicians as they're starting to do things differently within their consultations. But we've been taught ideally, and then we have what we're given in real time.

And then we have the, I'll do that later. And it takes us another hour and we don't have that time.

HF (23:04.418)

I think that can be a really big problem, is that you want to make the patient happy. They've maybe waited a long time to see you and then they come in with their list. And if you say yes to everything, you're going to be late. But if you say no, then they're going to be mad. You might get a bad Google review. How do you deal with the real life situation if you can't please everybody?

SS (23:19.502)

The person in the room is the one deciding if they're pleased or not. Now they might be pissed off because the bus was late. They might be annoyed because the front desk was mean or terrible to them or they decided they were. You could spend half a day in the room with this patient and they could decide you're still not enough. And this is the work. So there are things with inpatient communication tools that help us build really good, valuable rapport with our patients. There's ways of connecting with humans that really do help them feel like they're well looked after.

That isn't a time equation. So it's not about the time you spend with a patient. It's about the way you're doing things that helps you build that communication, build that quality of relationship, but doesn't have to be a half a day to do so. So we also bring those sorts of

learnings, teachings, and experts into the program so that you can do the work without sacrificing the quality and the care and the rapport with your patient.

HF (24:16.502)
I'm curious, Sarah, do you have an example of a physician who was struggling with imposter syndrome, which is very common, who you were able to help?

SS (24:24.13)
So this is quite a common situation. I was talking to one of our new grads. So new grads are quite likely to have an imposter syndrome, but look, you can follow us through our whole career. So in this situation, there was a lot of time spent in the room because they were really trying to navigate what is this clinical thing going on and what is my next step? What is the best management to do next? Is this, you know, true ischemic chest pain or could this just be exertional chest wall pain, like this teeter tottering we see, and it takes up a lot of time. And then they get so frazzled, she would go down the corridor, talk to her colleague to come back. And then this time is expanding. So you can see how the whole thing expands and then leaves the note because she's waiting on those first investigation results to come back to see if she's even got it close. And then she'll start to close the charts.

You can see this is the whole knock on effect. taking longer in the clinic for her, and then she's having to go and ask someone else, which is disturbing her day and their day. That's not a problem. We like our new colleagues to come find us, but still it's that additional time in the moment. Plus we're leaving or deferring that charting. We're not sure what's going on yet. We've got this undifferentiated case and it's really hard. Well, it is really hard. Then there's the secondary problem of, I don't want to look things up in the room because then they'll know I'm an idiot.

Well, that's a great example of imposter syndrome, but that is not, that is part of us wanting to help out patients. And when she realized that it shows that she's not arrogant, she actually has an invested interest in deciding what this could be for you? Let's have a look up and see what sort of tests might help us to differentiate what it could be. That really helped, helped her model. I see what I can do.

We're never perfect in medicine. We don't know the right answer because there's always more than one way to treat this patient. As we help to understand what are you most worried about? What is the test that will help get you that question answered? Then as you give yourself time to think about this patient, you're going to come up with a lot more ideas from your bigger memory than your working memory, plus opportunity to talk to a colleague if you're still stuck and get the patient back. Let's have another bite at this apple.

have another listen to the story and another listen to how it all fits together. And then you might come up with some ideas and still you might not know the answer and that's okay. So just being able to say in the chart note, chest pain under investigation is our working diagnosis or tremor under investigation or our working diagnosis is tremor. We don't know the cause yet. Was the waiver better close to the note right now?

SS (27:22.978)

Knowing that as further information came in, she got the opportunity to change her mind, make the next step for the patient, or we started treatment and we got them back to see how it's going. Was it the right thing for this patient? If not, we've got an opportunity to change. I reserve the right to change my mind. And this was so liberating for this particular physician. It saved her so much time in the clinic because she could put down the expectation that she should know it all.

She should put down the expectation that patients are easy and I should know the answer and I should know the next treatment off the top of her head and move into medicine's imprecise science. I'm gonna do my best for patients, but I'm not gonna know the answer. And it's okay to say, I don't know, but I wanna work with you to figure it out. And that was huge time saving for

HF (28:02.13)

Thank you for that example. I think that's going to resonate with a lot of folks because this is a very common problem and it is fixable. And how about perfectionism? Like the physicians who feel like they need to document a lot, I see that's something that really slows people down and sometimes they even feel like they have to have the right punctuation. How do you address that?

SS (28:25.13)

Yeah. So again, we're not perfect. Medicine is never perfect. We're never right. And you know that you love to have this manuscript for your patients, but I want you to notice the cost. So this is the way that we've helped shift a little bit by little bit towards a different way of doing things for our physicians who are really stuck in perfectionism. So I want you to look at what it is costing you right now to do medicine in this way.

Who are you thinking about when you write this note that's five pages long? When I figured this out for myself, I realized who it was. It was a preceptor that I did not like, an old white male. And he was not a pleasant person. He's certainly not the person I would want to tell me anything about my life or how to run it. And he was costing me hours of my life.

SS (29:30.286)

Okay, because I was trying to do things in a way that might be pleasing towards somebody who looked like him. And so we say, okay, go forward 10 years in time and nothing's changed about how you do your clinical day, how long it takes, how many hours you spend after the last patient, how many hours you're spending in the evening. Go forward 10 years in time and nothing's changed. What does it cost you? And when you realize that doing it in this way is costing me reading a book, playing with my kids, getting sleep, exercising. Then you start getting interested in showing up and doing it in a different way. Now we say, okay, you're the boss of your notes. Keep in there what you need to keep in there, but really be curious about why it has to be in paragraph form, why it has to have all of that X, Y, Z. What are you making it mean?

Because often, the person receiving it is receiving 50 other letters and they look at yours and they're like, I'm not going to read that. It's too long. Or you're thinking it's going to be perfect before I release this to the world, which means it's not being released for three months, which is not ideal either. So darn is better than perfect.

HF (30:27.13)

Right, those are great suggestions and I know it can be a hard thing to shift, but people do it. I'm sure you've seen it happen. They do. Absolutely. They do.

SS (30:46.13)
And they get their life back.

HF (30:59.034)
And what is perfection anyway? I mean, we think we can achieve it, but like that's pretty subjective too. Now, I know we're getting close to time here and I did want to briefly touch upon AI. I have clients who are able to use AI in different ways for pre-charting, for charting, for dictating, but a lot of doctors don't even have access to it yet. So what are your thoughts about AI helping or hindering us in charting?

HF (31:17.034)
So anything we choose to use should be saving us time. Now in the current situation, some people are finding it's that final missing piece and they're finally able to do what they need to do. For others, it just costs them another amount of time to have a new work list to go and look at later. So use your tools wisely. With AI, it is being written not in your words and therefore it is actually quite a significant mental task to read this encounter as written by somebody else.

So you're not reading it in a language or in a format that you normally read. So it could have that consequence of, as I come back to this note, I'm really having and struggling to figure out what was going on because it's not in the way that I normally put things. So use the processors which are designed within the program if you're using it, edit in the program so that you're getting closer and closer to how you need it to be. So it's going to then be more likely to help you save time.

The other thing I'm noticing about AI is physicians will be doing a lot in the consultation. Their delight is something listening in the background. It's not taking away that I've got to do the scripts, I've got to do the orders, I've got to put the requisitions in, I have to do the referral letter. But it's also having this knock on effect of, did I ask that already? I better ask that again because I don't remember because I'm not writing it down in my usual style. So keep that in mind as well. Do you need some way? And normally I...

We'll say do it in the note. So you've got those breadcrumbs sitting in the note. If the AI fails, you've got to back up. But popping those little mental toggles off, we talked about

their diabetes, we talked about their back pain, we talked about their medications, so that you know what you've covered this consultation. Because typically you're not seeing what the AI is generating. And then there's usually a minute or two once you hit stop for it to think and create. And that is that further delay in your day.

SS (33:26.094)

So you've got to think about it, it's just another additional thing to think about in your day of hitting stop when you're pretty close to the end so it can start generating as you're finishing up your orders or whatever and done. We're looking at it and signing it off right now.

HF (33:29.094)

Well, I know personally, I don't think I could do my job without AI. Just how much has changed things for me. So I'm really hopeful that the AI can help with the position burnout and the burden of charting. And so I'm optimistic. But obviously, there's still going to be a lot of things that we will be doing. So Sarah, tell us about your program for physicians who might be interested.

SS (33:53.094)

So we have a charting champions program and it's a one time lifetime membership. And in there, we give you the foundational modules of how to set up your day in a way that gets you home with the work done. And you have ongoing coaching calls each week with our clinical day advisors to give you that personalized strategy. So as you come to the calls, you can raise your hand and say, yeah, but you don't understand. I'm a rheumatologist, endocrinologist, orthopedic surgeon, and here's my day. And we help you with the strategy of what do I not seeing what could I be doing next? How do I get closer and closer to seeing the last patient out the door?

HF (34:29.094)

It sounds like a really great program in that it's lifetime access. So once they're in, they can keep attending, they get to do coaching calls. I had a client who took your program and she said the curriculum was really great, but one thing that really helped me was watching Dr. Sarah coach other physicians who had similar problems to me.

SS (35:01.708)

Yeah, we're problem solvers. That is what we do all day for our patients. And this is an opportunity to hear physicians figuring out their clinical day. And then you're like, that's a great idea. If I just adapt that a little bit, I could do that too. And so we start looking at your whole clinical day from every aspect, including just even how I'm feeling about the

HF (35:13.094)

And where do folks find you? What website do they go to?

SS (35:17.094)

Yeah, they go to chartingcoach.ca. That's where you'll find everything.

HF (35:21.094)

For when you were in Canada, that's why it was CA. Right, okay, well, we'll make sure to put that in the show notes. And I want to thank you so much for coming on the podcast for what you do because I'm sure you're changing physicians' lives and giving them back their life.

SS (35:49.496)

Thank you. Yeah, we really, really love seeing clinical medicine becoming sustainable.

HF (35:44.15)

All right, well, my dear listeners, I just want to thank you so much for being here. You're the reason why I do this. And we want to keep spreading the word. And I thank you so much for sharing the podcast. And I just wanted to remind you that we have a contest that's going till the end of December. So there's some time left where you email us at team@doctorscrossing.com and let us know that you've shared the podcast with two different people.

And then we just need their initials or in the episode that you sent them or any other way that you'd like to identify them that they're okay with, you will win a prize. This is a contest you cannot lose. All right. And as always, don't forget to Carpe that Diem and I'll see you in the next episode. Bye for now.

HF (36:47.15)

You've been listening to the Doctors Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com forward slash free resources (doctorscrossing.com/freeresources).

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