



# WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Well, hello there, my friend. How are you? Welcome back. How was your day? Today was seriously a great day. It was one of these beautiful September Wisconsin days where it was 85, but at the same time the leaves on the trees are all changing. So everywhere you drive, super sunny, super beautiful. There's beautiful trees everywhere, and it was just a great day. I had a massage and it was like really nice day. I hope you had a great day, too.

So, listen, thank you to those of you who have left me a rating and review on iTunes. I'm up to 110 now. Not that long ago, we were like in the 70s, I think, but I know there are tons of you who have not taken the time to leave me that review, so if you would be so kind and generous to please go to iTunes and just type in a little something about what you think about podcast. Last month I had 35,000 downloads, so I know there's more than a 110 of you listening. You don't have to be a doctor to leave a review either. There are plenty of people who left reviews that have outed themselves that they aren't physicians but that they find this podcast really helpful. So please, please, please, go ahead and do that and it's super easy on your phone. You just search, even if you're subscribed, in your podcast app, you just search for Weight Loss for Busy Physicians, and then on the actual image for the podcast where it says Podcast, click on that and it will open it up. There's a little spot in the middle that says Ratings and Review and you just click on that, and then you can type in your review. Super, super easy. If you need help, email hello @KatrinaUbellMD.com and we will help you.

Okay, today, we're going to talk about electronic medical records. Super fun. So we call that EMR. For those of you who are non-physicians and non-healthcare people, we call it EMR. Some people call it HER, which stands for electronic health record. I think EMR rolls off the tongue a little easier, so that's what I call it, but they're interchangeable. So I'm going to talk about that because I see this coming up for my clients so often. It's pretty much ubiquitous. Pretty much everybody who's in clinical practice groans when they think about EMR to some extent.

I actually worked at a practice that was still on paper charts. We were like one of the old relics; still able to get by on that. So I never had the experience of using EMR in my actual office, but we went to six hospitals. Okay, so we would see newborns at five different hospitals all around town and we would admit our own sick kids to Children's Hospital of Wisconsin as well. Now, would you believe that all six hospitals use a different EMR? Of course, they did.

Actually, that's not totally true because a few of them were on Epic, but this is the most interesting thing. Their Epics didn't look the same. Like the way I would be able to get the maternal pregnancy history information at one hospital seeing a newborn did not even exist at another one. Also using Epic. It was the most bizarre thing. And some of these hospitals, we didn't see newborns there that often, so ... There was one in downtown Milwaukee. I would head out there maybe four times a year. Not that often. So every time I went, it was like, "Oh, boy. Okay, how do I do this again? Hopefully I can log in. Oh, boy, this works." Asking nurses to help me, and always groaning when they had some sort of in-service that was mandatory, trying to figure out time on the day off to be able to go to one of their classes and learn about something, or keeping up with all the little online webinars that you had to do to keep up with everything.

So I get it, trust me. I get it from that standpoint. The thing is that your electronic medical record is a circumstance. It is a neutral fact. You go to work, and the way that you document information about your patients is through this computer system. It's very, very neutral. So then we have thoughts about it. I know some of you are going to be chuckling to yourselves because most of our thoughts about the EMR are terrible. They are all about how it's the worst thing ever. It is so stupid. Clearly people who are not in medicine are the people who designed this. Nobody cares about our efficiency. There's all these ridiculous things that we have to enter in. It's practically a full-time job just to do that right. I mean I can go on and on.

All of these thoughts make us feel a lot of negative emotions. We feel anxious. We feel frustrated. We feel pissed off. We have that sense of feeling out of control, because if we had our way, we wouldn't have to do it. Or, it would be much simpler and wouldn't take as much time. In general, we just feel very sorry for ourselves. We feel so sorry that we are at the mercy of this program, that we don't feel like we can change.

Those emotions drive our actions. Actions like procrastinating, not getting those charts done, finding something else that is definitely more important in the moment. We distract ourselves by seeking an immediate form of pleasure because we feel so uncomfortable from those emotions that we have created for ourselves with our thinking. So it's super common to hear this all the time with my clients about how they go get a snack or they're nursing a glass of wine or both while they're either doing the work or they're avoiding it. Like, for sure, I can't get started because I might be the slightest bit hungry, so I need to go eat something first. First, I need a snack.

Or we get lost down social media rabbit holes. I mean it's so easy to just think you're getting on there really quick to check something or wish someone a happy birthday, and then an hour and a half later, you'll like, "Oh my god, what am I doing?" Or, just even texting or calling your friend or family member, which ultimately is a good thing. There's nothing wrong with that, but when you're doing it as a way to avoid something else that you should be doing, then, of course, that's not good. Then the results of all these actions are that it takes forever to catch up with your charts, that you're probably way behind in closing your charts down. You might be getting in trouble with the powers that be in your organization about not keeping up with things.

Most nights you might be up late documenting and closing charts. I hear this all the time. I come home, we do dinner, put the kids to bed, and then I sit down for one, two, three more hours to close all my charts. When you're doing that and spending all this time in the evening doing that, then you are not getting adequate sleep, staying up too late, especially if you're procrastinating or distracting yourself.

You're not being efficient. Then you also have inadequate time for hobbies or relaxation, and that kind of relaxation is so important for you in terms of recharging your batteries.

So many of us feel so depleted from all these obligations at work, but if we didn't have to do all that charting, our evenings and our weekends would look totally different. We would be able to do some of those things that feed us. Not food feed us, like feed our souls, feed our brains, feed our need for connection with human beings for just having fun, things like that. So many of my clients tell me that it can't get better. I hear this so often. They'd basically try to shut me down. It's so interesting.

When I tell them, "Well, you know, that's something we can work on. We can work on your thoughts," they're like, "No. No. Everybody agrees, like there's no way that I can do this. The hospital won't pay for a scribe. They basically said they won't do it. This is just how it is." I find it so interesting. So fascinating how they totally believe this story that makes them feel terrible. It's a choice. It's completely optional. Think about it that way. It's basically learned helplessness, this idea that there's nothing I can do, it won't ever get better, why bother even trying, and that feels terrible, really terrible.

We wonder why we have an overeating issue. When you feel that bad, of course, you want to go eat some cookies to feel better. That completely makes sense. What we need to do is not eat more cookies. We need to change our thinking. This is how most doctors talk about it though. It really is a mindset that the EMR system is the villain and the physicians are the victims of it. This goes for those of you that are physician assistants, nurse practitioners, nurses, physical therapists, occupational therapists, anybody who is using some sort of electronic medical record, it's the same thing. I hear it with everybody. The system is the villain and we are the victims of it.

When we take in on that victim mentality, it's just a total powerless place to be. It feels terrible to feel like you have no control over yourself. The truth here is that it's just not true. It's just a lie you're telling yourself. I know it doesn't seem like that, but follow me on this. It really is a lie. It's a total fight against reality. We have all that resistance to the system and to all the different checkboxes we have to click in the little templates we have to do. It's resistance to that, it's negative thinking about it, and that uses up so much of our energy, no wonder you're exhausted, no wonder you want to eat to feel better. Completely makes sense when you see what's going on. What we need to do is not find another job. We need to change our thinking about the charting.

I want to be clear, that doesn't mean that you have to accept it for what it is right now in your life. That doesn't mean that you have to look at it like, "I guess I just have to change my thinking on the fact that I'm up until midnight charting every single night." That's definitely not what I'm saying. But it does mean that you accept it for being the way that you get the medical information that you need and it means you start working on efficiency and productivity. You can ask for a scribe. You may not get one, but you can document that you've asked the administration for help. I want to put that out there because I've heard from some people, "Well, I've heard that they won't pay for it, I've heard they won't do it." I really would encourage you to do your own negotiations.

If you start really coming up with some detailed evidence about how much time you're spending charting, you can make your own argument to the powers that be. You might decide that even if you have to pay for it, you're willing to pay for it because of all the space it opens up for you, of the quality of life improvement that you get out of it. That's definitely something. That's definitely a solution you can think about. I tell you, honestly, what I would do if I were in practice is I would make a goal for myself to become the best, most productive and most efficient EMR user in my office, and then maybe the whole medical system.

I would want to become that person that everybody else is asking me, "Tell me what your secrets are. How are you doing this? How are you keeping up with everything and having it not be a big deal and still getting home for dinner. You're not charting at night, you're not missing all the important events in your family's life." Doesn't that sound amazing? Wouldn't it be so fun to be that person where you're like, "Oh my god, yeah, I totally got this dialed, totally figured it out. Sure, of course, I'd love to give a talk and share all these tips to someone else," but that's not how we typically are approaching it. We're like, "Ugh, this is just drudgery. I just have to do it." Instead, be the badass you are and figure it out.

If the EMR is the obstacle, then what do we need to do? We have our obstacles and then we problem solve. You look at what each obstacle is and then you problem solve. You come up with a solution. Now you might not get the right solution every time. You might identify what the obstacle is, create a solution, try it out and go, "Yup, not better." Okay, that's fine. That doesn't mean you're failing. It means you're learning. You have another data point, "That way didn't work. Let me course correct here, figure out something else that I can try." That's what we want to keep doing with these obstacles because when you have the solution to each obstacle, that is the path you have to take to get to the result you want.

The result you want is up to you but I would assume it's going to be keeping up with all of your charts, not having a backlog, and keeping up with all the letters and dictations and labs and all those things that you get. I want you to first stop the storyline in your head that you believe of how terrible this charting is. It's such a belief system for so many of you, it is such a core belief that it probably feels weird, like, "What?" Like, "How could I possibly think about it any other way? I don't know a single person who doesn't completely agree with me. Everybody would agree this is definitely the circumstance."

No, this storyline is just a collection of thoughts that you decide to believe. You probably have tons of evidence to support it because of all the days that it kept you at work late or you stayed up many, many hours trying to get caught up only to have an inbox full of new things you had to deal with the next day, but I want you to see that storyline. You can take time to do a thought download on your storyline. Why is charting such a bad thing? What are all your thoughts about charting? Really identify what those are. Then you can just pick off the ones that just aren't even true. That's the first thing to do.

But next, what I want you to realize is that the EMR does serve you. It does have an upside. Often clients tell me, "No, there's really not one upside, like I can't imagine one reason why this is good to have this." That's really not true. Without it, you wouldn't have a ton of the information that you need. We often think it's so confusing, it's so hard for me to find everything. If you're ever tried to find information in a poorly organized paper chart, you will know that that's not so much better. Being on EMR, we have the story that it was so much better back on paper charts, but back when everybody was on paper charts, there were tons of people who were still delinquent on their medical records, too. It's not like it was oh so much easier and nobody had a problem with this back in those days. That's just not true at all. You want to question those beliefs that you have.

The other thing I want you to recognize is that every job has parts that you're going to love and this is for every job, and then there's going to be parts that you do because you want to keep your job and it's part of your job. It's not your favorite part. I mean, think about even your job as a parent. If all it was, was like wiping butts and changing diapers, you'd be like, "Why would I ever do that?" That's maybe the part of the job that isn't so great, but there's so many overwhelmingly more amazing parts of being a parent than that and that's why we do it. We are okay with doing the cleaning up the puke parts, dealing with the tantrums parts, dealing with discipline and all the things that aren't as much fun because of all the other amazing parts.

So when you take a look at why you even show up for your job, that EMR could be just a part of that. It's just not a big deal unless you make it a big deal. Every day you come to your job, you show up, you are choosing to use EMR. It's not happening to you, it's not being forced upon you, nobody is making you use it, you are choosing to show up every day at a job that requires you to use an EMR. You could totally just as easily not work there. You could go do concierge medicine and chart however you want. You can do whatever you want. Nobody is making you use that EMR. You are choosing the EMR by choosing to keep your job. Kind of dilutes things a little bit. It's not so quite so intense, the hatred, when you look at it that way, like, "Okay, yeah, I guess you're right. I am choosing to come and do this."

If that's the case I'm choosing to do it, why am I making it so hard on myself? If I'm not really at the mercy of this thing, if I'm not at the effect of this electronic medical record, then maybe I can spend some time actually making this better for myself. One thing I want to encourage you to do is to ... and many of you are going to go, "Yeah, yeah, yeah, I should do that," and you're never going to do it, but I really want to encourage you to do this. I want you to fill in a time log for a week to see how you're spending your time at work. You need to know how many hours and minutes you are spending on charting every day. It's awareness. You need to know the thoughts you're having before you can fix them. You need to know how much time you're spending on charting before you can even begin to figure out where you can adjust the efficiency.

A couple of ways that you can definitely improve your efficiency and that probably many of you are dealing with, first of all, you got to stop multitasking. You got to stop thinking that you can do charting and a couple of other things at the same time. There's so much research that shows that multitasking just doesn't even exist. You basically are switching your focus back and forth every time you do that very rapidly, but what you're not taking into account is that every time you're transitioning, there is a little transition time that makes the process of getting all those tasks done in accumulation longer. It actually takes you longer if you are multitasking.

So instead you go, "I'm going to focus right now on doing this one chart. I will not do one other thing. The phone calls can wait." I mean, honestly, for the most part, there's really not that many times where there's something that you really have to drop everything, I mean, I can probably count on 10 fingers how many times in 10 years it was like, "Okay, we need to call 911 or someone's seizing or ..." You know what I mean? Like something really, really bad that you can't just finish what you're doing.

Don't tell yourself that story of like, "But things come up, and there's just no way, then a phone call comes in and then someone has to ask me a question." No, they can all wait. They've been conditioned to think it's okay to interrupt you constantly. That is the other part of it, stopping those distractions.

I think what I would have done back in practice, if we had ... well, honestly, just regardless, I would have done this because the distractions were so frequent and difficult, but especially if I were working on charting, I would have taken my noise-canceling headphones to the office and told everybody there when I have these on my head, that means do not disturb. When they're over my ears, that means do not disturb, that means take a message and only interrupt me if it is literally a life and death emergency. You're going to set that precedent. Like, "Please don't disrupt me. I'm doing this right now." Then you focus on what you're doing and you just get it done, okay? Then you can stop and go, "Okay, what happened while I was doing that that I need to now take care of?"

Another tool that I think is so amazing is just deciding how long it's going to take ahead of time to get all the charting done and then get it done in that timeframe. So many people think, "Oh, I have no idea how long it's going to take. I have no idea how long it's going to take me to dictate that or write this thing or call that person." That is not true. You're putting yourself in such a powerless place when you think that way. If you decide I have all my charts that I need to finish, I'm going to take one hour to get them done, then you get them done. You don't sit there and screw off. You're not going to sit there and get on social media, you're not going to go and take time to munch on a snack. You're going to focus and get it done.

You decide ahead of time how long it's going to take and then it has to be done. There's no option of, "Oh, I'll get it done later. I'll do it tonight when the kids go to bed. I'll catch up this weekend." No. It's getting done, and it's getting done in that timeframe. You can practice this idea. You're watching the clock, I have this

many to go, I need to get it done. What some of you are going to be thinking is, "Well, then I'm going to make mistakes so I can't do that because the quality of my work will go down," but that is not true. That does not have to be the case. Now, of course, you have to set a realistic goal for yourself. You can't be like, "I have 100 charts to close in the next 25 minutes." I mean, that's never going to work. But you can pretty much guess how long it's going to take if you stay super focused.

If you aren't sure how long it's going to take, then take how long it normally take you and cut it in half because what I usually tell people is you could get twice as much done. You really, really could in the same amount of time that you're taking, so if it's taking you three hours to chart at night, give yourself an hour and a half and do it. You're going to be not be distracted. You're going to buckle down and get it done. Then when you're done, think how amazing you're going to feel. Because, first of all, you didn't try to neutralize your negative emotions with food, alcohol, and other nonsense stuff. You're going to actually have time to do something nice for yourself that actually serves you. You can talk to your husband or your partner, you can call a friend, you connect with people, all these things that you're feeling like you wish you had time for. You can create that time for yourself by focusing and getting this work done.

You also need to be okay with B-minus work when it comes to charting. I see this all the time, this perfectionism, that so many, especially women physicians, have on their documentation. I'm not talking that you're missing important things. If you're missing important facts, that's D work or F work. That is not what we're doing. We're doing B-minus work which means that sometimes there's some typos, sometimes things aren't spelled properly, sometimes the grammar's not perfect. Sometimes the formatting is not great, but it's done and done is always better than perfect. It doesn't serve anybody to have charts or things, letters, dictations that you're supposed to be finishing up and they've been sitting there for a month or two months and not getting back to patients with their results or things like that.

Done is better than perfect. You have to decide I'm just going to commit to getting it done, so you make an agreement with yourself to close all your charts by the end of the day, no exceptions. Once you know that you can set a timeframe for getting it done and just get it done, this will not be a problem. You will know, like I get it done, even when it's uncomfortable, even when I have to really stay focused and go quickly and I really would have liked to have a chance to proofread that but I didn't because I needed to get it done. That is how you just change your whole experience of your life.

This really will not be a problem once you changed your thinking and increased your efficiency. It's so, so good. I want to challenge you to try this and see how it changes your life. Not just by reducing your need to buffer or neutralize your negative emotions with food and maybe alcohol, but by opening up so much more space in your life and your brain for the things that are important to you: family time, rest, playing, you know, having fun, whatever that looks like for you, connecting with other human beings. These are all things that we really, really value and when we are not giving enough attention to the things that we value, that's when we feel like our lives are so out of balance. That's that work life balance thing. Like we feel so out of balance because we are prioritizing all of these things that we do value, but we're neglecting all these other things that we value as well.

So, I can't wait for you to tell me how this works for you. You can do that over on the show notes in the comment section. You can find that at [KatrinaUbellMD.com/38](https://KatrinaUbellMD.com/38), the number 3-8, and let me know what you think. Also, if you have any questions because I'll be doing another Q&A podcast to answer some of your questions very soon. All right, have a wonderful week and I will talk to you soon. Take care. Bye-bye.