

From Classroom to Operating Room, Time Management Matters

Charles Taylor

Benjamin Franklin perhaps said it best: “You may delay, but time will not.” Yet, lacking effective time management skills, many people do just that—delay—or worse, they let time manage them.

There is no shortage of advice, tools, and technologies devoted to time management. Self-help books abound. Some experts recommend keeping activity logs to determine how you’re spending—or wasting—time, including tracking whether your productivity peaks in the morning or afternoon. For those drowning in paperwork, there’s the OHIO approach: Only Handle It Once.

What is clear is that there is no one-size-fits-all solution to time management. However, there are two strong contenders for universal advice: prioritize and communicate.

The key to setting priorities is monitoring them and reprioritizing, says David Francoeur, vice president of operations for TriMedx Healthcare Equipment Services in Indianapolis, IN. “At the end of the day, I take five minutes and think about what I have to do the next day. But if I get in the next morning and something’s happened over night, I reprioritize,” all the while, keeping an eye on the big picture.

Francoeur maintains a 70–30 split between the strategic priorities that contribute to long-term success and day-to-day priorities. Those percentages will vary, he says, “depending on your level in the organization.”

John Noblitt is BMET program director at Caldwell Community College and Technical Institute in Hudson, NC. He advises his students to “always set your priorities with the patient in mind.”

The patient is your end customer, who always comes first, he tells students. “When more than one priority comes up with patients, it’s always the most critical situation that demands your attention first.”

Perhaps nowhere is that more true than in the operating room (OR), where sterile processing departments (SPD), often undervalued, can be a critical link in the healthcare chain, says Karen Cherry, president, S.I.P.S. Healthcare Consults of Dallas, TX, and Emeryville, CA. She helps hospitals meet their sterile processing staffing needs, and emphasizes using better time management and communication to do so.

“It’s a low-paying job, stressful, and a lot of responsibility,” Cherry says of the technicians who ensure that everything from the correct scissors and sutures to gowns and gloves are on hand in the OR. But, without sterile processing, “there’s nothing the doctors can do.”

In this arena, she says, better communication between the operating room and sterile processing can save

Check Points

Consider the following about yourself when trying to manage your time wisely:

- ✓ Are you comfortable with technology? If so, you might want an electronic organizer; if not, an old-fashioned to-do list might work better.
- ✓ How do you best communicate with people? Are you more effective and clear when writing or speaking?
- ✓ What distracts you? E-mail? Gossiping with co-workers? Staring out the window? The more you know about yourself, the better you can manage your time.

time in situations where seconds count. In addition, investing a little time upfront can pay off the day of the procedure. “Most sterile processing departments are reactive, and I recommend that sterile processing and the operating room staffs get together the day before the cases roll out and have someone from



the OR or the SPD check off what the needs are for the next day to make sure that they are addressed.”

All too often, she said, the operating room and sterile processing staff each assume that the other has done its job-based preference cards—on which the OR staff specifies what sterile implements technicians should have ready for the following day. “If this preference card hasn’t been edited to meet the OR staff’s requirements for that case, then they may not get everything they need. This is not caught until the next day. So even if the technician pulls the instruments listed on the preference card on Monday evening, someone else may come in the next day and have to spend another hour running around trying to find the additional items that weren’t put on the case cart.”

“As far as time management, preference cards have to be correct,” she says, “which helps sterile processing to be more proactive.” Cherry adds that computerized tracking systems that read bar-coded items can save time in determining if an instrument is where it’s supposed to be—whether in sterile processing “or whether it’s actually made it to the operating room.”

Poor Communication Equals Wasted Time

Noblitt and others agree that poor communication is the enemy of time management, particularly if instructions aren’t clear or roles aren’t well defined. “What you say and what people hear may have two different meanings,” Noblitt says. “Always make certain the employee is on the same page. Ask them, ‘Now explain it back to me.’ The way the employee processes the information may be very different from what you intended.

“I have students write for three to five minutes on what I lectured on the day before; it’s amazing how the information comes back. This is not only with students but seasoned professionals also.”

Larry Fennigkoh is an associate professor of biomedical engineering at Milwaukee School of Engineering, and also has more than 20 years of hospital-based clinical engineering experience. “Many of the complaints that I used to receive were not at all related to work quality or service response, but to the fact that the technician simply did not tell anyone that a device has been repaired or removed from service, or its status,” he says. In a case like this, taking 30 seconds to send an e-mail with a status report can save minutes or even hours of searching for the device or the technician responsible.

Such communication problems can be minimized if technicians are allowed to focus on their areas of spe-

cialization, Fennigkoh says—where they “are almost looked upon as being a member of the clinical department that they serve. The more comfortable they are working with the clinical staff, the less communications issues tend to exist.”

Paper or Plastic?

For biomed—comfortable as they are with technology—electronic assistants such as personal digital assistants (PDAs) and smartphones would seem a natural for keeping information organized. Noblitt says, “I encourage students to get accustomed to using the higher-tech devices, because this is what the future holds.” Yet, some experienced professionals find that even the most feature-laden devices can have shortcomings.

Francoeur notes that PDAs are excellent for keeping track of appointments. “I’m a technology kind of guy,” he says. “I manage fairly well with my electronic technology. But if I want to make sure I capture 100%, I have to go back to pen and paper.” He used to use day planners exclusively and saved each year’s notes, appointments, and contact information. “I could actually go back and look at what I did during the day and the notes I took.”

Francoeur now finds that a combination of high-tech and old fashioned works best for him: He uses both a BlackBerry and printed calendar pages from Microsoft Outlook, on which he also takes meeting notes. He still saves a year’s worth of the printed pages in a folder as a reference. “I go back and forth,” he says, between high- and low-tech tools.

Managing Time Off

“Every reasonable attempt should be made to allow staff to take vacations and time off,” Fennigkoh says. “Not doing so remain an insidious factor in eventually burning out a dedicated biomed.” However, facilitating “down-time”—whether for employees or yourself—can come at a cost. “Where staffing is an issue, arrangements can often be made with independent service groups or equipment manufacturers for any needed support during vacation periods—often, however, at a costly premium.”

It’s important to have “depth of bench,” Francoeur adds—both when staff need unexpected time off to deal with emergencies and to cover for vacations. Make sure that no single person has all the knowledge about a specific function, program, or project. “If everything’s in silos, and one of the silos goes down, you’ve got a problem,” he says.

While Francoeur admits he's not the best role model when it comes to work-life balance—"I work way too much, probably 75 to 80 hours a week"—he doesn't expect the 350 employees for whom he's responsible to emulate him.

"When one of my associates says to me, 'I need to get out of here so I can go to my kid's game,' that makes me feel even better about what I do, because I've been able to build an organization that allows you to do that," he says.

"That doesn't mean I don't hold people accountable for deliverables," Francoeur is quick to add. "I'm fine with you taking off between 2 and 4 pm... But that means you've got to give me those two hours back at your convenience."

Tips from Tufts

The following common-sense tips, from Tufts University's human resources department (www.tufts.edu/hr/tips/time.html), provide a good basis for thinking about time management:

- Learn to say "no."
- When feasible, delegate.

- Don't let paperwork pile up.
- Ask yourself, "What is my objective or goal?"
- Think of your effectiveness first; your efficiency second.
- Break a job into bite-sized pieces; don't procrastinate because it can't all be done at once.
- Identify your time wasters...and resolve to eliminate them.
- Identify and make use of your personal biorhythms, or "up" time and "down" time.
- Add times for relaxation and recreation into your schedule.

Regardless of the time management tools and techniques employed, Fennigkoh says, "In the end, effective time management is a function of attitude—an attitude created by a mix of professional responsibility, pride in what you do, and a burning empathy and understanding for the needs of your customer." ■

Charles Taylor is a freelance writer based in Washington, DC.

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