Keeping the Balls in the Air / Work-life Balance / Setting boundaries

Change thought process from time management to energy management.

Confidence is a learned skill (not a talent) and is built on multiple levels which can be rehearsed and practiced.

Boundaries:

- change as you learn and grow
- vary significantly between colleagues for many reasons
- cultural / hierarchy / profession / specialty / pressures

Pearls to help set boundaries and manage you "energy account."

- 1. Energy/Confidence posture matters
- 2. Learn the Hidden Curriculum; "how we do things around here;" the unspoken rules of engagement by institution, country, area, clinic, etc.
- 3. Find a mentor, not an evaluator welcoming the awkward conversations
- 4. Pause, breathe, delay and assess
- 5. Toss the ball up, side-ways and repeat What am I saying no to in order to say yes?
- 6. Use technology and track keep a list of the above and beyond, boundaries, volunteering. Use technology to make a safer boundary.
- 7. SNL: Say No and Label Practice "No thanks," and label favors or the behavior.

More details:

- Learning Pearl: Energy and Confidence you choose. For more information watch: Dr. Amy Cuddy TedTalk <u>https://www.youtube.com/watch?v=Ks-_Mh1QhMc</u>
- 2. Learning Pearl: The Hidden Curriculum
 - Watch for signs of this unspoken curriculum clues in wording and expectations. "How we do things around here." "Yes, they say it's optional, but everybody is expected to do it once a year."
 - Clues to the hidden curriculum include what may be on your faculty evaluation (citizenship), contracts, do spoken things seem to contrast with what happens? *Many contracts include a vague statement about "other duties as entailed" or similar. Be aware of roles and responsibilities. You may have to delay saying no at times. Learn to decline without "that's not my job."*
 - This may be the most difficult to discern as it is unspoken and often people learn about the hidden boundaries only after they have crossed them.
- 3. Learning Pearl: Mentor
 - Take your time to find the right one whom you can trust and ask the hard questions without penalty.
 - Look broadly an experienced tenured person and also look to similar ranking people. (See earlier presentation).
- 4. Learning Pearl: Pause and Breathe.
 - Delay your commitment. Avoid answering in the now, politely require a time frame to review projects and "get back to you." In the immediate event you may be dealing with

emotions that can affect your judgement, tone, and more. Give yourself and your brain and chance to breathe

- Use the time / pause to review the request from many angles: Time, your feelings, consequences, Hidden Curriculum, make use of that 'work buddy' or mentor? What are the costs of saying yes or no? What do you feel and your initial reaction (did your brain whisper "Not my job" which is generally is no a phrase to use professionally).
- Project review:
 - End point?
 - Pregnant and spawns new projects?
 - Public opinion? Your opinion / feelings about it? (love hate don't care)? Is this something that you value? Effect on your energy account?
 - Do you have to involve other people?
- "I have to check my schedule and upcoming projects before I commit to X. I will let you know by tomorrow at close." Or later.
- 5. Learning Pearl: Toss the ball up, sideways. Then rinse wash and repeat.
 - Use your supervisor / boss to help prioritize. They may not realize your work load, can help with setting goals, and may not realize how a request can affect the other assignments.
 - "I am working on X, Y and Z. If I take this one, I will not be able to work on those as well. Which of these projects should I prioritize and which can I drop? Delay?"
 - o "Does this have priority of X or does it go to the back of the que?"
 - "If I take on this curriculum (project name), then I will not be able to spend as much focus on the new behavioral health student scheduling and I will not be able to work on C at all. Just making sure you are alright with me putting C off until this new project is completed."
 - Defer to higher ranking person when dealing with co-workers (toss the ball sideways).
 - "I am working on X for Dr. Director. You would need to check with her before pushing that on the backburner."
- 6. Learning Pearl: Track and use technology
 - Use technology, such as email programs, tracking.
 - Know your own interests and potential weaknesses. Are you very interested in emails from the Community Opioid Taskforce, but then find yourself spending four hours getting involved when you had other projects to do?
 - Create rules to have emails from X go into an X folder (Charity foundation go into a charity folder, etc. you can delete or view when in the mood at a later time or never).
 - Turn off notifications pop ups. Brain Rules it costs energy to look at every distraction, even the you-have-mail-notification. Similar for Skype and other work instant communication programs.
 - Decide: work email on phone or not on phone?
 - Use timers and night modes to not be disturbed when appropriate.
 - Track your blurry roles and energy, i.e. boundary violations, going above and beyond. This can be a list of volunteering for X or how many of the protected admin half days were used to cover clinic. As you collect these, you may feel more comfortable saying no. Sometimes this information can help perspective:

- For example, knowing you already worked 2 health fairs this year can make it easier to decline the next request versus if you cannot remember if that was last year or the year before?
- Can give you a sense of patterns and potentially allow future planning may notice a tendency for more energy requests / boundary blurring during certain time of year, or from a certain person, etc.
- 7. Learning Pearl SNL: Say No and Label
 - Label going above and beyond as a favor, helping this time, what you are changing. Normalize the requester doing it themselves when it makes sense to do so.
 - o "Ok, let me do it for today as a favor and show you how to do it."
 - o "Normally people do that on their own. I can show you where to find the how to."
 - "People usually find it helpful print out their own lists first thing before rounds. I can print it out for you today and show you the steps to do it so you can do it tomorrow."
 - "I can see that writing that up is going to be a lot of work for you. I can help you with the referencing format once you are done with the paper."
 - Label behaviors if needed. Practice a neutral tone.
 - "That was rude." Pause. Or simply an expression of shock.
 - Practice saying no and then add a pause.
 - o "I am pretty swamped with X and Y and cannot take on more."
 - o "I have other commitments." "I cannot change my previous commitment."
 - o "No thanks." "I already allocated my charitable giving."
 - Then wait. Silently. Glaciers melt, suns burn out, stars die. Avoid the temptation to fill a silence with words. Drink your tea quietly, take a bite of the bagel, return to your current task - anything but talking or explaining further.

Resources for real time:

Askamanager.com	(Professionally based. Not everything applies academically. She has great examples for quotes you can practice and use.)
Captainawkward.com	(Main content. CA is more for sticky social situations. Sometimes uses vernacular and curse words for emphasis.)

Other References:

Bacal R. Perfect Phrases for Customer Service. 2nd edition. McGraw Hill New York 2011.

Hafler JP et al. Decoding the Learning Environment of Medical Education: A Hidden Curriculum Perspective for Faculty Development. Acad Med. 2011;86:440–444

Doja A et al. The hidden and informal curriculum across the continuum of training: A cross-sectional qualitative study. Medical Teacher 2016;38:410-418

Ludwig S, Day S. Chapter 7: New Standards for Resident Professionalism: Discussion and Justification (ACGME), accessed at <u>www.acgme.org</u>

Strom BT, Long L. Business Professionalism. A blueprint to help you analyze, equip, plan, and succeed in the workplace. 2012. CreateSpace, North Charleston, SC. (check format)

Reitz R. balancing the rolls of family medicine residency faculty: A grounded theory study. Family medicine 2016; 48(5):359-365

Scenario 1:

First Faculty Meeting in your job as new behavioral health faculty. The meeting is scheduled from 0700 to 0800 on Tuesday to accommodate clinical schedules and when most faculty are available. Several topics are on the agenda. You walk in at 0700 to find the director has just called the meeting to order and quickly take your place in the last chair. During the meeting you have to schedule another meeting with several faculty for a project discussed and start entering the date into your phone. Your neighboring faculty hisses, "Put your phone away, we don't have them on us during the meeting." He flicks his gaze to the pile of cell phones in the basket.

Topic One:

- Which of the six pearls may help you navigate this situation?
- What boundaries / roles and challenges are encountered and why?
- What similar scenarios have you encountered?

At 0800 you realize that the meeting will run over by 15 minutes. You have a full patient schedule and the first patient is scheduled at 0800. You know that this retired Air Force Captain is always early for her appointments and she will call you out on your lack of punctuality.

- What new boundaries are involved?
- Think of your energy account what effects?
- What do you do / Pearls?

Scenario 2:

You have been assigned the behavioral health rotation for residents and also are in charge of the behavioral health longitudinal teaching for the residents. In a year, you will also be mentoring a behavioral health fellow for the new fellowship for which you are already reviewing applications. You are excited about this expansion of your program. A coworker comes into your new office for a chat and then mentions, "Hey, I was wondering if you could take over the neurology curriculum. Since it is so close to behavioral health and all – it's right up your ally. You are so good at that grey feeling stuff and you know me, if I can't lab it, I don't get it. I've already got the resident portion laid out for this year – it would not need any work until the last quarter."

When you review the shared drive you see that neurology is the curriculum assigned to him/her.

- What do you want to know?
- Which pearls apply and how might you use them?

Scenario 3:

You open your morning email and find an important message from your practice manager. "We need physician coverage for one of our evening migrant farmworker clinics. These involve mobile tents with basic medical equipment set up on site and happen four times a year on a Sunday evening. On average these last about 4 hours for set up, break down and health screenings. We have residents signed up for all of them and need faculty supervision for the last Sunday – May 26, 2018. We also need two more nurses for that night as well and for nurses these count as hours worked and you will get those off during the upcoming week. These Clinicas are a great opportunity to see patients where they work, and the patients and families really appreciate FQHC-Clinic people who help make these happen. Faculty, please let me know who will cover Sunday, May 26 from 17:00 to 21:00. Thanks, Medical Director"

- What do you feel? (For those in the group who love this kind of work – why? For those who do not – why not? How do your perspectives on the same event differ?).

- What is the email came from your program director?
- What pearls apply and what do you do?

WHOLE GROUP:

Your program director discusses the Clinica coverage at the next faculty meeting and that these "provide such valuable outreach to our vulnerable population, especially in this political climate. The residents have already signed up to do these. We just need one more faculty to cover the last Sunday in May." Program director asks for volunteer faculty. Please let me know." After a pause, the meeting continues with other topics.

This is followed by another email from the program director: "We are still looking for faculty coverage for our last Clinica evening." The faculty coordinator hits reply all and comments that "Dr. A and B are on for medicine and OB call, and Dr. YOUR NAME is not scheduled on call or away."

- Energy and feeling on this?
- How do you approach this situation?
- How may this be if you are the new faculty? The program director? If this is your project?

<u>Homework – other common scenarios to practice:</u> <u>Scenario 4</u>

You are at an all staff meeting. Second on the agenda is the United Way Campaign. The Practice Manager discussed how the funds raised benefit the hospital and this year the children's wing. The hospital's goal is for 100 % participation of all employees in this campaign. She would like the physicians and faculty to lead "by example" so she can emphasize to staff that all feel the children's wing initiatives are vital for our patients and community. "Can I rely on you for 100 % participation?"

- How do you feel about this? If positive or negative – why / why might people have differing viewpoints?

- Why is this important to the hospital or practice manager?

- Which pearls might help here? How do you act on this / not act in the meeting?

Then they pass out the participation forms and the practice manager clarifies that participation is completely optional. "We do need to have all these forms returned – please mark your donation or no donation. We need a form returned from everyone."

- What aspects of boundaries and roles are affected?

- What information do you personally need to make a decision (besides your bank account status)?

- How might this campaign affect others in your group? (nurse, medical assistant, physician, chief medical officer, resident?).

Other common scenarios:

Your clinic leaders are discussing a new policy – scrubs are no longer to be worn in clinic. Patient walks in to be seen at 16:59 on Friday? (adult, not in crisis). New annual tradition for faculty hike up Pike's Peak (mountain).