

Doctor's Digest PODCAST: Time Management "Managing Email"

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When it comes to e-mail, which kind of doctor are you: one who accepts e-mail as an unavoidable part of your professional life and deals with it accordingly, or one who would prefer to get rid of it altogether? If e-mail is going to remain a part of your life, and most likely it is, then it may make sense to become as proficient as possible in dealing with it.

David Allen, author and productivity expert, suggests that you try to spend 30 to 60 minutes a day processing your incoming e-mail. If you're receiving more mail than you can handle in that amount of time, you need to look for ways to reduce the flow. There are four simple ways to achieve this: one, unsubscribe to anything that you don't routinely read; two, ask your friends to resist forwarding attachments to you, no matter how clever they may seem; three, install a foolproof spam filter on your computer system; and four, train your assistant to screen and handle any e-mail that doesn't need your personal attention.

Mr. Allen suggests that you clean up your e-mail at the end of each day and keep your backlog as close to zero as possible. If you're not dealing with incoming mail, he points out, you'll only be increasing your backlog. For this reason he suggests that you follow the two-minute rule, which states that if an e-mail message can be handled within two minutes, you should deal with it immediately. Don't open and reopen and reread the same message for days—as Mr. Allen puts it, don't keep on not deciding.

The debate goes on as to whether to use e-mail with patients. Some doctors consider it an efficient way to handle straightforward questions and routine requests. Others see e-mail as a time-consuming task that isn't reimbursed and may leave them open to liability. Privacy concerns are also a factor. However, for many physicians, patient e-mail makes sense; and for them the benefits outweigh any risk.

Here are a few ways that some doctors are using e-mail. One has a small group of patients who like to use e-mail to give or request information; these patients are counseled that if they don't hear back within a certain time frame, they should call. Another doctor uses e-mail regularly to receive diagnostic results and to communicate with her colleagues, but not for patient communications. Because she is part of a large, hospital-based medical group, occasionally a patient will decipher her e-mail address and use it to contact her; but she does not encourage such use. Another clinic weighed the pros and cons and decided against using e-mail at all. But even if you want to avoid using it for clinical issues, you still may consider e-mail for administrative functions like sending out your practice brochure, your newsletter, and registration forms to new patients. If you have a practice Website, post these documents as downloadable PDFs to save even more time for yourself and for your patients.

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