Design and Implementation of a Time Management and Task Prioritization Curriculum

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Introduction

- Time management is an essential skill for physicians, and may improve work-life balance
- Early implementation of skills may decrease physician burnout and improve well-being
- Studies have demonstrated task prioritization and time management to be challenging for new physicians
- Time management and task prioritization (TMTP) remains a gap in training

Objective

To develop, implement, and assess a time management and task prioritization workshop for medical students transitioning to residency

Methods

- Population:
  - Students considering procedural or anatomy-based specialties (Table 1)
    1. Introduction to Phase 3 (IP3)- Rising MS4 (n=57)
    2. Capstone – Completing MS4 (n=43)
  - 2024-2025 Academic year
  - Pre-workshop exercise
  - 1-hour in-person curriculum, case based, small group
- Voluntary pre- and post- curriculum survey
- Likert scale responses, dichotomized (”Confident”/ “Very Confident” = Confident)
- Analysis chi-squared

Learning Objectives
1. Define important daily clinical tasks while on an inpatient rotation
2. Develop strategies to prioritize tasks based on importance and urgency
3. Increase confidence in time management and task prioritization skills
4. Implement time management techniques in to your own clinical practice

Tasks:
Data gathering on computer
Rounding
Pre-charting
Notes
Consults
Orders/labs/imaging
Discharge planning
Patient education
Wound Care
Pre-op patients
Attend Surgical Cases
Find time to eat and go to the bathroom
answering family concerns/questions
Responding to pages
Practicing technical skills
Read up about patients
Study for exams
Post-operative check

	Important	Less Important
Urgent	I Answering urgent/Stat pages Paging consults and placing orders Pre-charting on patients Pre-op patients Seeing consults (depends)	III Wound care Family Updates Attending teaching sessions Attending assigned cases
Less Urgent	II Discharge planning Study for exams Seeing consults (depends) Answering nonurgent pages Daily notes Patient education Eating lunch/bathroom	IV Answering personal emails Practicing technical skills Observing interesting cases Reading for cases

Results

- 83% response pre-survey, 92% response post-survey
- 86% had no prior formal education in TMTP
- All respondents rated both task prioritization and time management to be of neutral or more importance for success in residency

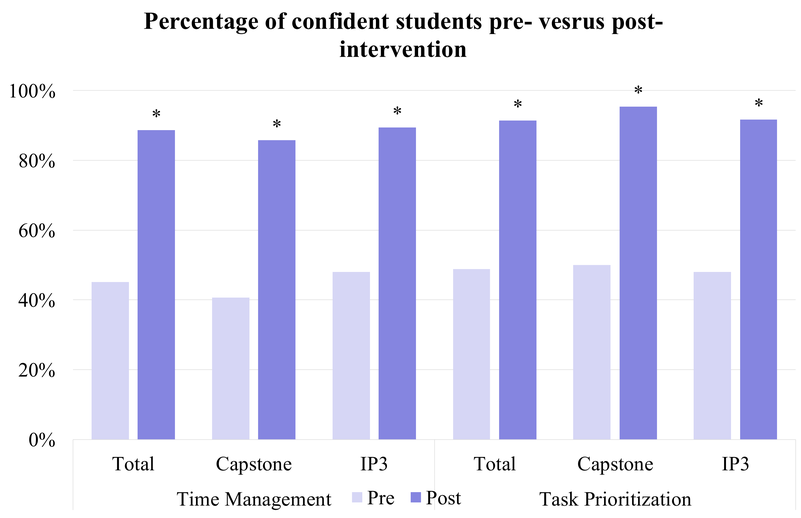

Figure 1. Percentage of confident students pre- and post-intervention. *denotes a significant difference, p<0.05

Represented Specialties
Anesthesiology
Dermatology
Neurological Surgery
Obstetrics and Gynecology
Orthopedic Surgery
Otolaryngology
Plastic Surgery
General Surgery
Cardiothoracic Surgery
Urology
Diagnostic Radiology
Interventional Radiology
Pathology
Family Medicine

Table 1. Specialties represented by students in workshop

Aspects the workshop did well	Interactive/engaging
	Specific real-world examples
	Input/advice from current residents
	Applicable framework
Suggestions for workshop improvement	Did not find pre-work beneficial
	Length of session (repetitive content)
	Applicability to other specialties (non-general surgery)
	More expert (resident/attending) examples

Table 2. Key themes from post-workshop survey qualitative responses

Conclusions

- M4 students are not developing confidence in TMTP skill through their traditional clinical rotations (As capstone students had previously completed MS4 sub-internship)
- TMTP curriculum was effectively implemented with promising initial formative feedback.
- Future work will focus on continued sustainability and evaluating the effects of the workshop following clinical rotations.

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