FILLABLE WORKSHEET · ONE FULL CLINIC DAY

You cannot fix a day *you have never seen quantified.*

A do-it-yourself time study for one clinician, one full clinic day. This is the paper version of the first step of the ADPIE process, built for you to run alone.

WHAT THIS IS

A structured log for recording where one clinic day actually goes, in 30-minute blocks, using eight activity codes. It uses categories informed by published EHR and time-and-motion research. Because it is a self-observed 30-minute screening tool, not direct observation or EHR metadata, its totals are directional and should not be treated as methodologically equivalent to the published benchmarks.

HOW TO USE IT

Pick a typical clinic day, not your lightest. Keep this sheet (or the fillable PDF open) within reach and log each block as it ends, not from memory at night. Fill the after-hours section before bed. Then complete the tally and compare against the benchmarks on the last page. Repeat after any workflow change, and 90 days after adopting any AI tool.

Before you begin: do not enter patient names, medical-record numbers, dates of birth, diagnoses, or other identifying details in the notes column. Record the activity only (for example, “refills” or “callbacks”), never patient identifiers.

Employer note: if an employee is directed or permitted to complete this worksheet as part of work, treat the time spent consistently with applicable wage-and-hour, timekeeping, meal-period, and off-the-clock-work rules. Consult employment counsel for the classifications and states involved.

Before you start

Name / role: _____

Date of study: _____

Specialty: _____

Patients scheduled today: _____

Activity codes

Code	Activity	Includes
A	Direct patient face time	Exam room, procedures, counseling, in person or telehealth
B	EHR documentation	Writing or editing notes, dictation, scribe review
C	Chart review	Reading records, results, outside documents
D	Inbox and messages	Portal messages, refills, results releases, staff messages

E	Orders	Entering orders, order reconciliation
F	Prior auth and admin	Prior authorizations, forms, attestations, billing queries
G	Phone and coordination	Calls with patients, pharmacies, consultants, staff huddles
H	Other / personal	Meals, breaks, interruptions that fit nowhere above

The day, in 30-minute blocks

For each block, enter the code of the activity that took **most** of the block, and a second code if the block was split. Honesty beats precision. If a block was "documentation while eating lunch," that is B, and that fact belongs in your notes.

Block	Main code	2nd code	Notes (what actually happened)
7:00			
7:30			
8:00			
8:30			
9:00			
9:30			
10:00			
10:30			
11:00			
11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			
3:00			
3:30			
4:00			
4:30			
5:00			
5:30			
6:00			

After hours (fill in before bed)

EHR time after leaving the office (minutes):

_____

What you worked on (codes): _____

Charts still open when you stopped: _____

The tally

Count your blocks per code, multiply by 0.5 for hours. Blocks with a second code count half for each.

Code	Blocks logged	Hours (blocks × 0.5)
A		
B		
C		
D		
E		
F		
G		
H		

Total hours in direct patient care (A): _____

Total hours in EHR and desk work (B+C+D+E+F):

_____

Ratio of desk hours to patient hours: _____

Use the published numbers as context, not a scorecard

- Physicians spent a mean of 5.8 hours per 8 patient-care scheduled hours actively working in the EHR, with documentation the largest component at 2.3 hours (Holmgren et al., J Gen Intern Med 2024, PMC11534958).
- In direct observation, physicians spent 27.0% of office time on direct clinical face time and 49.2% on EHR and desk work (Sinsky et al., Ann Intern Med 2016, doi:10.7326/M16-0961).
- In 2024, 22.5% of physicians reported more than eight hours of EHR work outside normal hours per week (AMA Organizational Biopsy).

Three questions to answer while it is fresh

The single biggest surprise in the numbers:

_____

The one block of the day you would eliminate first:

_____

What you will re-measure in 90 days:

_____

HONEST LIMITS
One clinician, one day, self-observed is a screening test, not a diagnosis. Observation changes behavior, single days vary, and self-logging undercounts interruptions. If the result surprises you, repeat it on a second day before acting on it. Measuring every clinician for a full day, by an outside observer who does only this, is the thorough version. That is the first step of the ADPIE Assessment (dx80group.com/adpie), and it is the reason this worksheet exists in a do-it-yourself form first.