RESEARCH · EHR TIME AND AI ADOPTION

Where a physician's day *actually goes*

What the clinic day is actually spent on, measured rather than estimated: EHR time, the charting that lands after hours, and what the AI adoption numbers do and do not show.

What this is

Four findings from published research, each with its source and its limits named on the figure itself rather than buried in the prose. National comparison points, not predictions for your practice.

How to use it

Read it once. Then take the figures to your own numbers rather than assuming they describe your practice. Every limitation that matters is on the chart it belongs to.

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Studied minute by minute, the day runs the other way.

Ask most physicians how their day breaks down and they'll say something like "mostly seeing patients, with deskwork as an annoyance in the background." The measured split is the reverse: **27% of physicians' clinic time is spent patient facing while 49% of it is spent on EHR and desk work**.[4]

Every figure names its source and its limits on the chart itself. National comparison points, not predictions for your practice.

Where the EHR hours go

5.8 hours of EHR work for every 8 hours scheduled with patients. That translates to about 44 minutes of desk time for every hour of patient time, and the number is actually closer to 55 minutes in family and internal medicine.

Measured from what the EHR logged rather than from what physicians estimated. Across 200,081 physicians at 396 organizations, active EHR time averaged **5.8 hours for every eight scheduled patient-care hours**.[1] That is roughly 44 minutes of EHR work for every hour you are scheduled with a patient, and closer to 55 minutes in family and internal medicine, where the figure is 7.3 hours per eight. Both minute figures are conversions; the study publishes hours per eight scheduled hours.

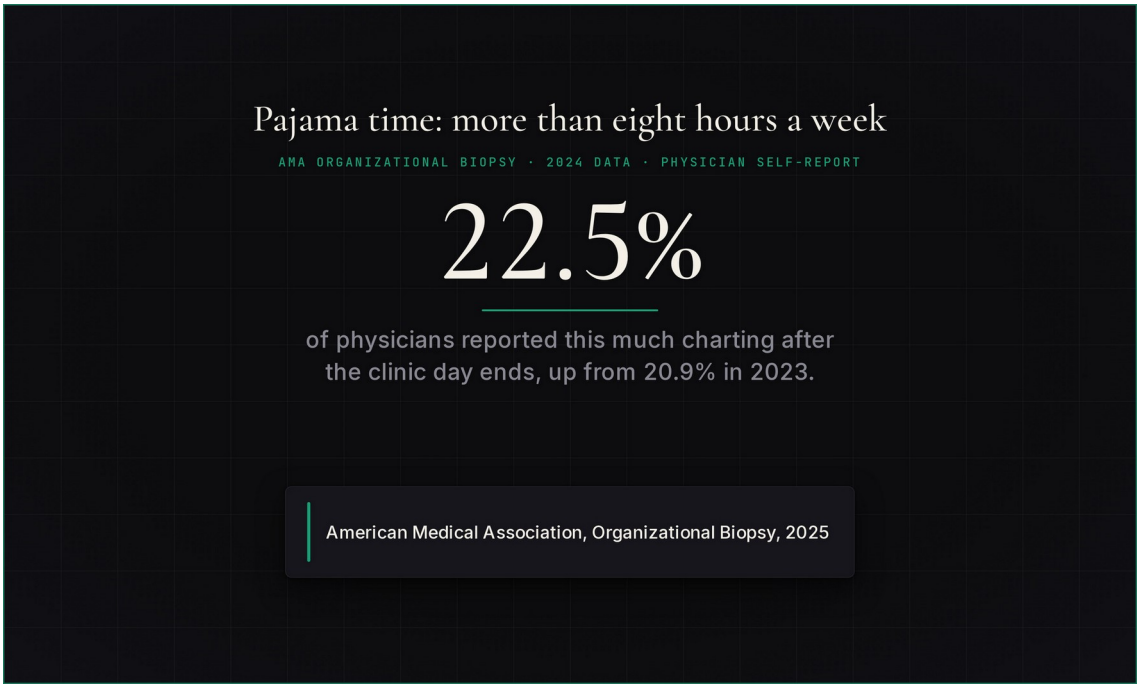
Documentation is the single largest piece at 2.3 hours, which is why ambient AI tools aim there first. It is not larger than chart review, orders and inbox combined, so a tool that only drafts notes leaves most of the desk work where it was. The study covers one EHR vendor, it measures time in the EHR rather than the value of that time, and it predates the current generation of ambient tools, which is what makes it useful as a baseline.

The comparison at the top of this page comes from a different method. Sinsky and colleagues followed 57 physicians for 430 hours and recorded where the office day went: 27.0% to direct clinical face time with patients, 49.2% to the EHR and desk work.[4] The shape of the desk work is the part that stings. It is not what is left over after the patients. It is most of the day.

The work that follows you *home*

More than 1 in 5 physicians report over 8 hours a week on the EHR outside work hours. That is an extra workday of charting, every week.

For 2024, physicians reported a 57.8-hour workweek with 27.2 hours on direct patient care.[2] **22.5% of physicians reported more than eight hours of pajama time per week**, up from 20.9% in 2023.[2,3]

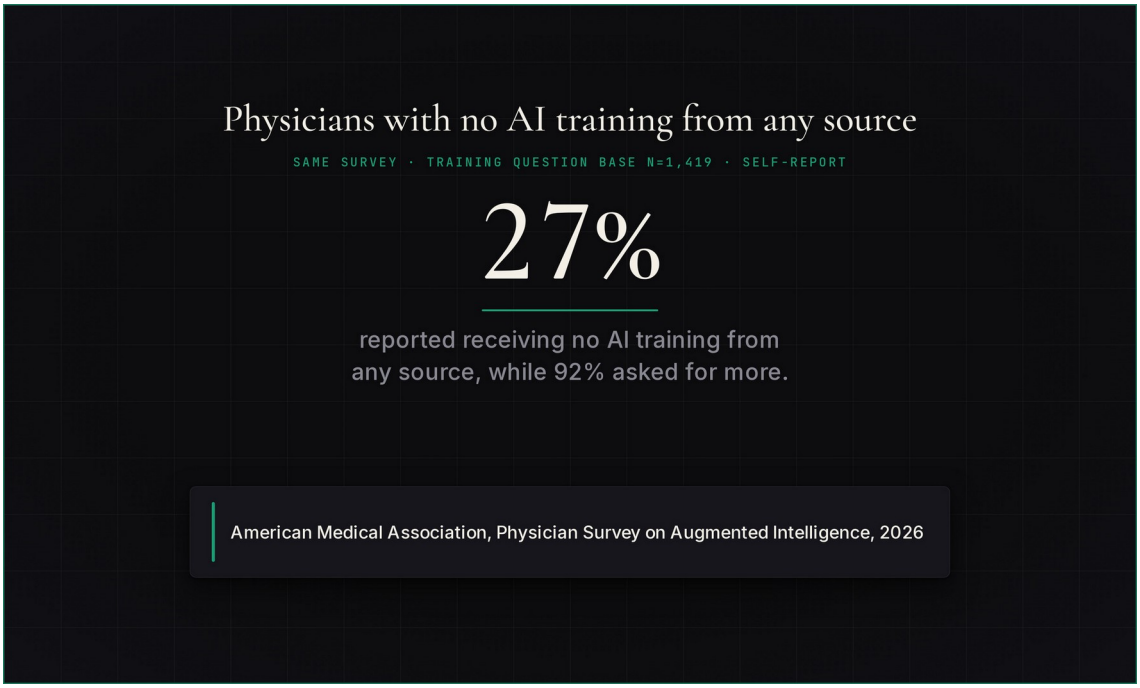


The same study followed those physicians home. The 21 who also kept diaries reported one to two hours of after-hours work each night, mostly EHR tasks.[4]

Adoption ran ahead of *training*

81% of physicians report awareness or use of AI in their practice. 27% have received no training on it from any source.

In the AMA's March 2026 survey, 81% of physicians reported awareness or use of AI in their practice, a figure the AMA publishes as awareness *or* use rather than adoption alone.[5] Either way the tools are already in most buildings, which makes the useful question not whether AI is present but whether anyone was taught to use it.

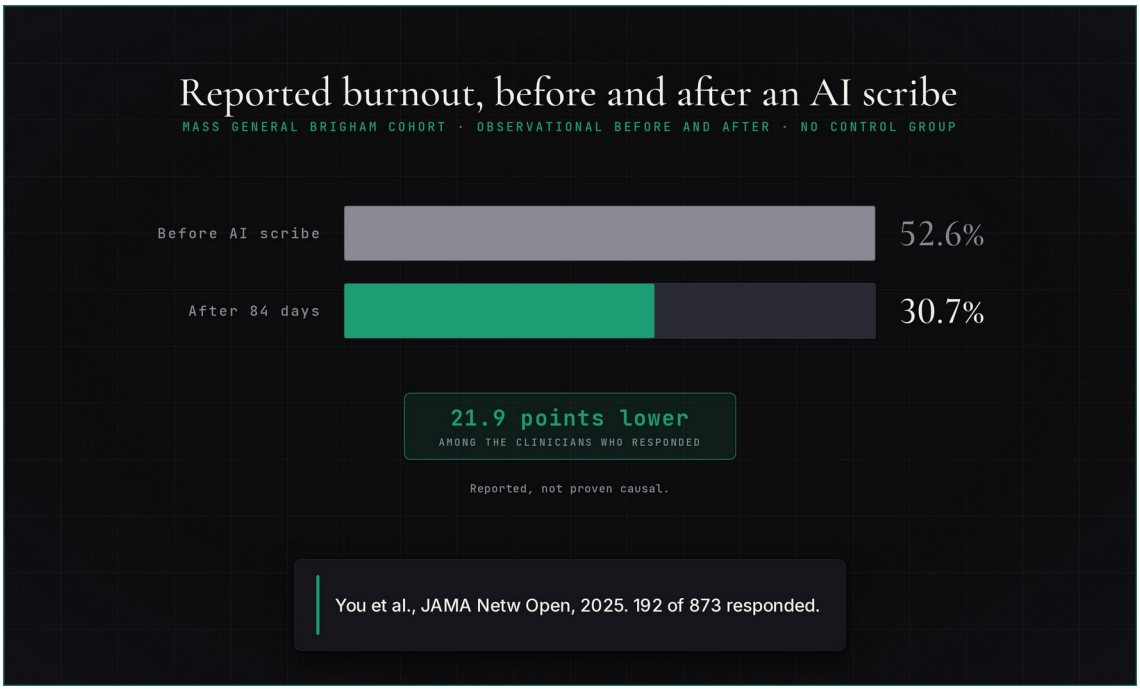


In the same survey, **27% of physicians reported no AI training from any source, and 92% asked for more**.[5] An earlier AMA wave found 66% reporting AI use in 2024, up from 38% in 2023, measured as using at least one of fifteen presented use cases.[6] The 2026 survey used seventeen and added a category for physicians unsure what their practice offers, so the two waves are separate cohorts answering differently worded instruments.

What happens to burnout when the scribe is *actually used*

One health system implemented ambient documentation scribes: a tool that simply listens to the encounter and drafts the note. 84 days later, the share of clinicians reporting burnout fell from 52.6% to 30.7%.

At Mass General Brigham, clinicians who adopted ambient documentation reported less burnout at 84 days. The share scoring above the Professional Fulfillment Index burnout threshold went from **52.6% to 30.7%, a drop of 21.9 percentage points**.[7]



Both sites in that study moved the same way. At Emory, the share of clinicians reporting a positive impact of their documentation practice on well-being went from 1.6% to 32.3%. Neither site used a control group, and both surveyed clinicians who chose the tool, so these are what adopters report rather than proof of cause. What adopters report consistently is that the day feels different before the timesheet shows it.

What this means for your *practice*

Documentation takes more of your EHR day than any other single task, and for over a fifth of physicians, more than eight hours of charting a week lands after clinic. Four in five report awareness or use of AI. More than a quarter have had no training on it from any source. And where ambient documentation has been studied, the clinicians using it reported markedly less burnout, on evidence that is early and uncontrolled.

Acting on any of it does not start with buying something. It starts with knowing your own numbers, knowing what your team already uses, and having something written down before the next tool arrives. All three cost nothing but attention.

Next *steps*

- Measure your own day before you buy anything, even roughly. An hour of honest observation beats an estimate.
- Ask your team which AI tools they already use, in a conversation where nobody is in trouble for answering.
- Write the policy before the next tool arrives, not after.
- Budget training hours, not only subscription dollars, into any AI adoption.

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