# Workflow, Not Workload

Redesign how you move through clinical work — documentation, scheduling, transitions, and daily systems

10-Day Challenges

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# Part 1 · About this challenge

Ten days of practical redesign for how you move through your clinical work — documentation, scheduling, transitions, and sustainable daily systems.

Sheamus Moran - Founder of The Recovery Files

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# Part 2 · Day 1 · Workload vs. Workflow: The Critical Difference

**DAY 1 · FOUNDATION**

Workload vs. Workflow: The Critical Difference

## Reading

Workload is how much you have to do. Workflow is how you move through what you have to do. Most clinician burnout conversations focus on workload — caseload size, documentation demands, productivity requirements. These are real. But the conversation stops short.

Two clinicians with identical workloads can have radically different experiences based on their workflow. One is constantly behind, anxious, and reactive. The other moves through the same volume with greater ease and intention. The difference is not just personality — it's system, skill, and design.

## Reflection

When you picture your current workday, does it feel more like a series of managed steps or a constant game of catch-up? What does that experience cost you?

## Today's Exercise

Draw a rough map of a typical workday — the sequence of tasks, transitions, and demands. Don't analyze it yet. Just map it. We'll return to this throughout the challenge.

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# Part 3 · Day 2 · Where Workflow Breaks Down

DAY 2 · DIAGNOSIS

## Reading

Workflow breaks down in predictable places: unclear priorities, poor transitions between tasks, inadequate systems for tracking obligations, reactive rather than proactive scheduling, and the constant interruption of 'urgent' demands that displace important ones.

For clinicians, documentation is often the biggest workflow bottleneck — not because it's inherently impossible, but because it's treated as something to do after everything else. This challenge will address that directly.

## Reflection

Where specifically does your workflow most frequently break down? Is it documentation? Transitions? Scheduling? Communication? Something else?

## Today's Exercise

Identify your top two workflow breakdown points. For each, write a one-sentence honest description of what actually happens there. We'll work on solutions throughout this challenge.

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# Part 4 · Day 3 · The Documentation Trap

DAY 3 · DOCUMENTATION

## Reading

Documentation is the workflow challenge most clinicians cite first and address least. The pattern is familiar: see clients all day, document at the end (or tonight, or this weekend). The result is retrospective, rushed, and exhausting.

The research on documentation quality and clinician satisfaction both point in the same direction: real-time or near-real-time documentation is better — for accuracy, for quality, and for your wellbeing. This requires structural change, not just personal discipline.

## Reflection

When and how do you currently complete your documentation? How does your current approach affect the quality of your notes and your end-of-day energy?

## Today's Exercise

For one full day this week, experiment with documenting immediately after each session — even briefly, even imperfectly. Track how it feels compared to your usual approach.

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# Part 5 · Day 4 · Building a Morning Workflow

DAY 4 · SCHEDULING

## Reading

How you start your workday shapes everything that follows. A reactive start — checking email immediately, responding to whatever is loudest — puts you in a deficit position before your first session. A proactive start — reviewing your schedule, anticipating demands, centering your intentions — creates a foundation for the day.

Even 10 minutes of structured morning orientation can significantly change your experience of the whole day.

## Reflection

How do you currently start your workday? Is there any intentional structure to it, or does the day start you?

## Today's Exercise

Design a 10-minute morning workflow for your clinical day. It should include: reviewing your schedule, anticipating any challenging sessions or tasks, and one brief centering practice. Try it for three consecutive days.

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# Part 6 · Day 5 · The Power of Batching

DAY 5 · EFFICIENCY

## Reading

Cognitive switching — moving rapidly between different types of tasks — is expensive. Each switch costs mental energy and recovery time. Clinicians who bounce between documentation, phone calls, emails, and client contact throughout the day pay a heavy cognitive tax.

Batching similar tasks together — a documentation block, an email block, a phone call block — reduces that tax. It requires intentional scheduling and some boundary-setting, but the efficiency gains are significant.

## Reflection

How fragmented is your typical workday? How often do you switch between entirely different types of tasks? What does that do to your concentration and energy?

## Today's Exercise

Design a 'batched' version of your ideal workday — grouping similar tasks together into blocks. Try implementing one batch block this week.

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# Part 7 · Day 6 · Managing Interruptions

DAY 6 · EFFICIENCY

## Reading

Interruptions are the enemy of workflow. Some are unavoidable — clinical emergencies, genuine crises. Many are not. The colleague who stops by to chat, the non-urgent email that gets an immediate response, the phone that's never on silent.

Managing interruptions requires two things: clear communication about your availability and focus times, and the personal discipline to protect them. This is not about being inaccessible — it's about being intentional about when you are.

## Reflection

What are your most common sources of workflow-interrupting interruptions at work? Which ones are genuinely unavoidable, and which ones have you just never addressed?

## Today's Exercise

Identify your top three avoidable interruptions. For each one, design one concrete strategy to reduce it (e.g., designated 'open door' times, email batch-checking, a signal to colleagues that you're in a focus block).

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# Part 8 · Day 7 · Caseload Organization Systems

DAY 7 · SYSTEMS

## Reading

A clinical caseload is a complex information management challenge. Dates, deadlines, treatment plans, progress notes, collateral contacts, court dates, medication reviews — for 20, 30, 40 clients. Without a reliable system, something will always be falling through the cracks.

The best system is the one you will actually use. It doesn't need to be digital or elaborate — it needs to be consistent, easy to update, and visible to you.

## Reflection

How do you currently track your caseload obligations — deadlines, pending tasks, follow-ups? How confident are you that nothing is falling through?

## Today's Exercise

Audit your current caseload tracking system (or lack of one). What's working? What's missing? Design or modify your system to address the gaps. Share your approach with one colleague.

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# Part 9 · Day 8 · End-of-Day Workflow

DAY 8 · CLOSURE

## Reading

How you end your workday matters as much as how you begin it. A clean close — reviewing what got done, capturing loose ends, setting up tomorrow — creates psychological closure that supports genuine rest. Without it, the brain keeps working, rehashing incomplete tasks and worrying about what was missed.

A structured end-of-day workflow closes those loops deliberately.

## Reflection

How do you currently end your workday? Do you leave with a clear sense of what's done and what's waiting — or does the day just stop without real closure?

## Today's Exercise

Design a 10-minute end-of-day workflow: capture any loose ends, note tomorrow's top three priorities, and do a brief mental 'hand-off' ritual. Try it every day for the rest of this challenge.

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# Part 10 · Day 9 · Workflow and Supervision

DAY 9 · TEAM

## Reading

Workflow is not only an individual issue — it's a team and organizational one. Supervisors who understand their supervisees' workflow challenges can help redesign systems, advocate for structural change, and model sustainable practice.

If you are a supervisor, your own workflow practices are a model. If you are being supervised, bringing your workflow challenges to supervision is a legitimate clinical topic — because how you manage your work directly affects client care.

## Reflection

Has workflow ever been discussed explicitly in your supervision? Should it be? What would you want to bring to supervision about your current workflow challenges?

## Today's Exercise

Prepare a brief 'workflow update' for your next supervision session. Include: your biggest current workflow challenge, one thing you've tried, and one area where you'd like support or ideas.

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# Part 11 · Day 10 · Designing Your Sustainable Workflow

DAY 10 · INTEGRATION

## Reading

You've spent 10 days examining how you move through your work — where it flows and where it stalls. A sustainable workflow is not a perfect system. It's a responsive one — one you continue to refine as your caseload, setting, and season of life change.

The clinicians who sustain meaningful careers in this field are not the ones with the lightest loads. They are the ones who have learned to move through their load with skill, intention, and care for themselves.

Helpers helping helpers. Build a workflow worthy of the work you do.

## Reflection

What is the single most important change to your workflow that would have the biggest positive impact on your professional life right now?

## Today's Exercise

Write a 'Workflow Redesign Plan' — three specific changes to how you structure your workday, with a timeline and one accountability measure for each. Share it with a supervisor or trusted colleague.

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