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Prophylaxis Against Academic Burnout

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Introduction

The academic career has many unique challenges and sources of stress. Over time the risk of "academic burn-out" will confront many if not most emergency physicians engaged in academics. Fortunately, many of the very sources of burn-out may in fact serve as resources for career longevity and fulfillment.

Potential sources of stress in academic emergency medicine revolve around the lack of set limits within one's job setting. The job is simply never "finished". In fact, there are frequently simultaneous and possibly conflicting tasks that may pull one in multiple directions. The grant deadline, manuscript revision, textbook chapter deadline, national committee task, hospital and departmental committees, medical student letter of recommendation and resident counseling are simply layers added onto one's clinical responsibilities. Without proper planning and the correct frame of mind, these constant deadlines and tasks can create a sense of personal chaos and job dissatisfaction. Furthermore, one's ethical responsibilities to mentor and teach medical students and residents creates the need to approach tasks with a perfectionistic inclination.

Fortunately, there are many components of an academic career that can counterbalance these stressors and perhaps assist in preventing job dissatisfaction and burn-out. While multiple jobs may be taxing, they also prevent one from becoming numbed by repetition and the rut of routine. Intellectually, the myriad of challenges poised by our patient population, inquisitive medical students and assertive, intelligent EM residents serve as daily challenges for us to remain a student for life. Intellectual curiosity is valued and cherished in the academic setting. As one progresses in their career, areas of true expertise are developed, and are highly valued by medical students, residents and colleagues at a national or international level. Opportunities abound to learn new skill sets, accept new administrative or teaching challenges, and engage in professional growth opportunities.

Have a mission statement or a personal vision. Ideally this integrates your personal and professional life with both the home and work environment. Failure to do so will result in conflicts, often subconscious, that result in long term insidious stressors. Without this personal mission statement, it

becomes impossible to prioritize tasks and budget how one should allocate their time. The personal mission statement is your rudder, and those who fail to have one will risk drifting aimlessly through their career.

Develop Time Management skills. This is the most important stress management and productivity tool that one can have. If you have not had formal training in time management, it is almost certain that you are working twice as hard and accomplishing only two-thirds of what you are capable of doing. Learn and develop this skill set for your professional future and family sanity. You must have a personal mission statement, a prioritized task list and a planning device that is comfortable for you to carry and use. Time management experts estimate that for every hour spent "planning" you "save" an additional 3 hours. Perhaps most important is the sense of personal control that comes with time management.

Personal Planner (Organizer)

This device must be portable and kept with you at all times. Computer based models are popular, but the bottom line is that no device is effective if not used, and there's nothing "wrong" with a paper based system if preferred. A month at a glance scheduling calendar is the minimum, although most academic physicians will need a week or even a day at a glance. Recurring dates such as monthly committee meetings must be entered (include social events such as birthdays too). "Retrograde planning" of preparatory steps can then be entered into the task planner. This critical skill begins with a final product deadline (e.g. presentation at a national meeting) and breaks it into component parts. Each component part is then assigned a deadline in your planner, allowing a stepwise progression towards the final goal. The more specific each component part, the better. Building in a buffer for each component completion deadline allows unexpected crises (or opportunities) to be addressed. Tasks are prioritized each day to channel your activities towards obtaining your most important goals and meeting upcoming deadlines. This is not simply a "to do" list, as it isn't the number, but rather the quality, of the tasks accomplished that is important. Such a device should also contain contacts (never look up a phone number more than once) and serve as a repository for "brainstorms" that fleetingly emerge from our subconscious. At least weekly you need to sit down and plan your upcoming week in some detail, while looking ahead over the next month. At least once a month, look ahead for the next 6 months to refresh your memory about upcoming projects and deadlines.

Learn to say "NO". This is a common skill among almost all successful academic faculty members. At some point, usually about the 5-10th year of our career, we realize that we cannot continue to add new responsibilities and fulfill existing obligations and tasks well. As more and more tasks are added, projects become rushed and deadlines are missed. Frustration mounts as it becomes evident that we are no longer producing high quality work. Before taking on a new task or responsibility, examine it critically to see if it meets your professional (and personal) mission statement. If it does, develop an accurate assessment of the time commitment. Where will those hours come from? Select another current activity of equal time commitment and off-load it before accepting the new challenge. And be careful to maintain a "crisis buffer" of time as invariably family illnesses, or other unexpected events will develop. Failure to do so assures that the "crisis management" comes out of personal (family) time or means missed deadlines.

Delegation: Many of us do not delegate tasks well. This is often rationalized by thinking that only you are capable of performing the task (correctly), or concern that your value to the organization may be diminished (and you therefore may become expendable) if others are taught to do tasks for which you are responsible. Remember however that you can delegate authority to do a task, but you cannot delegate responsibility for assuring the product is completed. Learn what items can be assigned to others to accomplish for you. The time invested in training an assistant will pay off many times over in the time you save by effective delegation. This is also key in developing our future leaders and an invaluable component of the mentoring process. Develop priorities and stick to them. Decide the t time with which projects need to be accomplished, and request weekly updates of the progress made.

Work smarter, not longer. Americans work longer hours than any other industrialized nation. Our ability to work hard serves as a source of pride and has been integral to our productivity. However, the candle can be burned at both ends for only a finite period of time. By focusing 80% of our efforts on the critical 20% of high priority tasks, we can increase productivity without increasing our work week. Indeed, as one progresses in their career, prolonged work hours may serve more as a red flag of personal disorganization rather than a badge of honor. It's not how many hours you work that matters… it's how productive you are with your hours worked. Almost everyone can easily learn to work more efficiently through the application of basic time management skills. Workaholics develop dysfunctional coping strategies and ultimately lose their creativity and productivity. The Starling curve analogy applies here.

Block out "protected time" every week. This should include both personal as well as professional time. During such times, accept no phones calls or office visits. This is your private, focused time. Whenever possible, arrange this during periods of intellectual and physiologic peaks in terms of your circadian rhythm. Your office door must remain closed in order to discourage passersby from interrupting you. Use this time also to protect yourself physiologically from the stress of shift work. For instance, if you are between 2 night shifts, do not allow yourself to be scheduled for a committee meeting in the mid-afternoon. How many of those attending would be willing to meet with you at 0200 hours in the morning? Use e-mail or a telephone call to convey critical information that may impact decisions at the meeting. A well run meeting will have both an agenda as well as good minutes, allowing two opportunities for your input if you choose to miss the meeting. Time for aerobic exercise (minimum of 20 minutes 3 times a week) should also be guarded from intrusion.

Guard your schedule carefully

Once you create a daily schedule, try to stick to it. This will be extremely difficult as there are many interruptions that will rob you of time. Phone calls, impromptu meetings, non-scheduled visitors, and email are all "time robbers". Being available and flexible is important up to a point, but a complete "open door" policy will likely cause you so many interruptions that you will be left with little quality time to perform your daily tasks. Unless expecting a phone call, try letting voice mail take messages, batch them, and return them when taking a break from other tasks. If appropriate, answer by email, which takes considerably less time. Speaking of email, try to do this only once a day. Many individuals

find that reading and answering email takes less mental concentration than writing publications, reviewing articles, or designing projects. Consider saving email for the end of the day thereby protecting the more mentally alert morning hours for important (higher priority) other tasks. If possible, spend some portion of your office time during off-hours. Many successful academicians will tell you that their most productive office time is before 9am or after 5pm as this minimizes interruptions and impromptu meetings by others who "just notice you" in the office.

Other Time Management Tricks

Use your commute time wisely: This can be a source for CME (educational tapes), the major venue to keep up with current events, an opportunity to plan your next week, or even accomplish work. The use of a small hand-held Dictaphone is particularly useful for generating letters or organizing your "to do" list. For drivers, be wary about the use of the phone while operating a vehicle. Books on tape can also create a recreational outlet.

Record TV programs: This allows you to watch them on your schedule, not theirs, and best of all allows you to fast forward through all of those mind-numbing commercials. For instance a 3.5 hour football game can be watched in 1.5 hours by recording it (while you're outside enjoying the sunshine at the park). By purchasing your own exercise equipment, you can multi-task even more by watching the tape while working out. DVD, with subtitles, offers a way to watch movies while exercising.

Take advantage of small chunks of time: Five or six minutes waiting in a line may seem only a minor annoyance. Ten such episodes in a day quickly add up (over 2 weeks a year!). EM physicians are masters of multi-tasking, and of turning attention from one thing to another. Capture these otherwise wasted minutes by keeping your personal planner at hand (or your cell phone, perhaps even that magazine, journal or novel).

Avoid procrastination: All of us are procrastinators up to a point. This is perhaps the greatest time sink of all. Deferring activities that we dislike, appear overwhelming, or make us uncomfortable is human nature. Divide such activities into small "bite-size" pieces, and work slowly (yet progressively) towards their completion. Build in a series of rewards for those particularly undesirable tasks ("I'll register the car today, but go to that movie afterwards"). Finally, a good rule of thumb is to try not to pick up a piece of paper more than twice without taking some sort of action on it. If you have let it lay for a week without taking action on it, then likely it isn't that important anyway. You should strongly consider throwing it away, or delegating it to someone else to save yourself time better spent in more productive pursuits.

Other Concepts About Burn-Out

EM is a clinical specialty. Accept this, and the clinical work in the ED that accompanies this. Clinical teaching remains a key activity for EM faculty, and should never be denigrated as a chore. Value your clinical time and protect it from incursions from other areas of your job. For instance, I do not accept any non-patient care telephone calls during ED shift time. Trying to solve a difficult administrative problem or plan a teaching event or committee meeting will result in two inadequate performances, and

raise rather than lower one's stress levels. Your patients and your students/residents need your focused attention during these times, and your professional obligation lies with them. Caveat: one cannot maintain the same clinical work schedule as one's community colleagues and expect to be academically productive. Academicians often work unrealistically high clinical workloads.

Institutional alignment. Academicians who remain in their positions for extended periods of time have developed a sense of "alignment" with the values of their academic center. If the values diverge, conflict results and longevity is unlikely. New chairmen, Deans, or hospital CEO/CFO's all may impact an academic center's institutional values. Perhaps the best strategy to avoid unpleasant surprises is to work at centers that have EM departmental representation in search committees for key institutional personnel.

Play hard. This means that you need to have a personal life and identity that as separate from your role as an academic EM physician. Your family and close friends require appropriate investment of time and energy on your part. One of the most frequent themes among business executives is that they wished they had spent more time with their family than they did. Talk to older mentors and you will be surprised how pervasive this is. Only strong attention to this and proper planning will allow you to avoid making this tragic mistake. On a personal level, it is easier to empathize with our patients and our colleagues/students at work if we are well-rounded and have an active extracurricular life. Family outings should be part of your regular planning, and never become the victim of meeting a deadline. "Medicine free" evenings are critical when out with work colleagues at events that include non-medical spouses and friends. I encourage you to envision how bored you would be if you sat at a dinner table with a group of accountants and listened to them discuss their "great accounts" all evening. Younger faculty have more difficulty with this, but with agreement that "medical talk is taboo" (and a few pregnant pauses the first time you try this), it is surprising how enriching the social event becomes. Non-medical friends and family are intrigued with the humanistic aspects and stories of our practice, so if you must revisit the workplace, focus on these (but be careful not to violate patient confidentiality). Vacations should be exactly that: time away from professional obligations to use for personal relaxation, growth and family time. Work during a vacation is an oxymoron. Leave it behind and DO NOT feel guilty about not working. Learn to relax! Your productivity is enhanced by this activity. Set goals for personal development. For instance, decide to develop a new hobby every other year. This complements your "student for life" role as a faculty role model, and enriches your life with new knowledge, experiences and friendships. We read so much material in our professional lives that it is easy to lose track of the joy of pleasure reading. Again, make a goal to regularly engage in non-medical reading.

Other Wellness Tips

Exercise

This is a critical component of any wellness program. A well designed exercise program not only increases energy and stamina but also bolsters the immune system. Doing this in combination with watching TV, pleasure reading, or with a group of friends makes it a social event as well. Exercise not only provides health benefits for the body, it is also a great stress reliever. Remember going for a walk

to clear your mind when studying for tests? Muscular activity triggers the sympathetic nervous system and helps keep you mentally alert. Even stretching exercises at your desk may afford a needed mental break and result in better creativity. As noted above, a minimum of 20 minutes of aerobic exercise or resistance training three times a week is recommended. Try to schedule some regular time at the gym, walking, jogging, or other physical activities to maintain peak performance.

Pleasure reading

For reasons discussed earlier, this activity augments one's humanistic qualities as a physician, adds social interests, provides an escape from stress and breaks the rut of reading only professional material. Reading "humanities" books (how other people live and think) allows a broader perspective and potential for empathy. Setting a goal, such as reading one novel a month, increases the likelihood that this will be accomplished.

Some of the material in this chapter also appears in the chapter "Physician Wellness in an Academic Career" co-authored with Debra Perina, MD in the SAEM-EMRA ***Emergency Medicine: An Academic Career Guide.***

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Further reading

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Alan Lakein *How to Get Control of Your Time and Your Life*. 1973 Signet

Susan Silver *Organized to be the Best.* 1995 Adams – Hall Publications

Jane B. Burka & Lenora M. Yuen *Procrastination : Why You Do It, What to Do About It* 1990 Perseus Press

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons
APPLICANTS									
Web site update	S	S	A						R = BDG
Recruitment	S	S	A	R					
Information packets	S	R	A	I					
ERAS installation/updates	S	R	A	I					
Retrieve applicant files	S	R	A	I					
Track requests/applications	S	R	I	A					
Review/score applications	S	S	A	R					
INTERVIEWS									
Invite for interviews	S	S	A	R					
Develop interview schedule	S	R	I	A					
Schedule applicant	S	R	A	I					
Schedule faculty/residents	S	R	I	A					
Itineraries/feedback sheets	S	R	I	A					
Interview/rate applicants	S	S	A	R	S	S	S	S	S = other faculty
Enter feedback scores	S	R	I	A					
Rank applicants	S	S	A	R	S				
Send rank list to NRMP	S	R	A	I					
Contact matched residents	R	R	A	I					
Match party	S	S	I	I	A/R				
ORIENTATION									
Develop schedule for week	S	S	A	R					
ACLS	S	S	I	A					R = CRH
EHS	A	R	I	I					
ED Orientation	S	S	A	R					
EMS Orientation	S	S	A	I	I				R = KLK
Develop rotation schedule	S	S	A	R					S = chief residents
Manual	R	S	A	I					
Resident picnic	S	R	A	I					
MEDICAL STUDENTS									
Yearly schedule - U of M	R		I			A			
Outstate students	R		I			A			
Student schedule	R		I			A			
Orientation	R		I			A			
Pre-test	S		I			A			S=KPK, BSH
Ride-alongs	R		I			A			
Shift report cards	S		I			A			S=Jeannie
Mid-rotation eval	S		I			A/R			S=KPK, BSH
Final test	S		I			A/R			S=KPK, BSH
Final evaluation	S		I			A/R			
Letter to Dean	S		I			A/R			
Workshops	S	S	i			A			R=BSH

A=Authority/Accountability
R=Responsibility
S=Support
I=Inform

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons.
ROTATING RESIDENTS									
Yearly schedule	S	R	I						A=BDM
Resident work schedule	S	R	I						
Orientation	S	S	I						
ADMINISTRATION COORD									
Resident contract	S	R	A						
Payroll	A/R	S	I						
Resident permit	A	R	I						
University of MN paperwork	A	R	I						
Scrubs/labcoats	A	R	I						
Beepers/Mailboxes/Lockers	A	R	I						
Off service notifications	A/R	S	I						
Scheduling	S	S	I	A					R=chief residents
Maintain dictations	A	R	I						
Society dues	A	R	I						
Chart completion	A/R	S	I						
Monthly reports (proc. f/u, conf. attend)	S	A/R	I	I	I	I	I		
Mealcards	A	R							
Vacation tracking	A	S		R					
Supplies	A/R	S							
CASE CONFERENCES									
Schedule Development	S	R	I	A					
Resident Assignments	S	R	I	I			A		
Staff Assignments	S	S	I	R					
Outside speaker contacts	S	S	I	A/R					
Critical case log/dictations	S	R	I				A		
Schedule updates	S	R	I	A					
Room arrangements	S	A/R	I	I					
CME requirements	S	A/R	I	I					
Evaluations	S	R	I	A					
Taping	S	S	I	I					A/R=BDG
Journal Club articles	S	S	I	I					A/R=JSH
PROGRAM APPLICATION ROTATION LIAISON									
Faculty information	S	S	A	I				R	
Facility information	R	S	A	I					
Curriculum	S	S	A	R					
Resident information/stats	R	S	A	I					
Site visit	R	S	A	I	I	I	I		
LOU's	R	S	A	I					
Anesthesia	S		A	R					

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	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons
Cardiology	S		A	R					
Orthopedics	S		A	R					
St. Paul Children's	S		A	R					
Minneapolis Children's	S		A	R					
Toxicology	S		A						R=CRH
North Memorial	S		A		R				
OB	S		A	R					
Plastics	S		A	R					
SICU	S		A				R		
MICU	S		A		R				
EMS	S		A						R=KLK
Electives	S		A			R			
Selectives	S		A/R						
SEXUAL ASSAULT									
Protocol development	S		I						A/R=MEC
Resident training	S		I						A/R=MEC
Record review	S		I						A/R=MEC
ULTRASOUND									
Protocol development	S		I						A/R=KMI
Training	S		I						A/R=KMI
Review	S		I						A/R=KMI
PROVIDER TRAINING									
ACLS	R	S	I						A=CRH
ATLS	R	S	I				A		
PALS/NRP	R	S	I	A					
TUTORIALS									
Development		S	I	A/R					
Schedule		A/R	I	I					
Track		A/R	I	I					
PROCEDURE LAB-1ST YEAR									
Development	S		I	I			S		A=RAD, R=RDD
Schedule lab	A/R		I	I					I=RAD
Schedule resident	A/R		I	I					I=RAD
PROCEDURE LAB-2ND YEAR									
Development			S	S					A=RAD, S=SMS/PGK
Schedule lab		A/R	I		I				I=RAD
Schedule resident		A/R	I		I				I=RAD
PROCEDURE LAB-3RD YEAR									
Development	S		I	I			S		A=RAD, R=RDD
Schedule lab	A/R		I	I					I=RAD
Schedule residents	A/R		I	I					I=RAD
QUALITY IMPROVEMENT									

A=Authority/Accountability
R=Responsibility
S=Support
I=Inform

Emergency Medicine Residency Program

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	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons.
QI Meetings		S	I						A/R=BDM
Chart reviews		R	A						
BUDGET									
Development	S		A/R	I					
Monitoring	R		A	I					
Foundation Acct	R		A					I	
ORAL EXAMS									
Development	S		I	S	S	S	A/R		
Schedule	A/R		I	I			I		
Notify residents/services	A/R		I	I			I		
Maintain record	A/R		I	I			I		
PROCEDURE LOG									
Development/Maintenance			A	I					R=BDG
Resource/training	A/R	S	I	I					
Monthly reports		A/R	I	I					
INSERVICE EXAM									
Contact with ABEM	R	S	A	I					
Schedule Room	A/R	S	I	I					
Notify residents/services	A/R	S	I	I					
Proctor exam	A/R	S	I	I					
EVALUATIONS									
Gen fac evals of res q.6mo	A/R	S	I	I					
Composite resident evals	S	S	A	R (1st yrs)	R (2nd yrs)	R (3rd yrs)	I	I	
Promotions committee rev	S		I	I	A/R	I	I		
Schedule resident evals	A/R		I	I					
Gen res evals of fac q.yr	A/R		I						
Composite faculty evals	S		A/R	I	I	I	I	I	
Yearly program evals to residents	A/R		I	I					
Composite program eval	S		A/R	I	I	I	I	I	
Summarize program evals	S		A/R	I	I	I	I	I	
Gen rotation evals		A/R	I						
Ann composite evals to rotations		A/R	I	I	I	I	I		
EKG test		S					A/R		
COMMITTEES			A	S	S	S		S	
Residency Committee Meetings/agenda/minutes	R	S	A	I	I	I	I		
Library Committee Meetings/agenda/minutes	S	R	I	A	I	I	I		
Res/Fac Meetings Agenda/minutes/scheduling	R	S	I	A	I	I	I		
PGY-1 Class Agenda/minutes/scheduling	S	R	I	A	I	I	I		

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	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons
PGY-2 Class Agenda/minutes/scheduling	R	S	I	I	A	I	I		
PGY-3 Class Agenda/minutes/scheduling	R	S	I	I	I	A	I		
GRADUATION									
Criteria	S		A/R	I					
Certificates	A/R	S	I						
Ceremony	R	S	A	I					
Summary letter	S		A/R	I					
DEPARTMENTAL OPERATIONS									
Departmental policies & proced			I					A	R=WGC
ED Ops Liaison			I		A/R				
Direct report liaison			I		A/R				
OTHER EDUCATION									
Simulation			I	I		A/R			S=JGN
Faculty development			I				R	A	S=LM
Resident projects	S		I	I			A/R		
Admin Education	S		I					A/R	S-Obetz
Anatomy Lab		S	I	I					A/R=BDM
Resident Wellness	S		I	I	A/R				
Resident Remediation	S		I	I	A/R				
Resident Mentorship Advisor Selection		S	I	I	A/R				
Residency Retreat	S		A/R	I					
Annual Report	S		A/R						
Newsletter	R		A						
Residency Advisory Group	R		A						

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ST.	2006 Residency Responsibilities	2007 Residency Responsibilities	2006 CC Area of Expertise	2007 CC A of Expertise	18-month 2006 Didactic Responsibilities (All)	18-month 2006 Didactic Responsibilities (All)	2006 Conf Attendance Respons-ibilities	2007 Conf Attendance Respons-ibilities	Focused Instruction 2006	2006 Ops Responsibilities
Felix Ankel	Residency budget, educational goals/PIF (supervision, evaluation, end of training evaluation, policies, well being, statistical and narrative description), resident selection, faculty evaluation, resident evals, retreat, residency committee, res/fac meetings, annual review, residency development/strategic plan		Psychobehavioral disorders (14.0)		39.5		75		ATLS-I ACLS-I, procedure lab-I, critical case-I	
Brent Asplin	Research director, fellowship advisor, administrative rotation, faculty development		Cardiovascular disorders(2.0)		10		25		ACLS-I, critical case-I	ED Head
Emily Binstadt **										
Mary Carr	Trauma liaison, SO Education		Trauma (17.0)		4		25			
Won Chung	Operations conferences		Endocrine, metabolic & nutritional disorders (4.0)		9		25			Asst Dept Head & Clinical Director, BEST Output Lead, Physician Orientation, Patient Complaints (with KQ), Operations Implementation
James Colletti	Associate PD, orientation,conferences, EM-1 rotation liaison, EM-1 class advisor, tutorials, board review, EM-3 lecture series, resident schedules, library, G2/G3 curriculum, outside speaker liaison		Pediatrics (13.0)		25		75		PALS-I, procedure lab-I, critical case-I	
Rachel Dahms *	Procedure lab coordinator		HEENT disorders (6.0),		6		25		Procedure lab-I	Maintenance of Faculty Procedural

ST	2006 Residency Responsibilities	2007 Residency Responsibilities	2006 CC Area of Expertise	2007 CC A of Expertise	18-month 2006 Didactic Responsibilities (All)	18-month 2006 Didactic Responsibilities (All)	2006 Conf Attendance Respons-ibilities	2007 Conf Attendance Respons-ibilities	Focused Instruction 2006	2006 Ops Responsibilities
Robert Dahms **	EM-1 and EM-3 procedure lab		Environmental disorders (5.0), procedures/skills (23.0)		5		25		Procedure lab-I	ED Billing
RJ Frascone			EMS/Disaster Medicine (21.0)		3		25		ATLS-I	EMS Co-Director
Bradley Gordon	Residency IS director, residency web page, educational server administrator		Immune system disorders (8.0)		6		25			ED IS
Teri Gunnarson **	EM-2 rotation liaison, EM-2 class advisor,ED ops liaison, application review, inservice exam and quiz follow-up, promotions committee		OB/GYN (12.0, 19.0)		25		75		ATLS-I, ACLS-I, critical case-I	
Paul Haller			Cutaneous disorders (3.0), Systemic Infectious Disorders (9.0)		5		25			ED schedule
Jeahan Hanna **	Outside speaker assistant		Abdominal &GI disorders (1.0)		4.5		25		Sim-I	
Carson Harris	Tox rotation		Toxicologic disorders (17.0), Clinical Phamacology (22.0)		13		30		ACLS-I	Tox Program, ACLS oversight
Cullen Hegarty	CPC liaison, Simulation director, Sports medicine curriculum, Assistant Residency Director, EM-3 rotation liaison, EM-3 class advisor, elective coordinator, workshop coordination		Systemic Infectious disorders (9.0)		12		50		Sim-I, critical case-I	Simulation Program Administration
Bradley Hernandez			Renal disorders (15.0)		4		25		critical case-I	
Joel Holger	Journal Club director, Assistant Research Director		Cardiovascular disorders (2.0)		14		30			

Staff	2006 Residency Responsibilities	2007 Residency Responsibilities	2006 CC Area of Expertise	2007 CC Area of Expertise	18-month 2006 Didactic Responsibilities (All)	18-month 2006 Didactic Responsibilities (All)	2006 Conf Attendance Responsibilities	2007 Conf Attendance Responsibilities	Focused Instruction 2006	2006 Ops Responsibilities
Kurt Isenberger	Assistant ultrasound director, U/S workshop coordinator		Pediatrics (13.0)		9		25		Ultrasound-I	Faculty Ultrasound Competence
Koren Kaye	EMS rotation liaison, resident airway lab		EMS/Disaster Medicine (21.0)		3		25		ACLS-I	EMS Co-Director
Kevin Kilgore			Endocrine , Metabolic & Nutritional disorders(3.0), Muskuloskeletal disorders (non traumatic)(10.0)		13		25			EDNET Coordinator
Robert Knopp	mock oral boards, resident project development (chair project review committee), critical case selection, airway coordinator, ethics curriculum, faculty and resident development		Cardiovascular disorders (2.0)		33		50		ATLS-I, procedure lab-I, critical case-I	
Peter Kumasaka	MEMF coordinator, ultrasound education		HEENT disorders (6.0)		12		30		ACLS-I, Ultrasound-I,	Staff Ultrasound training
Richard Lamon			Hematologic disorders (7.0)		4		25		Ultrasound-I	
Robert LeFevere			Psychobehavioral disorders (14.0)		2.5		25			Equipment Committee MD
Alda Moettus							25			
Matt Morgan **										
Jessie Nelson			Thoracic-respiratory disorders (16.0)		5		25		Simulation-I	
Christopher Obetz	Administrative Rotation Liaison								critical case-I	
Karen Quaday							25			Chief of Staff
Martin Richards										
Susan Scanlon			Thoracic-respiratory disorders (16.0)		5		25		procedure lab-I	SANE
Michael Zwank										
Stephanie Witt **										
Total					271.5		890			

STAFF	2007 Ops Responsibilities	Dept liaison 2006	Dept liaison 2007	Loca Committees 2007	National committees 2006	National Committees 2007	Research Responsibilities & Focus	2006 Scholarly Activities	2007 Scholarly Activities	STAF
Felix Ankel		Psychiatry, Family Practice		U of M Academic Committee Regions GMEC UofM Program Review Committee BEST Steering Team, EMDEC	Chair, SAEM Web Page SAEM Faculty Development CORD Model EM curriculum ACEP Medical Student curriculum	Chair, SAEM Web Page SAEM Faculty Development CORD Model EM curriculum ACEP Medical Student curriculum	Educational methodology	Virtual advisor manuscript , reviewer Acad Em Med, reviewer Annals Em Med		Ankel
Brent Asplin		Radiology		BEST Steering, EMDEC, Direct Reports			ED Operations	Editorial Board Annals Em Med		Asplin
Emily Binstadt **										
Mary Carr										Carr
Won Chung		Hospitalists		EMDEC, Direct Reports, BEST Steering, Operations						Chung
James Colletti		Pediatrics			SAEM-GME, AAEM education committee	SAEM-GME, AAEM education committee	Educational methodology			Colletti
Rachel Dahms *										Dahms, Rachel

STAFF	2007 Ops Responsibilities	Dept liaison 2006	Dept liaison 2007	Loca Committees 2007	National committees 2006	National Committees 2007	Research Responsibilities & Focus	2006 Scholarly Activities	2007 Scholarly Activities	STAF.
Robert Dahms **										Dahms, Robert
RJ Frascone							EMS			Frascone
Bradley Gordon				Epic	SAEM Web Page	SAEM Web Page	IS			Gordon
Teri Gunnarson **		Ortho, Geriatrics, Plastics, OB/Gyn		BEST Through Crew & Med Exec			Geriatrics & TCU Placement			Gunnarson
Paul Haller		Dermatology		EMDEC						Haller
Jeahan Hanna **		GI								Hanna
Carson Harris							Tox rotation			Harris
Cullen Hegarty					SAEM Sim Int Grp	SAEM Sim Int Grp	Simulation			Hegarty
Bradley Hernandez		Renal, Urology		ED Disaster Committee						Hernandez
Joel Holger		Cardiology					Assistant Research Director, Clinical			Holger

STAFF	2007 Ops Responsibilities	Dept liaison 2006	Dept liaison 2007	Loca. Committees 2007	National committees 2006	National Committees 2007	Research Responsibilities & Focus	2006 Scholarly Activities	2007 Scholarly Activities	STAF.
Kurt Isenberger							Clinical Research Projects			Isenberger
Koren Kaye							EMS			Kaye
Kevin Kilgore		Rheumatology								Kilgore
Robert Knopp		SICU Anesthesiology Neurosurgery CV Surgery Trauma		EMDEC				Associate Editor Annals Em Med		Knopp
Peter Kumasaka		Ophthalmology								Kumasaka
Richard Lamon		Hem/Onc								Lamon
Robert LeFevere										LeFevere
Alda Moettus										Moettus
Matt Morgan **										
Jessie Nelson										Nelson
Christopher Obetz										Obetz
Karen Quaday		Pulmonary MICU		EMDEC, Med Exec. Direct.						Quaday
Martin Richards										Richards
Susan Scanlon										Scanlon
Michael Zwank										Zwank
Stephanie Witt **										
Total										**Total**

Felix Ankel

To: cullen.B.Hegarty@HealthPartners.Com

Subject: requests for core faculty resp mini-sabbaticles

Cullen, thanks for the e-mail. I think this is an area for discussion at our strategic retreat and an area that comes up from time to time and one that I have been thinking about over the years.. e.g. how to best maintain and resource a breadth of faculty commitments to the residency while still allowing faculty to focus on areas of depth. How to best align the residencies needs to the faculty desires, interest, and other commitments, and how best to schedule this in advance so that people like Pat, Teri, Jim C or others that need to fill in holes aren't stuck in the middle.

I think more and more educational orgs are going from a pre-paid education dollars to eat what you kill models (they are called mission based management, educational rvus etc...depending on the system). Any time you change a model, it gets tricky. Are we as a department ready for mission based budgeting? From a personal point of view, having mission based residency budgeting most firmly aligns resources with residency needs, I just don't know if the dept is ready for this or if it is worth the potential outcry. I do not want a residency where there are worker bees and primadonnas. Everyone in our dept contributes, I think it is one of the reasons our residency works so well and our residents work so well(they role model staff behavior). I have pasted some thoughts on educational rvus that may be of interest. Thoughts??

Felix

Measuring Faculty Contributions

The accounting of faculty activities and effort is an integral part of the mission-based management process. The following annotated bibliography is a comprehensive overview of the literature on faculty productivity assessment. These works include case studies and reports on the creation of teaching, research, and clinical metrics, essays about the benefits and challenges of such systems, and other materials that administrators and faculty will find useful and thought-provoking.

Annotated Bibliography of Works on Faculty Productivity

Albanese, M. "Rating Educational Quality: Factors in the Erosion of Professional Standards." *Academic Medicine*, 1999. 74: 652-658.

> Although this article devotes much time to the problems of evaluating and rating medical students, the first section discusses the research on rating systems in general. The article may have applicability to those considering some type of rating instrument for determining faculty effectiveness.

Angell, M. "Publish or Perish: A proposal." *Annals of Internal Medicine,* 1986. 104: 261-262.

> This short commentary proposes reforms to the evaluation of scholarly publications for promotion and funding. The author decries what she sees as an emphasis of quantity over quality in publication. Her primary solution is to set a ceiling on the number of publications that could be considered for promotion or funding.

Bardes, CL, Hayes, JG. "Are the teachers teaching? Measuring the educational activities of clinical faculty." *Academic Medicine* 1995, 70: 25-28.

> This article develops the idea of a relative value scale in teaching (RVST) as a way to monitor and evaluate the degree of teaching activity in medical schools. The authors propose a methodology that quantifies the levels of teaching according to intensity of task, preparation time, degree of responsibility, and educational

value.

Bardes, CL, Hayes, JG, Falcon, DJ, et al. "Measuring teaching: a relative value scale in teaching." *Teaching and Learning in Medicine*, 1998, 10: 40-43.

A continuation of the discussion of the relative value scale in teaching that the authors raised in *Academic Medicine*. The authors report on the implementation of the RVST at Cornell Medical Center.

Barondess, JA. "The academic health center and the public agenda: Whose three-legged stool?" *Annals of Internal Medicine*, 1991, 115: 962-967.

The author argues, through historical perspective, that the missions of academic health centers have become distorted, emphasizing research and clinical care to the detriment of teaching.

Bland, CJ and Ruffin, MT. "Characteristics of a productive research environment: Literature review." *Academic Medicine*, 1992. 67: 385-397.

This article investigates the environmental factors at the institutional and departmental levels that stimulate and help maintain research productivity. Among those characteristics include a distinctive culture, decentralized organization, shared governance, and effective leadership.

Carey RM, Munsey SW, and Reynolds RE. "Evaluating faculty clinical excellence in the academic health sciences center." *Academic Medicine*, 1993. 11: 813-817.

The authors propose an evaluation system to recognize and reward excellence in clinical care, based on their experiences at the University of Virginia Health Sciences Center. The system uses both objective assessment and subjective evaluation measures.

Chin DC, et al. "The Relation of Faculty Academic Activity to Financing Sources in a Department of Medicine." *New England Journal of Medicine*, 1985: 312: 1029-34.

This article summarizes the findings from a study at the department of medicine at Stanford Medical School, which sought to determine if faculty activities can be accurately categorized and how those activities related to sources of individual and departmental income. The study found that, on average, a full-time faculty member worked 62 hours per week, over 60 percent of those activities were "joint products" (i.e. representing two or more categories), and research generated more income than clinical practice.

D'Alessandri, RM, et al. "Measuring Contributions to the Clinical Mission of Medical Schools and Teaching Hospitals." *Academic Medicine*, 2000. 75: 1231-1237.

This is the report of the expert panel convened by the AAMC's mission-based management program to examine metrics in evaluating clinical productivity. The report outlines advantages and disadvantages of several different metrics, divided into those that are based on revenue information and those based on measured activity. The article provides a useful starting point for institutions to develop clinical productivity metrics of their own.

Doellefeld, Steven F. (1998). *Faculty Productivity: A Conceptual Analysis and Research Synthesis.* Unpublished doctoral dissertation: University at Albany, State University of New York.

The author discusses the most commonly used indicators of teaching productivity: classroom/student credit hours, faculty contact hours, class size, and the teaching portfolio. The most commonly used methods of determining research productivity are peer recognition, citation indices/score, curriculum vitae, weighted indices/summaries, and publication record.

Ellwein, LB, Khachab, M, et al. "Assessing research productivity: Evaluating journal publication across academic departments." *Academic Medicine* 1989, 64: 319-325.

This article may be useful to faculty and administrators who want to establish a system to measure research productivity. This study used journal publication as a proxy for research productivity. The authors aimed to determine if productivity rankings, as measured by journal publication, were influenced by the quality of the journal and the position of author byline.

Fox, MF. "Publication productivity among scientists: A critical review." *Social Studies of Science*, 1983. 13: 285-305.

A review and assessment of productivity studies. The author divides the literature into individual-level studies (those that attempt to explain productivity based on personal characteristics and behavior) and environmental studies (those that investigate the effects of institutional characteristics).

Fye, WB. "The origin of the full-time faculty member: Implications for clinical research." JAMA, 1991, 265: 1555-1562.

This article offers an historical perspective on the development of the full-time clinical faculty system. The main goal of the full-time system was to stimulate research by removing the incentive to focus energy on clinical care. Given the financial constraints of the modern clinical research system, this article offers important historical context to the current situation.

Garson, G, Strifert, K, et al. "The metrics process: Baylor's development of a report card for faculty and departments." *Academic Medicine*, 1999, 74: 861-70.

The authors, all administrators and faculty and Baylor College of Medicine, chronicle their institution's process of implementing a metrics system to measure faculty contribution to teaching, research, clinical care, and service missions.

Glassock, RJ and Ramsbottom-Lucier, M. "Financing medical student education in departments of internal medicine." *American Journal of Medicine*, 1999. 106: 269-272.

The authors outline the development of a relative-value unit system for educational effort at the University of Kentucky department of medicine. In addition to an explanation of the system and its benefits, the authors offer cautions about developing a RVU system that is overly complex. Their advice is to keep it simple and easy to understand.

Hilton C, Fisher W., et al. "A relative value-based system for calculating faculty productivity in teaching, research administration, and patient care." *Academic Medicine,* 1997. 72: 787-93.

The department of medicine at the Louisiana State University School of Medicine designed a system of calculating faculty productivity in teaching, research, administration, and patient care. This article describes their methodology and results. Their goal, using a relative-value schema, was to produce a system in which high productivity in one area would produce similar results to high productivity in another area.

Holmes, EW, et al. "Measuring contributions to the research mission of medical schools." *Academic Medicine*, 2000. 75: 303-13.

This is the report of the expert panel convened by the AAMC's mission-based management program to examine metrics in evaluating research productivity. The report identifies four areas in which measures can assess contributions to the research mission: grants and other revenue-generating activities, publications, national service and reputation, and support to the general research mission of the school. The article also notes several concerns about the use of productivity metrics in research.

Holmes, EW. "Incentivizing research faculty biomedical research in academic departments of internal medicine: challenges and solutions." APM Fall Symposium, 1996.

Brief summary of several different types of financial and non-financial incentives for faculty to pursue research. This article may offer a number of ideas to faculty and administrators who are considering ways

to boost research at their institutions.

Jacobs, MB. "Faculty status for clinician-educators: Guidelines for evaluation and promotion." *Academic Medicine*, 1993. 68: 126-128.

This short commentary argues for the adoption of Ernest Boyer's redefinition of scholarship—scholarship of application, teaching, integration, and discovery—as a means to evaluate and promote clinician-educators.

Jennings, John D. (1997). *Faculty Productivity: A Contemporary Analysis of Faculty Perspectives*. Unpublished doctoral dissertation. Stanford University, CA.

Interesting findings: (1) faculty belief that their activities cannot easily be measured; (2) the typology of teaching, research, and service doesn't accommodate some tasks; (3) faculty don't think productivity is an appropriate construct; (4) how faculty members define productivity varies widely, even within the same department.

Joint Commission on Accountability Reporting. "An Introduction to Faculty Workloads."

Created in 1994 by three higher education associations, the Joint Commission on Accountability Reporting (JCAR) was established to develop common ways of presenting easy-to-understand comparable information. This document provides a list of the types of work done by faculty. It may be helpful to campus committees that are framing their measurement systems of faculty contributions to education, research, and clinical care.

Kaplan, P, Mysiw, WJ, and Pease, WS. "Academic Productivity in Physical Medicine and Rehabilitation." *American Journal of Physical Medicine and Rehabilitation*, 1992. 71: 81-85.

A study of departmental academic productivity, as measured by the number of publications in ten peer-reviewed journals. The authors found wide variation in departmental productivity, but does not assess the factors underlying the findings.

Kaplan, PE, Granger, CV and Huba JC. "Development of an academic productivity scale for departments of physical medicine and rehabilitation." *Arch Phys Med Rehabil* 1997. 78: 938-941.

As part of a multi-year study, the authors developed an instrument to measure departmental influences on academic productivity in departments of physical medicine and rehabilitation. The survey instrument of 28 question items is not included in the article, but can be obtained from the first author.

Kastor, JA, et al. "The salary responsibility program for full-time faculty members in an academic clinical department." *Academic Medicine*, 1997. 72: 23-29.

The authors relate their experience of establishing a salary-reduction program in the Department of Medicine at the University of Maryland School of Medicine in 1995-96. Their development of a time-based method to measure faculty members' productivity will be of interest.

Knight Higher Education Collaborative. "The Data made me do it." *Policy Perspectives* 9, 2 (March 2000). Philadelphia: Institute for Research on Higher Education, University of Pennsylvania Graduate School of Education.

This essay suggests ways that colleges can use data more strategically in campus decision making. It argues that universities must build a culture of data, where the campus community understands the context in which data is presented.

Lombardo, J. "Using modern information technology to profile faculty activities." *Academic Medicine*, 1998. 73: 1267-73.

Reflections on implementing a faculty information database system at the Johns Hopkins School of Medicine. This may be a useful article to representatives from schools who need to upgrade their data collection capabilities for tracking information on their faculty.

MacDougal, B, Ruedy, J. "Linking budgets to desired academic outputs in Dalhousie University." *Academic Medicine*, 1995. 70: 49-54.

This article presents one method of linking budget allocation to faculty productivity using a relative value system. The article is based on the authors' experience at Dalhousie University Faculty of Medicine in Canada during a severe budget cutback in 1993, at which time they devised a relative value resource-allocation model.

Mallon, W. T. and Jones, R. F. "How do medical schools use measurement systems to track faculty activity and productivity in teaching?" *Academic Medicine*, 2002 (February). 115-123.

The authors describe their findings from a study that (1) identified 41 medical schools or medical school departments that used metric systems to quantify faculty activity and productivity in teaching and (2) analyzed the purposes and progress of those systems.

Middaugh, Michael F. *Understanding Faculty Productivity: Standards and Benchmarks for Colleges and Universities*. San Francisco: Jossey-Bass Publishers, 2001.

This book uses the results of several national studies on faculty productivity and workloads to address how faculty productivity is defined, how it is measured, and how schools can use both quantitative and qualitative benchmarks. The book is geared to the broadest higher education audience, but medical colleges will find many of the ideas and discussion applicable to their own settings.

Monson, DE. "Managing and Improving Faculty Productivity." *Academic Clinical Practice*, 1998. Accessed at http://www.aamc.org/members/gfp/acp.htm

The author, a former director at CSC Healthcare consultants, argues that schools of medicine need to develop better methods of managing faculty productivity as a means of preserving the schools' academic mission. He outlines a process to improve faculty productivity and link it to compensation.

Nutter, DO, et al. "Measuring faculty effort and contributions in medical education." *Academic Medicine*, 2000. 75: 199-207.

This is the report of the expert panel convened by the AAMC's mission-based management program to examine metrics in evaluating faculty performance in education. The report classifies educational activities into four categories: teaching, development of educational products, education administration and service, and scholarship in education. The Nutter Report, in addition to the D'Alessandri Report on metrics in clinical affairs and the Holmes Report on research productivity (see references above), offer an examination of the various methods of measuring faculty and departmental contributions to the academic enterprise of medical schools.

Public Higher Education and Productivity: A Faculty Voice. A Statement on Productivity from the Leaders of the Faculty Senates and Faculty Unions of the State University of New York and the California State University. Chronicle of Higher Education.

The faculty leaders at SUNY and CSU—the two largest public university systems in the country, issued this joint statement in February 1997. They define essential components of productivity in educational institutions and call for regular evaluation of faculty accomplishments in teaching, scholarship, and service.

Reiser, SJ. "Linking excellence in teaching to departments' budgets." *Academic Medicine*, 1995. 70: 272-275.

The author notes the "unbundling" of medical school income by mission and calls for an increased support for the teaching role. To focus more attention on the teaching mission and create a shared purpose among

department faculty, he proposes a two-track merit-based compensation system. In his plan, half of the merit resources are awarded based on individual faculty performance. The other half is allocated based on department merit, determined by the dean.

Scheid, DC, Hamm, RM, and Crawford, SA. "Measuring Academic Production—Caveat Inventor." *Academic Medicine*, 2000: 75: 993-995.

In this brief commentary, the authors outline their concerns with developing a relative value system for measuring academic activity, based on their experiences at the University of Oklahoma College of Medicine. Among their concerns are the validity and acceptability of the relative value schema in the academic setting.

Thomas, AL. "Reporting of faculty time: An accounting perspective." *Science*, 1982: 215: 27-32.

The author examines the concerns with having faculty report 100 percent of time. Discusses the interaction effect when two activities (e.g. research and teaching) occur simultaneously. His solution is to treat ordinary interactions as part of the main activity: "an investigator's time should be assigned to individual activities by such naïve, rebuttable presumptions as that when Professor X is in the classroom she is teaching, when she is in a particular laboratory area she is working on the related grant, and the like.... Since our allocations must be arbitrary, the least we can do it keep them simple."

Watson, RT et al. "Moving a graveyard: how one school prepared the way for continuous educational renewal." *Academic Medicine*, 1998. 73: 948-55.

This article presents a case study of curriculum change at the University of Florida College of Medicine. It presents a synopsis of key events of and approaches to the change process, and summarizes factors that promoted or impeded change. This article would be interesting to readers who have or are considering curricular revisions at their own institutions.

Watson, RT. "'Managed education': an approach to funding medical education." *Academic Medicine*, 1997. 92-93.

In this brief commentary, the author explains reasons for undertaking mission-based budgeting at the University of Florida College of Medicine. Because of decreasing clinical revenues, cross-subsidization of the education mission is no longer viable. Mission-based budgeting offers a solution to this dilemma by creating mission-specific budgets.

Watson, RT and Romrell, LJ. "Mission-based budgeting: removing a graveyard." *Academic Medicine*, 1999: 72: 627-40.

The University of Florida College of Medicine implemented a mission-based budgeting process in 1994. This article describes that process, especially the school's development of its faculty productivity measurement system. Florida's system includes a process for measuring quality of effort in the education mission; 20 percent of a department's budget allocation is based on assessment of quality.

-----Original Message-----

From: Hegarty, Cullen B

Sent: Wednesday, March 16, 2005 1:44 PM

To: Asplin, Brent R; Ankel, Felix K; Anderson, Patricia K

Subject: EMMD 7500