Department of Pediatrics
Faculty Meeting
February 24, 2020

• Task Force 1 Update: Transparency
  ▪ Mary Leonard, Mike Propst
• Anna Gloyn
  Professor
  Division of Endocrinology
• Alka Goyal
Clinical Professor
Division of Gastroenterology

• Ricky Choi
Clinical Assistant Professor
Division of General Pediatrics
Welcome to the Future: Moving from Discovery to Translation of Cell and Gene Therapies

Register Now!
March 3, 2020

Center for Definitive and Curative Medicine
4th Annual Symposium

Location:
Paul Berg Hall, Li Ka Shing Learning and Knowledge Center (LKSC), Stanford, CA

For more information visit: med.stanford.edu/cdcm/events
11TH ANNUAL PEDIATRICS RESEARCH RETREAT

April 23, 2020 | 8:00 AM | LKSC

pediatrics.stanford.edu/research-retreat

FACULTY SPEAKERS

Michelle Monje
Neurology

Lee Sanders
General Pediatrics

Danny Chou
Endocrinology

Sohail Husain
Gastroenterology

Becky Blankenburg
Hospital Medicine

Carrie Rassbach
Hospital Medicine

Cristina Alvira
Critical Care Medicine

Katherine Travis
Developmental-Behavioral Pediatrics

Robbie Majzner
Hematology-Oncology

TRAINEE SPEAKERS

Marc Gastou
Postdoc
Medical Genetics

Ren Song
Postdoc
Human Gene Therapy

Stephanie Lindsey
Postdoc
Cardiology

Catherine Tcheandjieu
Postdoc
Cardiology

Lea Steffes
Fellow
Pulmonology
HALF THE SUGAR, ALL THE LOVE
a family cookbook

100 Easy, Low-Sugar Recipes for Every Meal of the Day

JENNIFER TYLER LEE + ANISHA PATEL, MD, MSPH
Comment

Time for the Human Screenome Project

Byron Reeves, Thomas Robinson & Nilam Ram

To understand how people use digital media, researchers need to move beyond screen time and capture everything we do and see on our screens.

There has never been more anxiety about the effects of our love of screens—which now bombard us with social-media updates, news (real and fake), advertising and blue-spectrum light that could disrupt our sleep. Concerns are growing about impacts on mental and physical health, education, relationships, even on politics and democracy. Just last year, the World Health Organization issued new guidelines about limiting children’s screen time; the US Congress investigated the influence of social media on political bias and voting; and California introduced a law (Assembly Bill 272) that allows schools to restrict pupils’ use of smartphones.

Screens or with platforms that are categorized as ‘smartphone’, ‘television’, ‘social media’, ‘political news’ or ‘entertainment media’. Yet today’s media experiences defy such simplistic characterization: the range of content has become too broad, patterns of consumption too fragmented, information diets too idiosyncratic, experiences too interactive and devices too mobile.

Policies and advice must be informed by accurate assessments of media use. These should involve moment by moment capture of what people are doing and when, and machine analysis of the content on their screens and the order in which it appears.

Technology now allows researchers to record digital life in exquisite detail. And thanks to shifting norms around data sharing, and the accumulation of experience and tools in fields such as genomics, it is becoming easier to collect data while meeting expectations and legal requirements around data security and personal privacy.

We call for a Human Screenome Project—a collective effort to produce and analyse recordings of everything people see and do in order to understand the effects of their screen time.
American Society for Clinical Investigation

Grace Lee, MD, MPH
Stanley A. Plotkin Award in Vaccinology

Bonnie Maldonado, MD
Hayden Schwenk, MD, MPH

Alice Bertaina, MD, PhD

Advancing Pediatric Leaders Award
Douglas K. Richardson Award
Gary Shaw, DrPh

Elected to SPR
Nicole Yamada, MD, MS
Sleep Lab at Packard achieved full certification from the American Academy of Sleep Medicine

Sumit Bhargava, MD
Advocacy Update: The 2020 Census

• An accurate count of kids is critical for funding formulas
  • Nutrition assistance (SNAP, WIC)
  • Head Start
  • Children’s Health Insurance Program

• The kids who benefit the most from accurate count are the ones most likely to go uncounted

• Those most likely to go uncounted are ages 0 – 4 years
March 25th – EVERY Child Counts Day

Day to get the message out

All kids count, even newborns!

Materials available
Reach out to Lisa if you’d like some for your clinic
What have I been spending my time on?

- In partnership with Scott Sutherland, exploring ways to better inform organizational decision-making by seeking more input and involvement from front line providers and physician leadership
  - Redoing format of biweekly COO meeting; beginning in April one meeting a month will have a broader audience of nursing, support, and physician leaders to improve operational decision making
  - Clarifying role of practice managers as your one stop shop for problem resolution, tracking and closed loop communication
- Examining service line structure and support to ensure we adequately support all of our services, recognizing that the Centers Of Emphasis will continue to receive a disproportionate amount of that support
- Integrating new Chief Strategy Officer Rick Idemoto and new Chief Human Resources Officer Marcie Atchison into the organization
- Working with CSRO to increase focus on hospital’s role in research mission (including developing methods of improved tracking of research activity in the ambulatory setting and establishing rates for research use of inpatient beds)
- Watching financial and operational performance: see chart to right; note - YTD positive budget through December; January results not finalized but look to be behind budget; February looks strong so far

<table>
<thead>
<tr>
<th>Category</th>
<th>Stanford Children’s FY 20 Core Goal Summary</th>
</tr>
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<tbody>
<tr>
<td>Quality</td>
<td>Decrease SSEs with permanent harm to ≤ 2</td>
</tr>
<tr>
<td></td>
<td>Decrease CLABSI to ≤0.90 (based on decreased from rate ~0.9 to ~0.8).</td>
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<tr>
<td></td>
<td>Decrease HAPIs to ≤ 1.79</td>
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<tr>
<td></td>
<td>To further improve our culture of safety, increase iCares submissions by 10% (≥7834)</td>
</tr>
<tr>
<td>Service</td>
<td>Increase LTR Top Box Score by .1 in Inpatient Pediatrics, Inpatient OB, Ambulatory Surgery and Clinics</td>
</tr>
<tr>
<td>Affordability</td>
<td>Complete detailed strategic plans for Moore Heart Center, Johnson Center, Bass Cancer Center &amp; Surgical Services and launch initial strategies for two of the four areas</td>
</tr>
<tr>
<td></td>
<td>Improve controllable expenses per APD (or most appropriate unit of service) by 2% from budget by eliminating waste</td>
</tr>
<tr>
<td>Innovation &amp; Education</td>
<td>Empower and coach team members so that ≥75% create an implemented improvement idea which aligns with our goals</td>
</tr>
<tr>
<td>Respect for People</td>
<td>Identify 1-3 work experience survey key measures and demonstrate improvement as measured by a pulse survey in FY20.</td>
</tr>
<tr>
<td></td>
<td>Improve 3 of 8 key drivers in the FY20 wellness survey as compared to the FY18 wellness survey</td>
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</table>
Your practice manager can serve as your primary interface in determining how to resolve problems.
Task Force 1: Department Decision Making and Transparency
Department Climate Survey 2015: Satisfaction and Inclusion

Figure 1. "Overall, how satisfied are you being a faculty member ..."
N = 106

Figure 5. "Please rate your sense of inclusion as a member of ..."
N = 97
Satisfaction vs. Importance: Where are the Gaps?

<table>
<thead>
<tr>
<th></th>
<th>Importance</th>
<th>Satisfaction</th>
<th>Gap (Satisfaction - Importance)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean (S.E.)</strong></td>
<td><strong>Mean (S.E.)</strong></td>
<td><strong>Mean (S.E.)</strong></td>
<td></td>
</tr>
<tr>
<td>Spirit of cooperation among those with whom I work</td>
<td>4.8 (0.05)</td>
<td>3.8 (0.10)</td>
<td>-1.0 (0.10) ***</td>
</tr>
<tr>
<td>Clarity of roles and responsibilities</td>
<td>4.4 (0.08)</td>
<td>3.4 (0.11)</td>
<td>-1.0 (0.12) ***</td>
</tr>
<tr>
<td>Resources to do my work well</td>
<td>4.7 (0.07)</td>
<td>2.9 (0.11)</td>
<td>-1.8 (0.12) ***</td>
</tr>
<tr>
<td>Feeling appreciated for my work</td>
<td>4.4 (0.08)</td>
<td>3.2 (0.12)</td>
<td>-1.2 (0.13) ***</td>
</tr>
<tr>
<td>Encouragement to grow professionally</td>
<td>4.4 (0.08)</td>
<td>3.5 (0.11)</td>
<td>-0.8 (0.14) ***</td>
</tr>
<tr>
<td>Being cared about as a person</td>
<td>4.4 (0.08)</td>
<td>3.2 (0.12)</td>
<td>-1.2 (0.15) ***</td>
</tr>
<tr>
<td>Ample opportunities to do what I do best</td>
<td>4.4 (0.07)</td>
<td>3.3 (0.12)</td>
<td>-1.1 (0.15) ***</td>
</tr>
<tr>
<td>Differences are valued (including but not limited to age, gender, race, ethnicity, sexual orientation)</td>
<td>4.0 (0.09)</td>
<td>3.5 (0.12)</td>
<td>-0.5 (0.16) ***</td>
</tr>
</tbody>
</table>

*N = 89

*p < .05; **p < .01; ***p < .001 (one-tailed t-test): significant gap between satisfaction and importance.*

*Gap greater in women (-1.4) compared with men (-0.9)*

Gender differences in survey subscales presented at the September 2017 meeting
“Many faculty refer to the top-down decision making process and lack of transparency. Faculty are frustrated that department affairs are often decided without faculty input, and there is no clear channel for their voice to go beyond the division levels.

Faculty call for inclusive and transparent decision-making processes, more faculty engagement and integration, and rebalancing of department-hospital relations.”
Meet the Team

Hayley Gans

David Rosenthal

Cristina Alvira
Ritu Chitkara
KT Park
Sushma Reddy
Barbara Sourkes
Main Themes

- Division Operations
- Communication
- Faculty Lines
- Work Environment
- Gender Bias
- Salary, Bonuses and Benchmarks
- Appointments and Promotions Process
Division Operations: Challenges

Divisions and Division Chiefs are the primary unit of interaction and key driver for faculty satisfaction

- Substantial variation noted in:
  - Training and support of Division Chiefs
  - Division resources
  - Faculty engagement
  - Communication of key information regarding LPCH, School of Medicine and Department policies and practices to faculty
  - Division Chief and faculty understanding of the A&P process
Division Operations: Division Chief Leadership Training

- Division Chief Leadership Training
  - Division Chief Retreat and Negotiation Workshop
  - Division Chief Leadership Development
    - Coaching
    - HMS Leadership Development for Physicians in Academic Health Centers
  - Anonymous Division Chief Survey

Items Evaluating Physician Opinion of Division Chief Leadership Qualities

- Holds career development conversations with me
- Empowers me to do my job
- Encourages employees to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching
- Recognizes me for a job well done
- Keeps me informed about changes at SoM and LPCH
- Encourages me to develop my talents and skills
- Overall, how satisfied are you with (name of Chief)
Division Operations: Division Chief Actions

- **Quarterly Newsletter**
  - Division and LPCH new personnel
  - Accomplishments and celebrations
  - Personal and professional Events
  - Upcoming changes at LPCH and SoM

- **Annual Retreats**
  - Task Force and Dashboards (e.g. Faculty Development, Site Integration, Work-Equity Transparency)
  - Connections Work Group and small faculty lunches

- **Division Committees and Events**
  - Early Career Women’s Faculty Group, expanded to include fellows
  - Culture Club

- **Office Hours – Open Door Policy**

- **Share Division P&L, productivity and billing data**
Division Operations: Transparency around Resources

- Presentation of division-specific data at Division Chief meetings
  - Compensation
  - P&L
  - Reserves and Executive Funds per cFTE
  - Endowments
- Department clinical profit share and expenditures
- Policies for Research and Education Expenses
Communication: Actions

- **Department Faculty Meeting**
  - Alternate days of the week; Remote access, recorded, archived with slides
  - Presentation of LPCH finances and Funds Flow
  - Presentation of Department finances, clinical profit expenditures, compensation and incentive plan

- **Department Chair and DFA attend Division Faculty Meetings**

- **Department Website with shared materials**

- **Slides from monthly Division Chief and FPO Meetings disseminated**

- **Structured 30 and 90 days reviews with new faculty**
  - How does your position compare with expectations?
  - What is working well?
  - Have there been individuals who have been helpful to you?
  - Is there a reason you might feel discouraged about your future success in your position?
  - As your Division Chief / Department Chair, what can I do to help you
  - Who have you chosen as your primary mentor?
Communication: Actions

- **C-Suite**
  - Attend Division Chief and Managers Meeting
  - Review TF reports and Wellness Survey data
  - Attend Department Meetings or submit update slides

- **Frontline Provider Lunches**

- **Associate Chair for Clinical Faculty Affairs joins the COO Operations Leadership Council**
Faculty Lines: Actions

- Acknowledge faculty achievement in all areas as a routine part of communication from the Chair and Chiefs
- Appointment of an Associate Chair for Clinical Faculty Affairs
  - Supporting Emerging Scholarly Disciplines
    - Educational Scholarship
    - Quality Improvement
    - Advocacy
- Establish Research Advisory Committee
  - Finances and infrastructure
Gender*: Compensation, Space, Appointments & Leadership Roles

*Gender was the focus secondary to the identification of important gender differences in the Climate Survey

<table>
<thead>
<tr>
<th>Gender</th>
<th>Assistant Professor</th>
<th>Associate Professor</th>
<th>Full Professor</th>
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<tbody>
<tr>
<td>Female</td>
<td><img src="#" alt="Boxplot" /></td>
<td><img src="#" alt="Boxplot" /></td>
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<tr>
<td>Male</td>
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</tbody>
</table>

% AAP 80th %tile
Department of Pediatrics Demographics

CE Faculty
N = 234

MCL Faculty
N = 65

UTL Faculty
N = 28

Asst  Asst       Asst
Assoc Assoc       Assoc
Full  Full       Full

Men    Women

33
Department of Pediatrics: Leadership Demographics

Division Chiefs

Associate Chairs

Committee on A+P

Medical Directors

Median Effort of 15% among both Men and Women

Residency Leadership

Fellowship Directors

Fellowship Assoc-Dir

PIs to Post-docs

Men

Women
Gender: Actions

- Revision of Medical Leave Policy

“For several years we have been discussing the need for a SOM CE medical leave program but didn’t have the bandwidth to address. We are incredibly blessed to have had Sumitra and Joe run with this, first for the Department of Pediatrics. And then on behalf of the entire School. Their knowledge, precision (and this is not an easy topic to understand or explain) and dedication to getting this done all made it possible. And Sumitra did an excellent job presenting the policy to the Council of Clinical Chairs back in April, which was instrumental in moving forward. Wendy Freeman, the head of the Disability Group in the University also is so appreciative of their work as the University now has a well documented policy to administer. “

- Sue Kingston, Executive Director of Faculty Compensation

- Negotiation Workshops

- Peer to Peer Mentoring Lunches
Women Department Chairs in Schools of Medicine 2018

National Average (Dept. Chairs) = 20%

<table>
<thead>
<tr>
<th>Institution</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Stanford</td>
<td>37%</td>
</tr>
<tr>
<td>Harvard</td>
<td>21%</td>
</tr>
<tr>
<td>Penn</td>
<td>20%</td>
</tr>
<tr>
<td>Wash U</td>
<td>20%</td>
</tr>
<tr>
<td>UCSF</td>
<td>19%</td>
</tr>
<tr>
<td>Hopkins</td>
<td>16%</td>
</tr>
<tr>
<td>Cornell</td>
<td>15%</td>
</tr>
<tr>
<td>UCLA</td>
<td>14%</td>
</tr>
<tr>
<td>NYU</td>
<td>13%</td>
</tr>
<tr>
<td>Columbia</td>
<td>8%</td>
</tr>
<tr>
<td>NIH Scientific Directors</td>
<td>21%</td>
</tr>
</tbody>
</table>
Main Themes

- Division Operations
- Communication
- Faculty Lines
- Work Environment
- Gender Bias
- Salary, Bonuses and Benchmarks
- Appointments and Promotions Process
Faculty Salary Scale

- School of Medicine suggested move to salary scale
- Discussed at Division Chiefs meeting, collected feedback
- Driven by specialty, by rank, and by years in rank
- AAAP National Academic Pediatric Salary Benchmarks – 80th percentile
- 80th %tile anchored to “step 1” for Asst, “step 4” for Assoc, & “step 10+” for Professor
- Faculty <10% clinical effort using SoM scale
- Instructors using a uniform scale for PhD and MD
- Chief Admin Supplements right-sized using standard set of rules
- Went into effect 9/1/17 + annual market adjustment
FY20 Base + Variable Salaries

![Graph showing salary data for Assistant Professor, Associate Professor, and Full Professor for Male and Female faculty members. The graph displays the percent of target salary on the y-axis and gender on the x-axis for each faculty level.]
Faculty Bonus Redesign

- Salary scale means no merit-based comp in B+V
- Want to enable opportunity in each division and function (clinical, research, education, and citizenship) to augment compensation
- In June 2018, organized a committee to come up with a revised plan vetted and understood by faculty

- Jon Bernstein, Kara Davis, Catherine Krawczeski, Scott Sutherland, Surabhi Agrawal, & Mike Propst
- 1-year + process with several iterations and financial modeling
Faculty Bonus Redesign - Changes

- Clinical: Bonus awarded for achieving 75% of target
- Clinical: lifted > 0.3 FTE requirement
- Research: all publications counted regardless of Direct Costs
- Education: include more postdoc administration & service; faculty development in medical education
Faculty Bonus Redesign - Changes

**FY18 Bonus Model**
- **Clinical**
  - Individual: $589,050
  - Group: $2,531,657
- **Research**
  - Individual: $875,397
  - Group: $279,852
- **Education**
  - Individual: $860,242
  - Group: $2,610,701

**FY19 Bonus Model**
- **Clinical**
  - Individual: $860,242
  - Group: $2,610,701
- **Research**
  - Individual: $1,084,500
  - Group: $407,820
- **Education**
  - Individual: $60
  - Group: NA

<table>
<thead>
<tr>
<th></th>
<th>FY18 Bonus Model</th>
<th>FY19 Bonus Model</th>
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<tbody>
<tr>
<td></td>
<td>Clinical</td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Amount</td>
<td>$589,050</td>
<td>$2,531,657</td>
</tr>
<tr>
<td>N</td>
<td>27</td>
<td>174</td>
</tr>
<tr>
<td></td>
<td>$860,242</td>
<td>$2,610,701</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>NA</td>
</tr>
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Division Chief Bonus Redesign

- Self-nominated committee:
  - Jon Bernstein, Tim Cornell, Heidi Feldman, Bonnie Maldonado, Steve Roth, Surabhi Agrawal, Mike Propst
  - Better alignment with Division Chief survey
  - Effective FY21
Education Administration

- Thoughtful re-structure
- Additional Educational Opportunities:
  - ENGAGE Professional Development Series
  - Clinical Teaching Seminar Series (CTSS)
  - Education Forum
  - Stanford Innovations in Medical Education Conference
  - Diversity and Inclusion Forum
Pediatrics Research Advisory Committee

Chaired by
Gary Shaw

Grace Lee
Carlos Milla
Jeff Feinstein
Robby Parkman
Anisha Patel
Julien Sage
Christin Kuo
Marlene Rabinovitch
Katja Weinacht
Rajni Agarwal
Mingxia Gu
Elizabeth Burgener
Mary Chen
Sijo Thomas
John Whitin
Space Committee

- Not a self-nominated committee...

- Gary Shaw, Scott Sutherland, Mike Propst
- Major effort has been around planning office space
Upcoming Faculty Meetings

- Department of Pediatrics Faculty Meeting on Appointments & Promotions and Mentoring
- Department of Pediatrics Faculty Meeting on Diversity, Inclusion and Engagement
Next Steps

- Gender Bias and Culture
- Career Development and Advancement
Culture Matters: The Pivotal Role of Culture for Women’s Academic Careers in Medicine

Development of a Measure of *Culture Conducive to Women’s Academic Success* (CCWAS)

Describe perceptions of the Department across four distinct dimensions:

1. Equal access to resources and opportunities (19 items)
2. Support in efforts to balance work and family for the achievement of both personal and processional success (11 items)
3. Freedom from gender bias (3 items)
4. Chair support (12 items)

Development of a Measure of *Work-to-Family Conflict*

1. Time-based work-to-family conflict: Time demands (e.g. long hours) interfere with effective participation in the family role
2. Strain-based work-to-family conflict: Stress or strain from work has a negative effect on family life

Associated with intentions of quitting their job, poorer physical health and worse mental health
Thank you!