Department of Pediatrics
Faculty Meeting

June, 2017

TOPIC: Task Force 1 & 3 UPDATES
Ronnie ‘Tom’ Collins, MD
Clinical Associate Professor
Division of Cardiology

- Advanced Fellowship, Adult Congenital Heart Disease and Non-invasive Imaging, CHOP (2010)
- Fellowship, Pediatric Cardiology, The Children’s Hospital of Philadelphia (2009)
- Resident in Internal Medicine and Pediatrics, University of Tennessee Health Science Center (2006)
- M.D., University of Tennessee College of Medicine (2002)

- Recruited from University of Arkansas for Medical Sciences
- Nationally-recognized expert in the cardiovascular manifestations of genetic connective tissues disorders
- Developed one of only two comprehensive clinical programs in the United States designed to care for children with these complex diseases
- Will lead the clinical program and translational research in connective tissues disorders
Meera Sankar, MD
Clinical Associate Professor
Division of Neonatology

- Fellowship, in Neonatology, UC Davis Medical Center (2004)
- Resident in Pediatrics, UC Los Angeles and California Pacific Medical Center (1996)
- Intern in Pediatrics, Children’s Hospital of Michigan (1994)
- Junior Residency in Pediatrics, University of Madras (1992)
- M.D., University of Madras, India (1989)

- Clinical duties will include being part of the NICU and caring for infants in the nursery at El Camino
- Research interests include evaluating the effectiveness of prophylactic indomethacin in treating patent ductus arteriosus and the factors responsible for increasing its effectiveness in preterm infants
Congratulations

Stephen Roth, MD, MPH
• President of the Western Society of Pediatric Cardiology in May

Katja Weinacht, MD, PhD
• 2017 Baxter Faculty Scholar

Michael Link, MD
• Pediatric Oncology, ASCO Award Lecture on Pediatric Hodgkins Lymphoma
Announcement

First PCHA-UHA Research and Learning Collaborative Mini-Conference
Theme: Practice-based Research and Learning Networks Across the Life Course

Date: July 22, 2017
Time: 12:30 – 4:30 PM
Location: Arrillaga Alumni Center
Task Force 1:
Department Decision Making and Transparency
Meet the Team

Co-chairs:
Halyey Gans,
David Rosenthal

- Nominated or self-nominated
- Broad representation of gender, rank, division, and line
- Size for optimized work

Members: Cristina Alvira, Ritu Chitkara, KT Park, Sushma Reddy, Barbara Sourkes
Methods

- Mixed form of data collection
  - focus groups
  - individual interviews
- Standard scripts
  - Open discussion was encouraged
- All sessions had two Task Force members
  - one scribe
  - one facilitator
Focus Groups

- Five groups structured to optimize faculty representation
  - Female
  - Male
  - Clinical educator line
  - Medical center line
  - University tenure line

- Random selection from a master list with sequential invitations
  - Target 6 to 9 participants for each group
  - High response rate with ~ 80% participation

- 90 minute discussion with lunch
Interviews and Meetings

- Division Chiefs selected to represent a diverse cross-section
  - Cardiology
  - General Pediatrics
  - Hematology – Oncology
  - Hospital Medicine
  - Infectious Diseases
  - Nephrology

- Four members of the Appointments and Promotion Committee

- Division Meetings
  - Cardiology
  - Neonatology
  - Pulmonary Medicine
  - General Pediatrics

- Sessions transcribed and reviewed by all Task Force members

- Results compiled into a report that was reviewed and revised multiple times by all Task Force members to ensure all voices were captured
Results: Overview

- 61 Faculty members participated in the process
- Presented by themes given the remarkable consistency across focus groups and interviews
- Perception is reality
- Focused on identified challenges and only highlighted best practices when relevant
- Proposed solutions reflect stake holder information and target actionable items
- Recommendations not prioritized to minimize bias
Systemic and Pervasive Themes

- Culture of silos
  - Compromises sharing of information and establishment of best practices
    - across Divisions
    - across faculty lines
- Lack of standardized approach
  - Results in inequities across Divisions and lines
- Top down decision making
Main Themes

- Division Operations
- Appointments and Promotions Process
- Faculty Lines
- Work Environment
- Gender bias
- Salary Support
- Communication
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
  - Divisional resources
  - Faculty engagement
  - Communication
    - between divisions
    - of key information regarding LPCH, School of Medicine and Department policies and practices
  - Division Chief and faculty understanding of the A&P process

- These challenges impact the faculty’s ability to fully embrace all of the attributes of the institution
Task Force: Suggested Remedies

- **Division Chiefs**
  - Define *competencies and expectations*
    - Create a process by which faculty can provide *anonymous evaluations* annually
  - Training offered for current and incoming chiefs
  - Professional development regarding A&P process and sponsorship

- **Communication**
  - Department Chair should attend faculty meetings to understand the nature and challenges of each division and share critical information at least biannually
  - The balance between centralized and division-based processes should be addressed with ample vetting and communication prior to implementation
  - Departmental meetings should have interactive portions
  - Records of the meetings should be available to those who are unable to attend
  - Consider a regular department newsletter
A+P Process: Challenges*

- Faculty line descriptions are vague, confusing, and difficult to individualize
- Variable understanding of the process and the degree to which Chiefs engage in the promotion process
  - Inconsistent leadership, guidance, and sponsorship
  - Confusion creates significant angst and difficulty assessing success among faculty
  - Little knowledge and empathy across faculty lines
- There is wide-spread belief that criteria have changed

*many issues around faculty lines, the Professoriate, and benefits, are not necessarily under the control of the Department nor even the School of Medicine.*
Potential Remedies: Education

- The Chair, Associate Chair for Academic Affairs, and Committee on A+P should
  - Conduct workshops for faculty regarding the criteria and promotion process
  - Lead faculty breakout sessions that provide real time and relevant specifics for how the process pertains to them

- Educate the Chiefs about expectations for faculty and the role of the Division Chiefs in the promotion process.

- Work with Chiefs to develop a document that lists suggestions for how faculty may fulfill specific criteria.

- Develop greater transparency about decisions on an aggregate level
Task Force Potential Remedies: Process

- The rationale and extent of changes in the promotion criteria should be assessed and communicated.
- Consider an annual review with a trained member of the faculty in each Division: to provide concrete guidance regarding requirements, how to achieve these, and sponsorship where needed.
- The pre-launch is too late to rectify many issues of faculty performance.
Faculty Lines

Challenges

• Faculty tracks are siloed and little information is shared.
• Faculty feel that their efforts are not well understood nor valued.

Suggested remedies

• Disseminate information about each line to counteract the perceptions among each lines that their challenges are the most difficult.
• Enhance the research infrastructure to assist junior faculty in establishing a successful research trajectory.
• Educate faculty about the financial implications of the research enterprise.
• Acknowledge faculty achievement in all areas as a routine part of the communication from the Chair and Chiefs.
Work Environment

- **Challenges**
  - The perception that non-salary resources are not equitably distributed across faculty or divisions contributes to dissatisfaction.
  - Inefficient clinical processes and infrastructure in the hospital create an ineffective working environment, resulting in physician frustration.

- **Suggested remedies**
  - Allocation of office space should be guided by principles that are clearly articulated to faculty.
  - Resource allocation should be reviewed at the departmental level to determine if differences exist and identify solutions.
Gender Bias*

- **Challenges**
  - Meetings frequently extend work hours when primary caregivers are not able to attend. This compromises communication of key information.
  - Sponsorship is a key component of advancement into leadership roles and more frequently targets male faculty.

- **Suggested remedies**
  - Establish metrics and quantify gender differences.
  - Consider leadership training in order to recognize and mitigate unconscious gender and diversity bias.

*broader diversity challenges also applicable, but gender was the focus secondary to the identification of important gender differences in the Climate Survey*
Next Steps: Shared Decision Making

- Ongoing process
  - Continued collection and communication of data
    - Several issues require further data to quantify and address inequities
  - Several action items can be implemented immediately
    - Require continued evaluation, iteration, feedback and communication
    - Specific issues may require committees

- Full report will be distributed to the faculty

- Please send feedback and comments to Hayley (hagans@stanford.edu) and David (davidnr@stanford.edu)
Thank you for your participation
Task Force 3: Mentoring/Engagement
Task Force on Mentoring/Engagement

Findings
Impetus

2016 faculty survey identified key gaps

- Resources to do my work well
- Feeling appreciated for my work
- Opportunities to do what I do best
- Being cared about as a person
Focus
• Mentoring
• Engagement
• Inclusion

Objectives
• Explore barriers and “sore points”
• Identify potential tangible remedies
Task Force on Mentoring/Engagement

Selection
- Primarily volunteers
- Reflected diversity of academic lines, rank and interests

Members
- Leads: Harvey Cohen, Laura Bachrach
- Suzan Carmichael
- Mary Chen
- Kara Davis
- Ann Dubin
- Bonnie Halpern-Felsher
- Missy Hurwitz
- Janet Lowe
- Matt Porteus
- Elizabeth Shepard
TF group

- First meeting – chose questions and participants for focus groups (FG)
- Second meeting – discussed findings from FGs
- Solicited final comments from TF and FG members
- Refined summary

Focus group process

- Random selection of participants
- Groups matched by rank with mix of CE, MCL and UTL
- Personal invitations
- Skilled facilitator – Dr. Karma McKelvey
- Sessions recorded, transcribed, and de-identified
- Themes summarized and reviewed by three TF members
**Representative Voices**

### Broad Faculty Participation (N=59)

- **Instructors**: 2 groups, 11
- **Assistant Professors**: 2 groups, 8
- **Associate Professors**: 2 groups, 15
- **Professors**: 2 groups, 11
- **Mixed rank**: 1 group, 10
- **Individual meetings**: 4
Mentoring - Challenges

• Finding mentors
  – Research
  – For upper level faculty
  – Augmenting counsel from division chiefs & other assigned mentors

• Transparency about the promotion process
  – Honest and specific feedback about progress

• Defining the **mission** for faculty
  – Aligning hospital and department goals and priorities
  – Competing demands – clinical vs. education/research/QI
  – What is valued versus what is “counted”
Mentoring - Suggestions

Increase the pool of mentors
• Facilitate identification of research mentors
• Offer mentoring to interested mid-career and senior level faculty
• Facilitate seminar series to foster research interactions

Enhance mentoring skills
• Formal training for division chiefs and other key mentors
• Institute 30 and 90 day reviews for new hires by division chiefs
• Ongoing training for PMP and CE mentors

Clarify promotion process
• Group information sessions at least twice yearly to define key metrics
• Review of individual portfolios in small groups or one-on-one
• Align expectations for promotion with other demands on time
Defining the “mission”
- Increased emphasis on clinical output
- Balancing clinical work with education, QI, research
- What does it mean to work in an “academic institution”

Feeling disconnected
- No longer a “small village”
- Scattered at different clinical sites & labs
- Inadequate “on-boarding” for new faculty

Needing more administrative support
- Clinical – EMR, communication with patients
- Research – pre and post award support
Clarify individual “missions”
• Help faculty to define an individual focus or passion (research, QI, education)
• Foster time/space to accomplish this (20% optimal)
• Recognize & celebrate all contributions – clinical, educational, research

Increase administrative support
• Clinical –
  – EMR, dragon dictation
  – Communication with patients
  – Billers and coders
• Research – pre and post award support by knowledgeable staff

Give faculty a voice
• Ensure a “voice at the table” for clinical decision making
• Encourage participation in hospital and med school committees
Engagement - Suggestions

Encourage faculty interactions
• After Grand Rounds (encourage attendance; no clinics until 9:30)
• Multi-disciplinary discussions around challenging patients
• Facilitate research seminars between labs to share ideas

Foster wellness
• Noon conferences on wellness
• Offer “small steps” towards wellness at grand rounds, faculty meetings
• Access to healthy food
• Address need for office space, breast pumping space etc.
Inclusion - Challenges

No longer a “small village”
- Large number of faculty
- Differing faculty lines/roles
- Dispersion across labs and clinical sites

Coming “on board”
- Roles, responsibilities & the “other players”
- Being introduced
For CEs
• Faculty, not “staff”
• Equalize benefits where possible – day care, maternity leave

For Instructors
• Clarify rights and responsibilities
• Identify “faculty events” they can attend

For new hires
• Formalize “on boarding” 3-4 times yearly for new arrivals
• Introduce at faculty meetings or via e mail or newsletter – role, interests, etc.

For all
• Foster interactions – faculty lunches, after grand rounds
• Create small group lunches – Mayo Clinic model?
Recognize the strengths
• Existing mentoring programs
• Task forces and focus groups – really being heard
• Faith in The Leader – Mary Leonard

Ensure ACTION –
• Surveys and discussions complete
• This time must be different
• Align mission of the hospital and department
• *Initiate tangible changes*
• Recruit for an ongoing Mentoring/Engagement Action Group
Proposed and Initial Department Actions

Eric Sibley
Scott Sutherland
Christy Sandborg
Becky Blankenburg
Gary Shaw
Mark Kay
Lisa Chamberlain
Communication

- **Department Intranet**
  - Post Departmental policies with description of methods, supporting data, and decision making process; e.g. salary setting or bonus plan
  - Provide forum to post questions and comments and review draft documents
  - Provide resources for A+P; including concrete suggestions for CE faculty to establish regional and national reputations

- **Department Newsletter**

- **Monthly Faculty Meeting**
  - Continue through the summer (last Tuesday of the month)
  - Alternate days of the week (effective January 2018)
  - Live streaming with mechanisms for remote viewers to ask questions
  - Celebrate accomplishments in all components of the mission

- **Department Chair attends Division Meetings biannually and as needed**
  - Include DFA
  - Encourage invitations to the Associate Chairs; serve as ombudsman
Equity and Support

Task Force Finding: sense of inequity among faculty

Department Response

• Quantify the degree of inequity across Divisions
  − start-up packages
  − protected time and research funds within each faculty line
  − administrative support, IT support, parking
• Identify inequities in under-resourced Divisions that need to be rectified

Task Force Finding: most Division Chiefs feel they are largely on their own in negotiating with LPCH resources, resulting in different levels of support

Department Response

• Consider creating subcommittees of Chiefs in Divisions with similar challenges to quantify inequities and establish best practices
• Consider Council of Clinical Chiefs
  − We are more powerful when we speak with a unified voice
Support of Division Chiefs

**Task Force Recommendation:** Chiefs should receive formal coaching in negotiation and leadership in order to address inequities in resources from the Department and LPCH

**Department Response**

- **Off-site Division Chief Retreat**
  - Training by Graduate School of Business Faculty
    - Negotiation and Team Management
    - Leading Change and Organizational Renewal

- **Leadership Training**
  - Offer all Division Chiefs the opportunity to participate in the Harvard Medical School program on *Leadership Development for Physicians in Academic Health Centers*, or other leadership courses of their choosing.
Leadership Expectations and Feedback

**Task Force Recommendation:** Define competencies and expectations for Division Chiefs. Create a process by which faculty can provide anonymous evaluations of Division Chiefs annually.

**Department Response**

- Identify core competencies and expectations; e.g.
  - Competency: *Communicating effectively*
    - Expectation: Convenes Division Faculty meetings at least monthly. Communicates action items or discussions from the Chief’s meeting, including the rationale for new policies.
  - Competency: *Developing Talent*
    - Expectation: identifies opportunities and sponsors CE faculty for service on national committees or working groups; positions faculty for promotion
- Develop a survey for faculty to provide anonymous feedback on core competencies annually, with comments synthesized
- Onboarding new faculty
Transparency

Task Force Finding: Lack of transparency about salaries, bonuses and research finances

Department Response

• Provide detailed documentation about salary setting, the incentive plan, and the source and robustness of benchmark data for salaries and wRVU targets. Include the 50%tile wRVU for each subspecialty per cFTE. Make sure each faculty member understand how their cFTE is calculated.

• Revisit the bonus plan – especially in light of the change in the salary setting.

• Present Research Finance 101 sessions that review indirects (including effective indirect rate), space costs, department subsidies, and the research incentive plan.
  - Compare with Department of Medicine and Basic Science Departments and discuss ways to mitigate differences
Appointments and Promotions

Task Force Recommendation: Reconciliation of the Goals/Achievements process, faculty time allocation, faculty expectations and the Appointments and Promotions process should be a priority

Department Response

• Revise the *Goals and Achievements Form* to include the date of the anticipated pre-launch meeting, the materials that will be reviewed at that time, and the criteria for the next step. The document should specify realistic expectations and a statement of how the Chief will sponsor the faculty member and help them achieve the stated goals.

• The Chair, Associate Chair for Academic Affairs (ACAA), Associate Dean Lowe and A+P Committee Chair will participate in line-specific faculty workshops in the fall each year
Comments and Questions