Defining Time and Resource Availability to Clinical Faculty to Enable Academic Success

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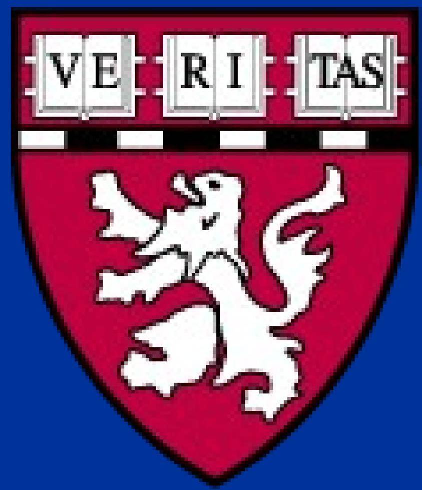

Background/ Significance

- Clinical faculty face expectations to excel in clinical expertise, teaching, scholarship, and reputation for academic advancement
- Whether sufficient protected time and other resources are available to such faculty to support academic work, and impact of clinical responsibilities on academic advancement are unclear

Purpose/ Objectives

To generate qualitative pilot data from academic leadership across the HMS affiliate hospitals regarding

- Definition of a clinical full-time effort (CFTE) and academic time
- Best practices employed by departments to enable clinical faculty to succeed academically
- Factors contributing to faculty feeling disenfranchised or supported

Methods/ Approach

- Open-ended, semi-structured individual interviews with a purposive sample of 14 department chairs selected for broad representation of clinical specialties (Medicine, Pediatrics, Psychiatry, Emergency Medicine (EM), Radiology, Surgery and Ophthalmology) across the HMS affiliate hospitals. Interviews were analyzed for thematic content to determine heterogeneity and commonalities across specialties.

Outcomes/Results

Definition of Clinical Full Time Effort (CFTE):

- **Primary Care Medicine and Pediatrics, Radiology, Surgery and Ophthalmology:**
  - 8 clinical sessions or 4 full clinical days per week
- **Procedural medical and pediatric subspecialties:**
  - 5-8 clinical +/- procedural sessions per week; inconsistency regarding the basis of this determination
  - Few academic physicians are able to engage in 8 clinical sessions
- **Psychiatry:**
  - 28-32 hours of direct patient contact per week
- **Shift specialties (Hospital Medicine and EM):**
  - Inconsistency in the definition of a CFTE depending on the department, whether faculty work daytime or nighttime shifts, and at academic or non-academic sites

"Academic time" was more accurately conceptualized as "non-clinical time":

- Typically, **a day a week** for non-shift specialties
- Variably defined for shift specialties
- Used for **administrative work, to catch up with clinical notes, or less often as true academic time**
- Radiology was more purposeful in delineating academic time absent of clinical or administrative responsibilities

Outcomes/ Results (cont'd)

Best Practices for Academic Advancement:

- **Most departments provide some mentoring support**:
  - Great variability in the resources available for academic advancement
  - Greater variability in resources available for continuing medical education
- Departmental leaders believe that **mentors also serve as sponsors**
- **Coaching is not routinely available:**
  - **S**ometimes used for remediation, or provided to departmental leaders
- Some departments (Medicine, Surgery, Ophthalmology and EM) have invested resources in intensive programs for mentorship and academic advancement, with expectations of accountability built into the program

Faculty disenfranchisement:

- Concerns were expressed by Chairs of Medicine, Pediatrics and Psychiatry and to some extent EM regarding **documentation burden** and its deleterious impact on
  - Available academic time
  - Provider wellness and retention
- Not a significant concern per Chairs of Radiology, Surgery and Ophthalmology

Discussion/ Conclusion/ Potential Impact

Heterogeneity exists in both the definition of a CFTE and academic time, as well as in resources available within departments to enable academic success

- Given the variability in practices to support advancement of clinical faculty, **discussions with departmental leadership** may be useful around strategies to define and protect academic time, motivate clinical faculty to engage in academic work, and build expectations of accountability
- **Sharing best practices and setting clear standards** should be considered to enhance advancement of clinical faculty
- Strategies to **reduce documentation burden** may enhance academic time, physician wellness and retention

Mass General Brigham
Mass General for Children

ABSTRACT: 2022 ELAM Institutional Action Project

Project Title: Defining Time and Resource Availability to Clinical Faculty to Enable Academic Success

Name and Institution: Madhusmita Misra, MD, MPH, Massachusetts General Hospital and Harvard Medical School (HMS), Boston, MA

Collaborators and Mentors: Carol Bates, MD, Grace C. Huang, MD, Anne Becker, MD, PhD

Background/Significance: Clinical faculty face expectations to excel in clinical expertise, teaching, scholarship, and reputation for academic promotion. Whether sufficient protected time and other resources are available to clinical faculty to support their academic work, and the impact of clinical responsibilities on academic advancement are unclear.

Purpose/Objectives: To generate qualitative pilot data from academic leadership across the HMS affiliate hospitals regarding (i) the definition of a clinical full-time effort (CFTE) and academic time, (ii) best practices employed by departments to enable clinical faculty to succeed academically, and (iii) factors contributing to whether faculty feel disenfranchised or supported.

Methods/Approach: Open-ended, semi-structured individual interviews with a purposive sample of 14 department chairs selected for broad representation of clinical specialties (Medicine, Pediatrics, Psychiatry, Emergency Medicine (EM), Radiology, Surgery and Ophthalmology) across the HMS affiliate hospitals. Interviews were analyzed for thematic content to determine heterogeneity and commonalities across clinical specialties.

Outcomes/Results: There was considerable heterogeneity in the definition of a CFTE across clinical specialties and included 8 clinical sessions or 4 full clinical days per week for primary care Medicine and Pediatrics, Radiology, Surgery and Ophthalmology, 28-32 hours of direct patient contact for ambulatory Psychiatry, and 5-8 clinical sessions for procedural medical and pediatric subspecialties, with inconsistency regarding the basis of this determination. Chairs acknowledged that few academic physicians engaged in 8 clinical sessions a week. For shift specialties (Hospital Medicine and EM), the definition of a CFTE was inconsistent and depended on whether faculty worked daytime or nighttime shifts, and at academic or non-academic sites. "Academic time" was more accurately characterized as "non-clinical time" and was typically a day a week for non-shift specialties and used for administrative work, to catch up with clinical notes, or less often as true academic time. Radiology was more purposeful in delineating academic time absent of clinical or administrative responsibilities. While most departments provided some mentoring support, there was variability in resources available for academic advancement and for continuing medical education. Mentors were believed to also serve as sponsors, but coaching was typically not available, other than as a component of remediation, or sometimes provided to departmental leaders. Some departments had invested resources in intensive programs for mentorship and academic advancement, with expectations of accountability built into the program. Concerns were raised by Chairs of Medicine, Pediatrics and Psychiatry and to some extent EM (but not Radiology, Surgery and Ophthalmology) regarding documentation burden and its impact on academic time, provider wellness and retention.

Discussion/Conclusion/Potential Impact: There is heterogeneity in the definition of a CFTE and academic time across clinical specialties and in the resources available to enable academic success. Given variability in practices to support advancement of clinical faculty, discussions with departmental leadership may be useful around strategies to define and protect academic time, motivate clinical faculty to engage in academic work and build expectations for accountability. Sharing best practices and setting clear standards should be considered to enhance advancement of clinical faculty. Strategies to reduce documentation burden may enhance academic time, physician wellness and retention.