Eastern Association for the Surgery of Trauma

EAST Leadership Development Workshop Part II
A Formula for Success – Leadership, Finances, and Career Development

January 14, 2014
Waldorf Astoria Naples
Naples, Florida

Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American College of Surgeons and the Eastern Association for the Surgery of Trauma (EAST). The American College of Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™
The American College of Surgeons designates this live activity for a maximum of 7.5 *AMA PRA Category 1 Credits™**.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**This workshop qualifies for Self-Assessment Credit.

American College of Surgeons
Division of Education

east

Scott G. Sagraves, MD
President, Eastern Association for the Surgery of Trauma (EAST)

EAST STRUCTURE & GOVERNANCE

HISTORICAL BOARD STRUCTURE

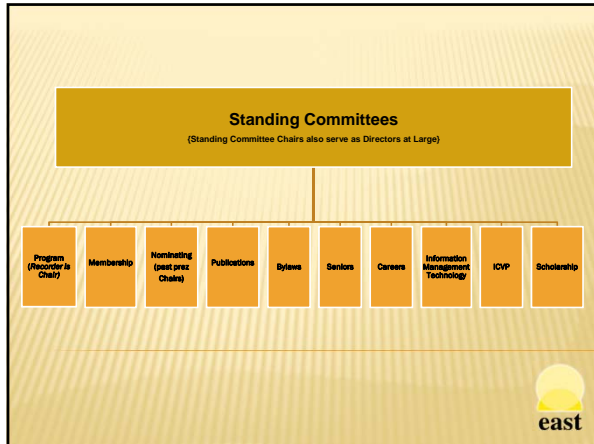1987 - 1992

east

Board of Directors

Executive Committee
President, President-Elect, Secretary/Treasurer, Recorder, Past President

EAST Executive Director
Non-Voting

| Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Dir at Large | Senior Ex Officio |

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Standing Committees
{Standing Committee Chairs also serve as Directors at Large}

Program (Recorder is Chair) · Membership · Nominating (past prez Chairs) · Publications · Bylaws · Seniors · Careers · Information Management Technology · ICVP · Scholarship

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Ad Hoc Committees

Online Education · Advocacy Outreach · PMGs · Military · Pediatric Trauma · Research · Rural Trauma · Advanced Practitioners

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BOARD OF DIRECTORS CIRCA 2010

east

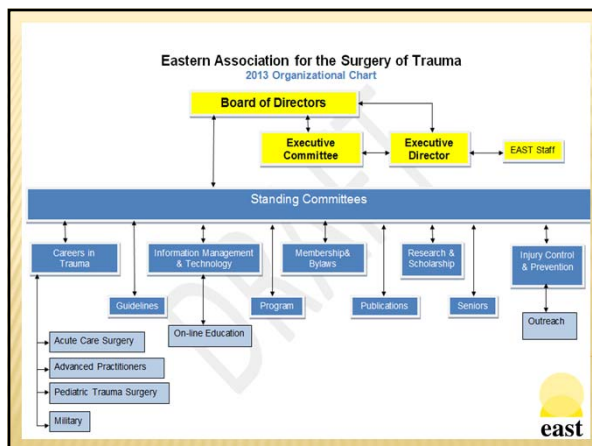## CHALLENGES FACING 2013 BOARD

RESTRUCTURE

- Realignment of the Board
- Creation of new agenda format
  - Action agenda
  - Consent agenda
  - Things that needed to be discussed had higher priority rather than regurgitation of reports

2013 EAST STRATEGIC PLANNING RETREAT

STRATEGIC PLANNING RETREAT

- Relevance of the Association to its Members
- Strategic initiatives
  - Branding/marketing review and modification
  - Develop IT strategy to support EAST's mission
  - Governance & Staff Support Review
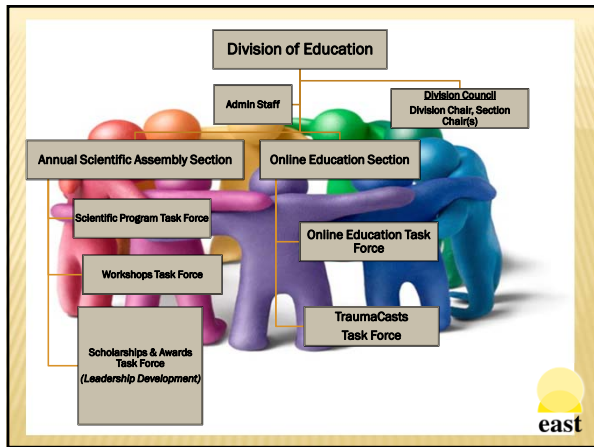 - Annual Scientific Assembly evaluation
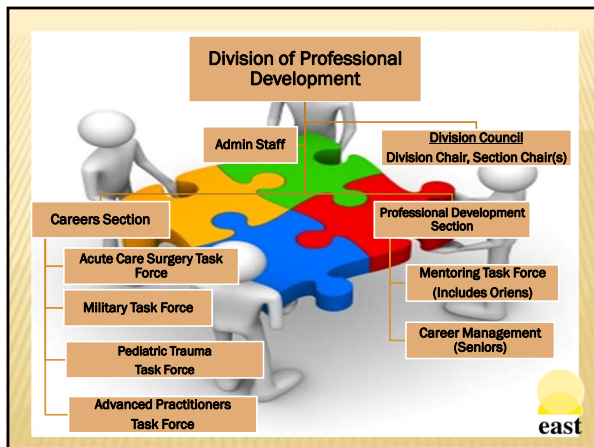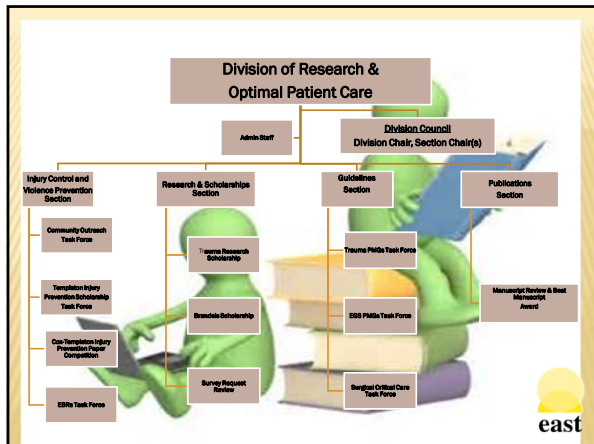
GOVERNANCE TASK FORCE

- Chair
  - Scott Sagraves
- Members
  - Ronald Gross
  - Oscar Guillamondegui
  - Wayne Mashas
  - Carlos Rodriguez
  - Joseph Sakran
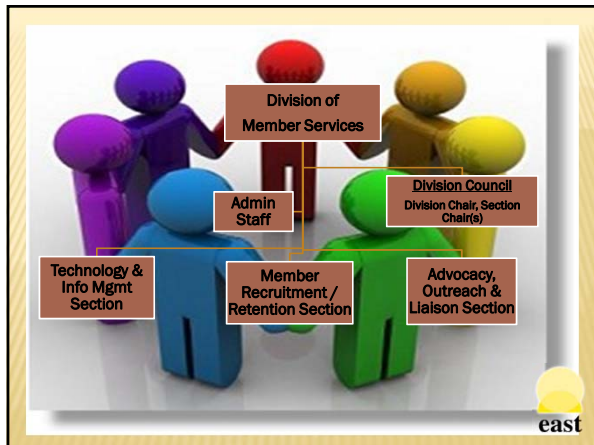 - Paul Schenarts
  - Shahid Shafi
  - Martin Zielinski
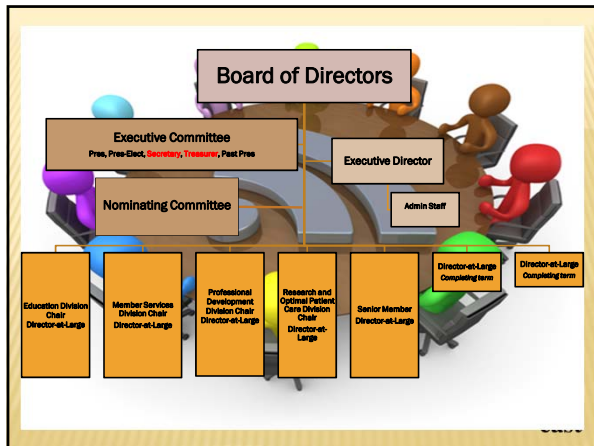
BENEFITS OF "NEW" STRUCTURE

- Meets the legal changes since inception
- Keeps the opportunities to volunteer in place
- Provides clear lineage to ascend to the Presidency
- Emphasizes work effort, not politics
- Provides clear structure to the Board and improves the Board's ability to efficiently govern

MORE BENEFITS

- Creates reporting structure to the Board
- Creates a Secretary position on the Executive Committee
- Increases a Board member's chances to assume the Presidency
- Details responsibilities of Chairs
- Maintains relevance to the Members of EAST

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"THERE IS NOTHING MORE DIFFICULT TO TAKE IN HAND, MORE PERILOUS TO CONDUCT, NOR UNCERTAIN IN ITS SUCCESS, THAN TO TAKE THE LEAD IN THE INTRODUCTION OF A NEW ORDER OF THINGS, FOR THE INNOVATOR HAS FOR ENEMIES ALL OF THOSE WHO HAVE DONE WELL UNDER THE OLD, AND LUKEWARM DEFENDERS IN ALL THOSE WHO MAY DO WELL UNDER THE NEW."

-MACHIAVELLI

EAST Leadership Development Workshop

Financial Foundations

John B. Osborn, M.Sc.
Administrator
Mayo Clinic Trauma Centers

Objectives

- Describe supply & demand as it relates to health care services

- Define the current health care market

- Understand how health care is currently financed

- Define basic concepts: e.g., direct costs, indirect costs, margin, etc.

- Discuss role of the individual provider in optimizing financial outcomes

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Basic Concepts in Health Economics

Or, the dismal science gets admitted

Microeconomics 101
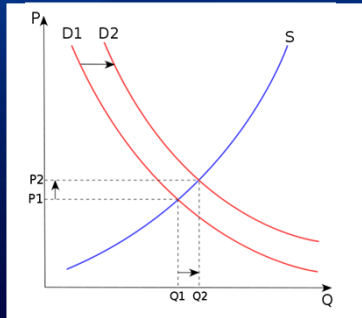
Health Economics, Brutally Summarized

- I enjoy good health, and I want my health to be as good as possible for as long as possible

- I start life with a finite stock of health. Over time, my stock of good health naturally decreases.

- Medical care can replenish my stock.

- My *demand* for medical care is based upon *my desire for good health*

Grossly simplified from Grossman (1972), *J Pol Econ* 80:2*
* not for the faint of heart
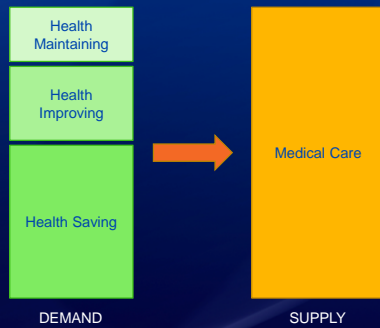
Health Economics

Microeconomics 201

- Elasticity: how much demand or supply changes in response to a change in one of its drivers

Elastic - % change in demand *greater* than % change in price

Inelastic - % change in demand *less* than % change in price

Price

Quantity
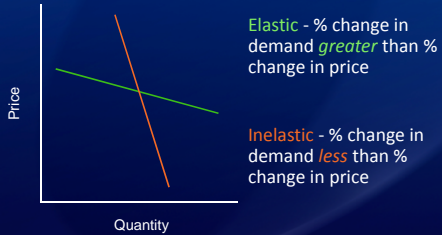
Health Economics

- The demand for health care is inelastic - a 1% increase in price results in a 0.17% decrease in demand
  - Patients will seek care much more on the basis of their desire for good health
- The demand for health insurance, however, is elastic – a 1% increase in premium results in a 1.8% decrease in enrollment
  - Consumers are more sensitive to increases in the cost of their coverage

Ringel et al (2005), *The Elasticity of Demand for Health Care*, RAND Health

The Health Care Market

The Health Care Market

- Drugs & Devices
- Payers
- Providers
- The Patient
- Policy-Makers
- Educators

Distribution of National Health Expenditures, by Type of Service (in Billions), 2011

- Other Health Spending, $421.4 — 15.6%
- Hospital Care, $850.6 — 31.5%
- Home Health Care, $74.3 — 2.8%
- Other Personal Health Care, $400.7 — 14.8%
- Physician & Clinical Services, $541.4 — 20.0%
- Nursing Care Facilities & Continuing Care Retirement Communities, $149.3 — 5.5%
- Prescription Drugs, $263.0 — 9.7%

NHE Total Expenditures: $2,700.7 billion

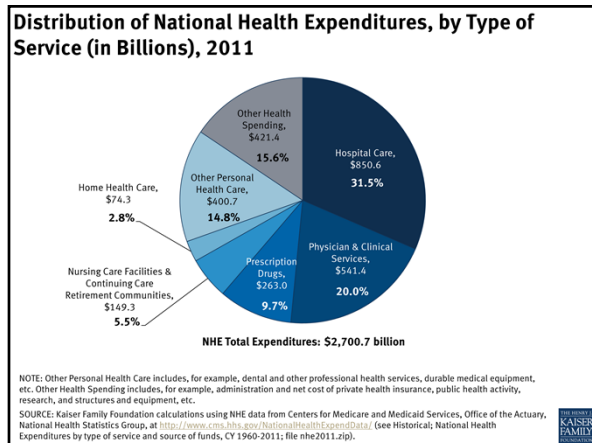NOTE: Other Personal Health Care includes, for example, dental and other professional health services, durable medical equipment, etc. Other Health Spending includes, for example, administration and net cost of private health insurance, public health activity, research, and structures and equipment, etc.

SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (see Historical; National Health Expenditures by type of service and source of funds, CY 1960-2011; file nhe2011.zip).

THE HENRY KAISER FAMILY FOUNDATION

Health Care Finance

- In the United States, health care is financed by a *third-party payer* system
  - Consumers minimize their individual risk of expense by purchasing insurance
  - Insurers pool the risk of their subscribers and set premiums to cover expected expenditures
- Rapidly increasing health care expenditures have spawned the development of insurance schemes designed to manage cost
  - Manage the market (HMO)
  - Provide incentives (PPO)

Health Care Finance

- Three primary third-party payment models
  - Conventional fee-for-service plans
  - Health Maintenance Organizations
  - Preferred Provider Organizations
- Hybrid models have developed
  - Point-of-Service plans
  - Health savings accounts

Health Insurance Options

- Conventional Fee-for-Service (FFS) Plan
  - Providers reimbursed for services provided, at contracted levels
  - Beneficiaries choose provider
  - May or may not include cost-sharing
- Health Maintenance Organization (HMO)
  - Prepaid, fixed-fee health coverage
  - Providers are employed or contracted
  - Beneficiaries receive all care "in-network"

Health Insurance Options

- Preferred-Provider Organization (PPO)
  - Fee-for-service coverage
  - Providers agree to contractual discounts
  - "Non-network" care is subject to greater cost-sharing by beneficiary
- Point-of-Service (POS) Plan
  - Either pre-paid or fee-for-service
  - Beneficiaries designate their own "primary provider" from among "participating" providers
  - Greater out-of-pocket expense for care from "non-participating" providers

Health Insurance Options

- High-Deductible Health Plans with Savings Option (HDHP/SO)
  - Deductible at least $1,000
  - Eligible for Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)
    - HSA: beneficiary-funded, portable
    - HRA: employer-funded, tied to employment
  - Emerging product in past few years

Health Insurance Options

- Insurance Terminology
  - Premium
    - Annual payment for coverage under plan
  - Deductible
    - Annual out-of-pocket expense before coverage benefits begin
  - Co-payment
    - Fixed out-of-pocket cost for certain covered services
  - Co-insurance
    - Out-of-pocket cost for certain covered services, at a fixed percentage of the charge

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Health Insurance Coverage of the Nonelderly Population, 2011

Uninsured 18.0%

Medicaid/ Other Public 20.5%

Private Non-group 5.7%

Employer-sponsored Insurance 55.8%

266.4 Million

SOURCE: KCMU/Urban Institute analysis of 2012 ASEC Supplement to the CPS.

Uninsured Rates Among Nonelderly by State, 2010-2011

National Average = 18.2%

- <14% Uninsured (13 states & DC)
- 14 to 18% Uninsured (20 states)
- >18% Uninsured (17 states)

SOURCE: KCMU/Urban Institute analysis of 2011 and 2012 ASEC Supplement to the CPS (two-year pooled data).

Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2012

Conventional ■ HMO ■ PPO ■ POS ■ HDHP/SO

Year	Conventional	HMO	PPO	POS	HDHP/SO
1988	73%		16%	11%	
1993	46%	21%	26%	7%	
1996	27%	31%	28%	14%	
1999	10%	28%	39%	24%	
2000	8%	29%	42%	21%	
2001	7%	24%	46%	23%	
2002	4%	27%	52%	18%	
2003	5%	24%	54%	17%	
2004	5%	25%	55%	15%	
2005	3%	21%	61%	15%	
2006	3%	20%	60%	13%	4%
2007	3%	21%	57%	13%	5%
2008	2%	20%	58%	12%	8%
2009	1%	20%	60%	10%	8%
2010	1%	19%	58%	8%	13%
2011	1%	17%	55%	10%	17%
2012	<1%	16%	56%	9%	19%

NOTE: Information was not obtained for POS plans in 1988. A portion of the change in plan type enrollment for 2005 is likely attributable to incorporating more recent Census Bureau estimates of the number of state and local gover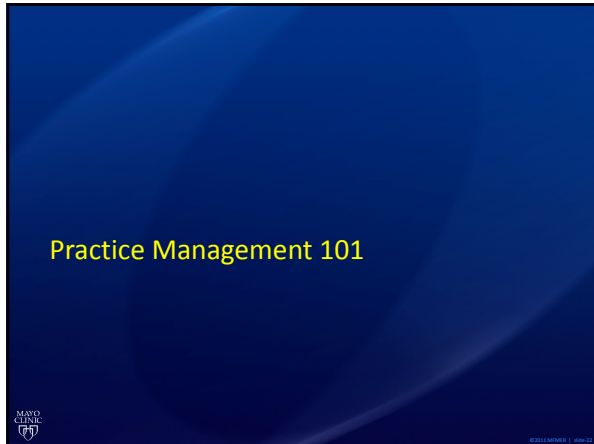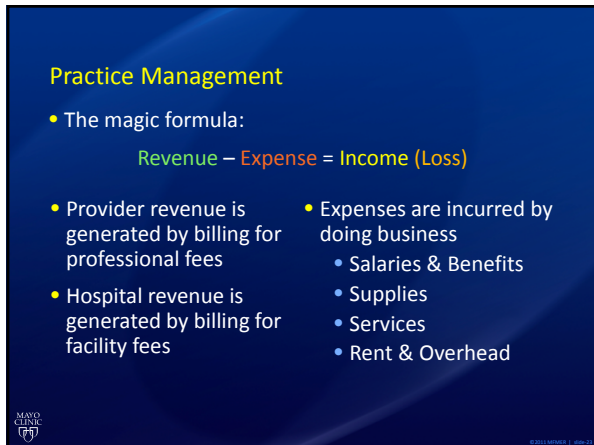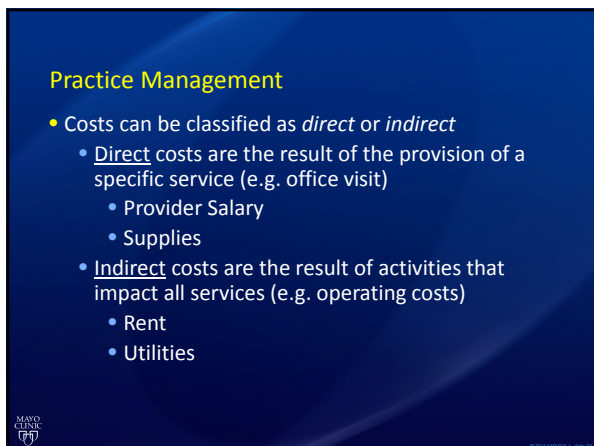nment workers and removing federal workers from the weights. See the Survey Design and Methods section from the 2005 Kaiser/HRET Survey of Employer-Sponsored Health Benefits for additional information.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2012; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996; The Health Insurance Association of America (HIAA), 1988.

Estimated Health Insurance Coverage in 2017

Total Nonelderly Population = 279 million

Without Health Reform (56 Million Uninsured)
- Uninsured: 19%
- Medicaid/CHIP: 13%
- Private Non-Group/Other: 10%
- Employer-sponsored Insurance: 58%

With Health Reform (29 Million Uninsured)
- Uninsured: 10%
- Medicaid/CHIP: 16%
- Exchange: 9%
- Private Non-Group / Other: 8%
- Employer-sponsored Insurance: 56%

NOTE: This assumes that all states choose to expand Medicaid eligibility up to 138% FPL January 2014.
SOURCE: Congressional Budget Office, February 2013. Total may not equal 100% due to rounding

Practice Management 101

Practice Management

- The magic formula:

  Revenue – Expense = Income (Loss)

- Provider revenue is generated by billing for professional fees
- Hospital revenue is generated by billing for facility fees

- Expenses are incurred by doing business
  - Salaries & Benefits
  - Supplies
  - Services
  - Rent & Overhead

Practice Management

- Costs can be classified as *direct* or *indirect*
  - Direct costs are the result of the provision of a specific service (e.g. office visit)
    - Provider Salary
    - Supplies
  - Indirect costs are the result of activities that impact all services (e.g. operating costs)
    - Rent
    - Utilities

Professional Fees

Practice Management

- Professional fees for provider services are billed in discrete units, based on the service provided
  - Described by Current Procedural Terminology (CPT) codes, each with
    - Defined Medicare reimbursement rate
    - Defined Relative Value Units (RVU)
- CPT codes fall into two categories
  - Evaluation & Management (E&M)
  - Procedural

Practice Management

- NPPA providers can bill independently of physicians
- A physician note within the same Medicare specialty will typically trump an NPPA note
- NPPA providers billing independently are reimbursed at 85% of the physician fee schedule
- NPPA providers employed by a physician may bill "incident to" that physician's services and be reimbursed at 100% of the physician fee, provided that strict supervision requirements are met

Hospital Billing

Practice Management

- Hospital revenue is generated by facility and technical fees
  - Hospital bed
  - Nursing
  - Tests
- Medicare reimbursement is based upon diagnosis, and is paid in a lump sum, regardless of actual cost or utilization ("DRG payment")
- DRG payment is only influenced by markers of acuity or complexity (CC, MCC)

Practice Management

- Medicare DRG Payments

    Base Payment * Relative Weight

    [+ DSH + IME]

- 2011 Base Payment = $5164.11

DRG	Title	Weight	Payment
799	Splenectomy w MCC	4.9434	$25,528.26
800	Splenectomy w CC	2.5874	$13,361.62
801	Splenectomy wo CC	1.5586	$8,048.78

Source: Centers for Medicare & Medicaid Services, www.cms.gov

Practice Management

- Hospital payments are significantly impacted by the presence of CC/MCCs
  - MCC = major complication/comorbidity
  - CC = complication/comorbidity
- Evidence in the record of specific conditions that will increase acuity will increase hospital reimbursement
- Each DRG has a standard mean length of stay, severity index, and mortality rate
- Outcomes data will increasingly be publically available and benchmarked against other providers

Practice Management

- Consider the following:

82 yo WF altered mental status, shaking chills, fevers, decr UO, T = 103, P = 124, R = 34, BP = 70/40 persistent despite 1 L NS, on Dopamine, pO_2 = 78 on non-rebreather, pH = 7.18, pCO_2 = 105, WBC = 17,500, left shift, BUN = 78, Cr = 5.4, CXR – Right UL infiltrates, start Cefipime, Clinda, Tx to ICU. May have to intubate – full resusc.

- What is the diagnosis?

Practice Management

Principal Diagnosis	Chills and Fever	Sepsis
Secondary Diagnoses	Altered mental status	Septic Shock
	Nothing else code-able from available documentation	Acute Respiratory Failure
		Aspiration Pneumonia Acute Renal Failure (or AKI) Respiratory Acidosis Metabolic Encephalopathy
Medicare MS-DRG	864 Fever w/o CC/MCC	871 Septicemia or severe Sepsis w/o MV 96+ hrs w/ MCC
APR-DRG	722 Fever	720 Septicemia & Disseminated infection
APR-DRG Severity Illness	**1 – Minor**	**4 – Extreme**
APR-DRG Risk of Mortality	**1 – Minor**	**4 – Extreme**
Medicare MS-DRG Rel Wt	**0.8276**	**1.9074**
National Mortality Rate (APR Adjusted)	**0.04%**	**62.02%**

The cry of administrators everywhere…

This is why good documentation matters!

Developing a Trauma Business Plan

- What does an administrator want to know?
  - What are proposing to do?
  - Why should we do it?
  - Who is going to do it?
  - Where is it going to be done?
  - When will it be done?
  - How is it going to be done?
  - *HOW MUCH IS IT GOING TO COST?*
  - (What is the return on this investment?)

Developing a Trauma Business Plan

- A good business plan will
  - Explain what a Trauma Center is and isn't
  - Describe activities in your region
  - Articulate how trauma care fits within institutional strategy, brand, and culture
  - Acknowledge risks and mitigation strategies
  - Assess anticipated costs, revenues, and show return on investment
  - Show support from stakeholder departments, practices, groups

Developing a business Plan

- Define Current Activities
  - Define Trauma Patient – Volume – Dispositions
  - Define Payer Sources
  - Define All Procedures
    - ED
    - EKG
    - Lab
    - Radiology
    - Respiratory
    - OR
    - Anesthesia
    - ICU
    - PT /OT/ SP
    - In-Patient

Developing A Trauma Business Plan

- Define Projected Cost
- Define Projected Revenue
- Define Payer Payment Projections
- Define Cost of Recovery Ratio
- Consider Trauma Umbrella Effect
  - Surgical Care
  - Family Practice
  - OBGYN
  - Specialty Care

Developing A Trauma Business Plan

Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Direct Costs					
Indirect Costs					
Fixed Costs					
Variable Costs					
Start Costs					
Continuing Operations Costs					
Physician Contract Costs					
Volume Forecast					
Break-even Volume					
Volume Variance					

How to Speak to your CFO

Erik Barquist, MD, FACS, FCCM

Leadership is the art of getting someone else to do something you want done because he wants to do it.

Dwight D. Eisenhower

Who's Who

The "C"s and the "O"s

- CEO
- COO
- CFO
- CNO
- Unit Directors

CEO

- Strategy and Vision
- Overall Direction
- Choose Correct Product Line
- Sets Emotional Tone
- Long Term Thinker
- ? Gets the Best from Employees?

COO

- Day to Day Management
- Finds Operational Problems
- Liaise with Clients
- ? Build a Solid Company?

CFO

- **Present historical financial information**
- **Understand current risk and liquidity**
- **Forecasting**
- **? Economic Strategy?**

Unit Directors

- Run smaller sub units of the organization
- May not have complete financial control
- Responsible for expenses
- Limited "world" view and/or training
- Know their area very well
- Protective of turf

What to Discuss

What You Need

- **You must bring facts and comparators**
- **Divide needs into "must haves", "should haves" and "would like to have".**
- **Get sources of information that are reliable**.
  - Previous surveys in-house
  - Other facilities in same company
  - Competitors

What You Need

- **Salary Lines**
- **Disposables**
- **Capital Equipment**
- **Construction**
- **Education**

Standard Expenses

| Personnel	Capital & Disposables
• Nursing Expense- ~ $2 M	• Patient Care Expense- ~ $2 M
• Hired Physicians- $ 2-3 M	• Supplies- $ 1M
• Incremental on Call Physician- $2-3 M	• Purchased Services
	• Repairs
• Consultants- $ 0.5 - 0.8 M	• Rents
• Recruitment- $ 0.5 – 0.8 M	• Utilities
• Education- > $ 0.1 M	• Insurance
• Outreach- $ 50,000	• Taxes
• Training- $ 0.2 – 0.5 M	• Subscriptions

Total = $ 10 – 15 M

Fair Market Value

- Standards for the Value of Services
  - Stark Law
  - Anti-Kickback Statute
- General Market Value
- Most Probable Price brought if exposed for sale in an open market.
- Cannot consider value of a referral stream.
- Reported as a range

The Finer Points

Styles

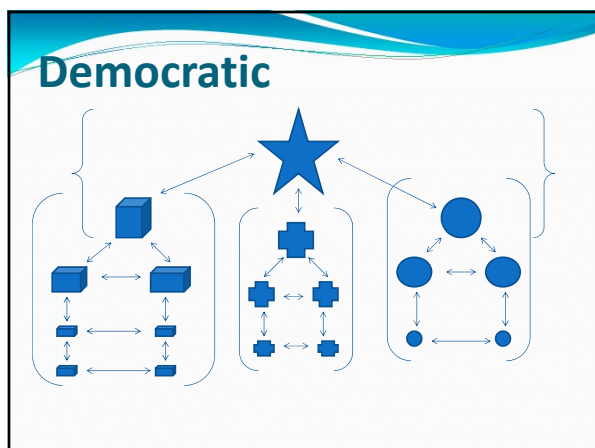- Authoritarian- Dictatorial
- Participative- Democratic
- Delegative (Laissez-Faire)
- Distant

Authoritarian
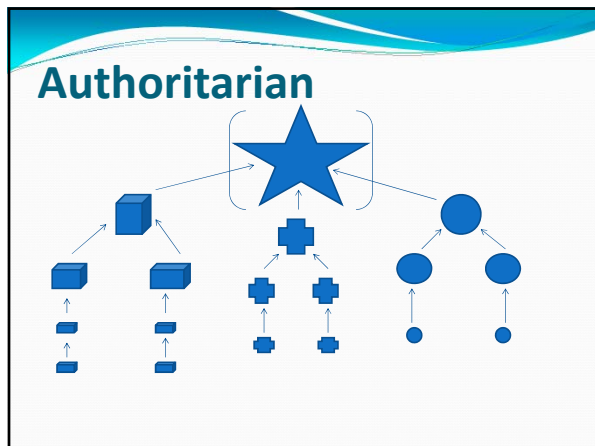
It is better to have a lion at the head of an army of sheep, than a sheep at the head of an army of lions.

Daniel Defoe

Democratic

Leadership is solving problems. The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help or concluded you do not care. Either case is a failure of leadership.

Colin Powell

Laissez-Faire
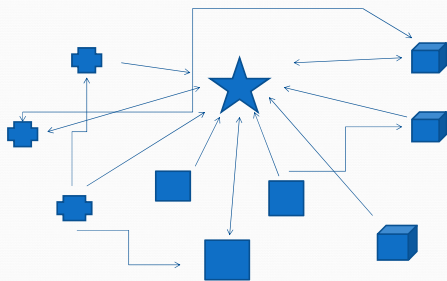
Innovation distinguishes between a leader and a follower.

Steve Jobs

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

John Quincy Adams

Distant
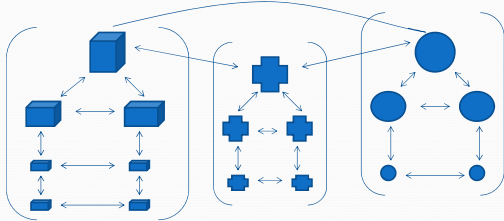
A man who wants to lead the orchestra must turn his back on the crowd.

Max Lucado

SKILL LEVEL OF GROUP

| Laissez-Faire | Distant |
| Democratic | Authoritarian |

NEED FOR RAPID DECISIONS
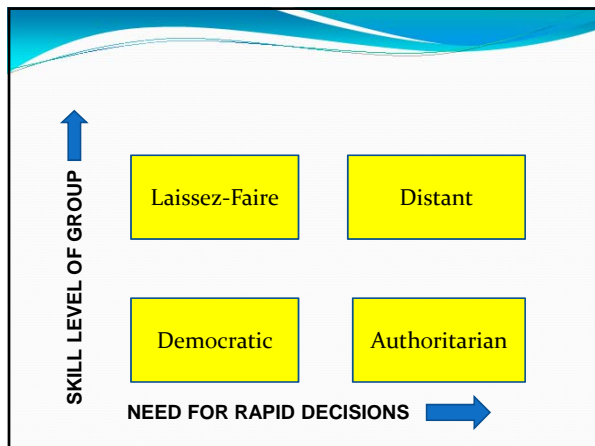
Talking Points

- Learn the Landscape- decide who is the decision maker
- Decide what "ask" is likely to succeed
- Find your place in the hierarchy
- Determine what leadership style is needed and if you can provide that style
- Move quickly- You will become "part of the furniture" within 6 months

UNDERSTANDING COMPENSATION PACKAGES

Alison Wilson, MD, FACS
Vice Chair, Dept. of Surgery
Chief, Division Trauma, Emergency Surgery, Surgical Critical Care
Director, Jon Michael Moore Trauma Center
West Virginia University

DISCLOSURES

• **NO FINANCIAL DISCLOSURES**

• **NO CONFLICTS OF INTEREST**

• **HAVE WORKED ON OUR School of Medicine COMPENSATION PLAN**

• **HAVE NEVER WORKED IN PRIVATE PRACTICE**

OBJECTIVES

• **DEFINE COMPENSATION**

• **DISCUSS VARIOUS SALARY STRUCTURES**

• **REVIEW SALARY/PRODUCTIVITY NATIONAL BENCHMARKS**

• **HIGHLIGHT EXAMPLES OF DIFFERENT COMPENSATION PACKAGES**

• **REVIEW EXAMPLES OF COMMON INCENTIVE PLAN STRUCTURES**

• **OVERVIEW OF VARIOUS STRUCTURES OF BENEFIT PACKAGES**

Midwestern city, symphony, college sports, great schools, multi-specialty group, new OR suites, 1 in 4 call, compensation $410,000......

- IS THIS A GOOD DEAL?

- HOW MUCH WILL YOU REALLY TAKE HOME?

- WHAT IS YOUR COMPENSATION?

DEFINE COMPENSATION

- "Something, such as money, given in payment for service"
- Money
  - Direct to you
    - Salary
    - Retirement
  - Indirect to you
    - Health Insurance
    - Vacation Time

COMPENSATION

- SALARY
  - WHAT MAKES THE COMPONENTS OF GETTING PAID?
    - STRAIGHT SALARY?
    - INCENTIVES?
    - BONUSES?
    - CALL PAY?

- BENEFITS
  - CME/TRAVEL
  - LISCENCE/DEA
  - VACATION TIME
  - DISABILITY
  - RETIREMENT
  - MALPRACTICE
  - HEALTH INSURANCE
  - OVERHEAD

  - YOU ARE EXPENSIVE TO HAVE

SALARY STRUCTURES

- HIGHLY VARIABLE
  - "EAT WHAT YOU KILL" vs STRAIGHT SALARY
- MULTIPLE FACTORS
- TRADITIONALLY WAS NOT VERY TRANSPARENT
- MOVE TOWARD FORMULAS
  - ACCOUNTS FOR PRODUCTIVITY
  - ALLOWS RECOGNITION OF OTHER CONTRIBUTIONS
  - MORE TRANSPARENT
  - SIMPLE TO COMPLEX

FEE FOR SERVICE (EAT WHAT YOU KILL)

- PRIVATE PRACTICE
- FIRST 6-12 MONTHS VERY LEAN
  - COMMON: 1-3 YR HOSPITAL GARUNTEE OR SALARY
  - PAY IN FULL W/ PENALTY IF YOU LEAVE EARLY
- ENCOURAGES HARD WORK, AVAILABILITY, CUSTOMER SERVICE
- ENCOURAGES ONLY CLINICAL PRACTICE
- MAY BE VERY LUCRATIVE
- PAYOR MIX OF YOUR AREA: Commercial, Medicare, "Private Pay"
- VARIABLE BY SPECIALTY

STRAIGHT SALARY

- TRADITIONALLY, ACADEMIC CENTERS
- LARGE MULTI-GROUP PRACTICE
- BECOMING RARE
- SET SALARY BASED ON ACADEMIC RANK, SPECIALTY
- TAKE HOME/BENEFIT CONTRIBUTION IS VERY PREDICTABLE
- PRODUCTIVITY TARGETS

STRAIGHT SALARY

- MAY or MAY NOT RECOGNIZE OTHER CONTRIBUTIONS
  - CITIZENSHIP
  - ABOVE AND BEYOND EFFORTS
    - CLINICAL
    - RESEARCH
    - SCHOLARLY WORK
    - COMMITTEES
- MAY NOT DIFFERENTIATE BETWEEN HIGH/LOW PERFORMERS

FORMULA BASED SALARY

- BECOMING MUCH MORE COMMON
- ALLOCATION BY COMPONENTS OF WORK: X Y Z
- CAN INCORPORATE TARGETS
  - CLINICAL
  - RESEARCH

$$B > \frac{1}{n} \sum_{i=1}^{n} x_l$$

- SIMPLE IN CONCEPT
- COMPLEX EXECUTION
- USUALLY BASE SALARY
- INCENTIVES BASED ON EXCEEDING REQUIREMENTS

SALARY + INCENTIVES

- BASE SET ON ANNUAL BASIS
  - Formula or Straight Salary
- INCENTIVES
  - CLINICAL
  - ACADEMIC
  - RESEARCH
  - ADMINISTRATIVE
  - GOAL
  - PERFORMANCE IMPROVEMENT GOALS

INCENTIVES vs BONUS

- **INCENTIVES: Quantified Amount Based on Pre-Set Targets**
  - **STEP UP: $10/rvu, $15/rvu, $20/rvu**
    - **Will vary depending on size of guaranteed base**
  - **PERCENTAGES: certain % of your base will be given as additional incentive if target exceeded**
  - **SET QUANTITY: ie 10K if you exceed target**

- **BONUS: AMOUNT GIVEN AS RECOGNITION OF GOOD JOB**
  - **May leave a lot to the unknown**

BENCHMARKS

BASE BENCHMARKS – AAMC PRO

- **BROAD**
- **A LOT OF DATA**
- **ACADEMIC RANK is ACCOUNTED FOR**
- **SALARY RANGES**
- **CLINICAL PRODUCTIVITY TARGETS (RVU)**
- **BASED ON REPORTS FROM SOM**
  - **Most SOM report**

BASE BENCHMARKS – AAMC CON

- LACKS SOME SPECIALITIES/SUB-SPECIALTIES
- EXAMPLE – REPORTS SURGERY
  - NO DIFFERENCE BETWEEN TRAUMA/MIS
  - Ortho: Spine, Sports, Hand
- VARIANCE IN REPORTING
- MARKETPLACE?
  - What is your competition?
  - Other academic centers, private hospitals?

BASE BENCHMARKS – MGMA PRO

- INCORPORATES ACADEMIC AND PRIVATE PRACTICE
- HAS A LOT MORE SPECIALTIES
  - TRAUMA
  - MIS
  - GENERAL SURGERY
- HAS PRODUCTIVITY BENCHMARKS
  - Private Practice and Academic
- MAY BE BETTER BENCHMARK FOR REGIONAL COMPETITION

BASE BENCHMARKS – MGMA CON

- # VARIANCE IN SOME CATEGORIES
  - HOW MANY REPORTS SUBMITTED
- GREATER FLUCTUATIONS YEAR TO YEAR
  - TRAUMA: RVU
  - 2500 one year
  - 7000 next year
- NO RECOGNITION OF RANK

EXAMPLES OF DIFFERENT COMPENSATION STRUCTURES

BASIC CONCEPT

- **BASE SALARY IS TO COVER A CERTAIN AMOUNT OF WORK**
  - **OFTEN CLINICAL WORK – DEFINED BY RVU TARGET**
  - **INSTITUTIONAL "GARUNTEE" – YOU WILL NEED TO ACHEIVE A CERTAIN DEGREE OF PRODUCTIVE TO GET THAT SALARY**
  - **INCENTIVES vs WITHHOLDS**
    - Incentive sounds like a good thing
    - Withhold sounds like a negative thing
    - May be used exactly the same
  - **EXAMPLE:**
    - Base is $180K and if target is met, then 20K bonus – (incentive)
    - Base is $200K on contract and $20K is "withheld" until end of year to see if target is met

THINGS ABOUT INCENTIVES/BONUSES

- **MAY BE QUARTERLY OR ANNUAL**
- **GARUNTEE VS AVAILABLE FUNDS**
  - **Pre-Determined amount set if goals are met**
  - **Available Funds: If dept/SOM is in Black, then that amount divided among qualified faculty**
- **Benefits usually based on Contracted Salary (Base)**
  - **What this means – may be less contribution to your retirement**

COMPENSATION PLAN A

- Set Salary based on rank or time with group ($200 K)
  - Covers all work clinical and other
  - No additional $ for call
  - End Year Bonus based on Funds Available and Discretion of your Boss
- Salary Increases are based on Promotion
  - Academics : Assistant to Associate
  - Private: Performance/Time with Practice
- Bonuses will be highly variable year to year
- Does encourage efforts to attain next level

COMPENSATION PLAN B

- BASE + INCENTIVE = TOTAL SALARY
- BASE – set on national benchmark (50% AAMC or 25% MGMA)
- INCENTIVES:
  - CLINICAL: USUALLY AMT PER RVU
    - VARY DEPENDING ON YEILD PER SPECIALTY/AREA
  - GOOD: Can be quantified, measured, followed, evaluated
  - BAD: Not always balanced
    - 10 rvu for 30 min. vascular access procedure
    - 4 rvu for critical care time
  - FAIRNESS: Needs to be based on specialty for rvu goals and then rewards

POTENTIAL PROBLEMS

- EASY TO QUANTIFY CLINICAL WORK
- MAY FIND FOLKS WANT TO DO PROCEDURES/CLINICAL
- HARD TO GET FOLKS TO TEACH, COMMITTEES, SCHOLARLY WORK

COMPENSATION PLAN C

- **BASED ON FTE ALLOTMENT IN VARIOUS AREAS**
- **Full Time Equivalent (1.0 FTE)**
- **Expected Efforts are Divided into Allotments**
  - **Clinical: 80%**
  - **Teaching: 15%**
  - **Research: 5%**
- **Each Area, Pre-Set Targets**
  - **Clinical: rvu**
  - **Teaching: Classes, Coursework Development, Clerkship Director**
  - **Research: Expected manuscripts, Grants**

COMP C

- **Clinical FTE: 0.8 x appropriate benchmark (.8 x 200 K)**
- **Teaching FTE: .15 x benchmark/available fund or pre-set amount**
  - **Ex. State Salary**
- **Research FTE: May be from hard money or you may have to get**
  - **You may be required to get Grants to cover this money**
  - **Depends on Institution**
  - **Be sure to clarify**

QUANTIFYING/MEASURING

- **PRE-SET ANNUAL EXPECTATIONS**
  - **CLINICAL: target rvu**
  - **TEACHING: number of classes, evaluations, new course work**
  - **SCHOLARLY: number of manuscripts, national presentations**
  - **RESEARCH: Grants**
  - **COMMITTEE WORK: Scope of committee, time, effort**
  - **DEPARTMENT RESPONSIBILITIES: Division Chief, Dept Committees**

THINGS TO CLARIFY

- **ROLES NOT RELATED TO RANK (ie Trauma Director)**
  - **ADJUSTMENT IN FTE?**
  - **ADJUSTMENT IN RVU TARGET?**
  - **SALARY OFF SET**
  - **ACTUAL TIME ALLOWED**
  - **CME ADJUSTMENT**
  - **OTHER BENEFITS?**

PROTECTED TIME (usually Research)

- EASILY PROMISED
- DIFFICULT TO ATTAIN
- WHAT DOES IT MEAN?
  - Protected Day?
  - Protected Time Allotment?
- WHAT ARE THE DELIVERABLES?
  - Manuscripts?
  - National Meetings?
- WHAT IS THE SUPPORT?
  - Lab?
  - IRB Assistance?

COMPENSATION AND PROMOTION

- **SOME SYSTEMS COMPENSATION AND PROMOTION ARE CLOSELY LINKED**
- **KNOW DIFFERENT/APPROPRIATE TRACTS**
- **KNOW TIME LINE**
- **KNOW REQUIREMENTS**
- **EXCELLENT and SIGNIFICANT CONTRIBUTIONS**
- **GOOD and REASONABLE CONTRIBUTIONS**

QUANTIFYING TEACHING

- ALLOCATED FTE?
- WHAT IS TIED TO THAT FTE?
  - Time?
  - Salary?
  - Nothing?
- HOW WILL SUCCESS BE JUDGED?
  - Ex. Student Clerkship Director
  - Student Evaluations?
  - Student Shelf Exam Performance?
  - New Course Material?
  - Not Measured?

QUANTIFYING SCHOLARLY ACTIVITY

- BASIC SCIENCE RESEARCH
- GRANTS
- MANUSCRIPTS
  - JOURNAL
  - IMPACT FACTOR
  - FIRST OR SENIOR AUTHOR
- PRESENTATIONS
  - NATIONAL, REGIONAL, LOCAL
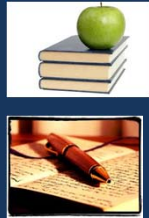
QUANTIFYING SERVICE (Non-Clinical)

- DIVISION CHIEF
- MEDICAL DIRECTOR (ie Trauma Director)
- COMMITTEE WORK
  - Admissions Committee vs Infection Control Committee
- CLERKSHIP DIRECTOR
- PROGRAM DEVELOPMENT

BENEFITS

RETIREMENT

- HIGHLY VARIABLE PLACE TO PLACE
- MATCHING PROGRAMS
  - BECOMING VERY COMMON
  - 6%/6%
- DIRECT EMPLOYER CONTRIBUTION
  - SET %
  - GRADUATED FOR YEARS OF SERVICE
    - 5% DURING FIRST 5 YEARS
    - 8% DURING YEARS 6-10
    - 10% GREATER THAN 10 YEARS

OTHER BENEFITS

- DISABILITY: GENERAL OR SPECIALTY BASED
- CME (TIME AND TRAVEL FUNDS)
- PROFESSIONAL SOCIETIES (MEMBERSHIP, TRAVEL)
- HEALTH INSURANCE
- VACATION (CAP, ROLL TO NEXT YEAR?)
- SICK TIME (PDO, MATERNITY/PATERNITY LEAVE, ANNUAL CAP, ACCUMULATIVE?)

SUMMARY

- **YOU ACTUALLY GET A LOT OF COMPENSATION**
- **IT'S NOT ALL ABOUT THE SALARY**
- **UNDERSTAND but don't demand**
- **SALARY + BENEFITS = COMPENSATION**
- **UNDERSTAND WHAT MAKES UP YOUR PACKAGE AT YOUR INSTITUTION**
- **PLAN WISELY**

THANK YOU!!!!!

BEST OF LUCK!!

Career development outside of an "Academic" center

Donald Kauder, MD FACS
Trauma Medical Director
Mary Washington Hospital Trauma Center
Fredericksburg, VA

Assumptions

- Fellowship trained
  - Board certified with Added Qualifications
- Level II Trauma Center
- General Surgery Practice
- Surgical Critical Care Practice

Cons

- No academia – no forced scholarship
  - No research
  - No Journal Club
  - No M&M
  - No Chairman
- Lack of Mentor
- No Colleagues

- No residents
  - Primary call commitment
  - Write orders
  - Dictate (everything)
  - Answer nursing calls
  - Do all consults
  - Do all procedures
  - Deal with all families
  - Do all paperwork

Assumptions

- Your mentors have pointed you toward an "Academic Career"
- Anything short of this would be a disappointment
- A community-based, non-academic program is an intellectual wasteland, and a waste of your talent

IT JUST AIN'T SO!!!

The glory of surgeons is like that of actors, which lasts only for their own lifetime and can no longer be appreciated once they have passed away. Actors and surgeons. . .are all heroes of the moment.

Honore de Balzac, 1799-1850

Define Success

What is the Goal?

- NOT
  - Surgical educator
  - Mentor
  - Research scientist
  - Fireman
  - National expert
  - Up To Date author
  - Astronaut

Define Success

- Primary professional goals?
  - Perform Surgery
  - Take care of injured patients
  - Practice Critical Care
  - Appropriate compensation
- Secondary professional goals?
  - Continue learning
    - Stay current with the new developments
  - Have colleagues with a similar interest
  - Be a physician leader
    - ??Trauma Director??
  - Teach residents
  - Lecture
  - Write/publish

Define Success

Family/Personal Relationships

- Happy spouse = Happy house
  - Professional/personal opportunities
  - Geography (extended family)
  - Kids

Primary Goals

- Perform surgery
  - This is why you trained for 5-7 years!!
  - This first 3-5 years out of training are when you <u>really</u> learn to be a surgeon!
  - Referrals
    - On Call
    - Partners
    - "Clinic"
    - ED
    - Community
    - AAAs

Primary Goals

- Take care of injured patients
  - This is why you did your Fellowship!!
  - Level II = Level I
    - Without the residents
    - Without the research
  - You can be the doctor!
    - Patient assessment
    - Procedures
    - Physician to Physician interaction
    - Families
  - ?? Trauma Director ??

Primary Goals

- Trauma Medical Director?
  - Requirements:
    - Administrative Experience
    - Financial Management Experience
    - Practice Management Experience
    - Clinical Expertise
    - Consensus building skills
  - Need clinical experience to develop expertise; need administrative "observation" to avoid critical management errors
  - NOT for the uninitiated, REGARDLESS OF THE COMPENSATION

Primary Goals

○ Surgical C…
- Political ho…
- Buy in from… …colleagues
- Beware old… …financial strings
- Consensus…
- How To Boi… …(…ith, MD)
- Can save y…

Secondary Goals

○ Continued learning
- ABS mandates MOC, CME
- Regional, national meetings
- Industry sponsored workshops
- Journals
- Selected Readings
- SESAP
- Colleagues
- Teaching
  - Colleagues
  - Residents
  - Allied Health Providers

Secondary Goals

○ Colleagues
- Avoid practice that isolates!
  - Sole Trauma Surgeon Model
- Group practice with similar interests, practice patterns, training, and goals
  - Shared call
  - Shared patients
  - Stimulate formulation of new ideas
  - Challenge new ideas
  - Assist with difficult clinical issues
  - Mentorship
    - Clinical
    - Administrative

Secondary Goals

- Physician Leader
  - Many opportunities in hospital-based practice
  - The Administration is looking for input and physician leadership
    - Committees
    - CMG development
    - Practice management
  - Regional and National Organizations
    - State/National ACS
    - EAST
    - SCCM

Secondary Goals

- Writing/Publishing
  - Primary research daunting without infrastructure
    - Data collection
    - Data analysis
    - Financial support
  - Case studies/interesting cases
  - Clinical reviews
  - Editorial reviewer

Secondary Goals

- Teaching
  - Residents are a blessing (and a curse!)
  - You don't need residents to teach
    - Grand Rounds
    - Nursing
    - EMS
    - Allied Health
    - Community Outreach/Injury prevention
    - High School

Family

- Don't neglect spouse/s.o. in job search
- Remember geography: It's hard to sail a boat in the middle of a desert; it's hard to visit a dying relative when they are 2000 miles away; there is no downhill skiing in south Florida. . .

The Ideal Job for the Newby

- Geographically Viable
- Group practice of Acute Care Surgery
  - Mix of older and younger surgeons
- Hospital with track record of strong administrative support
- Growing region with advanced EMS community
- University-based medical center within flying distance
- Guaranteed financial package, non-RVU

The Long View

- Many Trauma Centers looking for Leadership
  - In the long run, a high salary will not compensate for professional isolation
- Stay put for 3-5 at least years observing what works, and what doesn't, clinically and managerially
- Making poor job decisions every few years marks you as professionally unstable; be careful and thoughtful

SUCCESS

Professional

Personal   Family

_____
_____
_____
_____
_____
_____
_____

Each day as I go through the hospital surrounded by young men, they give me of their dreams and I give them of my expertise, and I get the better of the exchange.

William J Mayo 1861-1939

_____
_____
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_____
_____
_____
_____

Differences Between "Academic" and "Non-Academic" Centers

Donald Kauder, MD FACS
Trauma Medical Director
Mary Washington Hospital Trauma Center
Fredericksburg, VA

Overview

- Background
- Structural and Administrative Definitions
- Clinical Practice
- Career Development

"C'mon, c'mon—it's either one or the other."

My Background

- Medical School
  - EVMS – "Non-academic"
- Residency
  - EVMS – "Non-academic"
  - Level I
- Fellowship
  - Queen's Medical Center, Nottingham, England
  - UMDNJ-Camden – "Academic"
  - Level I
- Professional Career
  - 1987-2006 – U Penn – "Academic" Level I
    - Professor of Surgery, Vice-Chief Division of Tr/SCC
  - 2006-2009 – Riverside, Newport News VA – "Non-academic"
    - Level II
  - 2009 – present – Mary Washington – "Non-academic"
    - Level II Trauma Medical Director

Structural Definitions

ACADEMIC

- University-based or affiliated
- Surgical residency
- Level I Trauma Center
- Research
- Teaching
  - Housestaff
  - Medical Students
- Clinical supervisor
- Hierarchical
- Advancement pressures
- Mentorship

NON-ACADEMIC

- Community-based
- No surgical residents (usually)
- Level II Trauma Center
- Research optional (or non-existent)
- Teaching limited (Grand Rounds)
- Private practice/Hospital employed
- Non-Hierarchical
- Clinician
- YO-YO

Structural Definitions

ACADEMIC

- Academic Departments with Chairmen
  - Substantive Ego
    - Clinical expertise
    - Academic stature
    - Financial power
    - Ultimate Authority
- Wars over Turf and Power
- Peer Accountability
  - Mandatory M&M conferences
    - Toe-stepping encouraged
- Teach, not do

NON-ACADEMIC

- Clinical Departments with Chairmen
  - Ego
    - Figurehead, well respected
    - Limited power/authority
    - Democratic processes
- Wars over clinical volume and personal finance
  - Private practice mentality
- Limited Peer Accountability
  - No mandatory M&M
  - Toe-stepping avoided
- Do, not teach

Clinical Practice

ACADEMIC

- Defined by Chairman
  - General Surgery
  - Critical Care
  - Trauma
- Housestaff
  - Chief
  - Competence
  - Acuity/complexity
- Skill set
  - Operative peak early
    - Declines over time
  - Cognitive
    - Develops, refines, expands over time

NON-ACADEMIC

- Defined by Hospital, practice culture and referral patterns
- Housestaff – NOT
  - Surgical Asst
  - Mid-level practitioners
- Skill set
  - Operative
    - Develops, refines, expands over time
  - Cognitive
    - Develops, refines, expands over time

Collegial and Clinical Relationships

ACADEMIC

- Rank to Rank
  - Politeness optional
- Communication occurs via the University "U"

Attending   Attending

Chief   Chief

3   3

1   1

Med Students
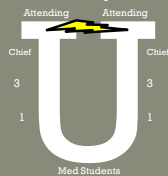
NON-ACADEMIC

- Communication occurs physician to physician, regardless of longevity
  - Efficient
    - Current or future referrals
    - Pressures to move patients through system
  - Polite
    - AAA
      - Available
      - Affable
      - Able

Career Development: Academic

- University-based (Medical School)
- Academic appointment
  - Tenure – Asst Professor of Surgery
  - Clinician Educator – Asst Professor of Surgery
  - Academic Clinician – Asst Professor of Clinical Surgery
- 4 components
  - Teaching
  - Clinical
  - Research
  - Administrative

"Traditional" Academic Career Development

- Tenure
  - Research based with External Funding/Grant requirement
  - Extremely difficult to attain, and more difficult to maintain
  - Clinical effort minimal

"Traditional" Academic

- Clinician Educator
  - 10 year initial appointment
  - Title: Assistant Professor
  - :The Road to Promotion (and retention)
    - Publication requirement
      - 20-40 in 8-10 years
      - Chapters included
    - Teaching requirement
      - Demonstrated excellence
        - Peers
        - Students
    - Administration
      - Local
        - Hospital Committees
      - Regional/National
    - Clinical
      - Volume
      - Reputation
    - Not promoted = Not retained
      - Promoted to Associate = "tenure"

"Traditional" Academic Career Develomemnt

- On track to Academic "Failure"
  - Usually failure of publication volume
  - Switch track to Academic Clinician
    - Clinically valuable to department and Chairman
  - Leave for greener pastures
    - Frequently for higher rank and increased compensation

"Traditional" Academic
Career Development

- Clinical Track
  - Title: Asst Professor of Clinical Surgery
  - 3-5 yr appointment
  - Teaching
  - Clinical expertise and volume
  - Publications optional, but encouraged
  - Failure vs. Opportunity for success

"Contemporary" Academic
Career Development

- Tenure
  - Funded plus/minus clinical effort
  - Research/publication
- Non-Tenure (clinical/educator)
  - Publication requirement
    - 1/yr
  - Teaching requirement
    - Demonstrated excellence
      - Peers
      - Students
  - Administration
    - Local
      - Hospital Committees
  - Clinical
    - Volume
    - Reputation
  - Promotion
    - Usually 3-4 years
    - Very obtainable

"Contemporary" Academic
Clinical Educator

Devotes at least 50% of time to clinical care and < 50% to education

Teaches primarily in context of clinical care

Recognized as effective teacher by students, residents, fellows, or continuing medical education attendees

Commitment to improve based on feedback; participation in teaching skill faculty development

Teach in venues like educational conference series, morning report, clinical skills

Publication of clinical observations, chapters, reviews, clinical guidelines, or quality improvement studies.

Developing clinical guidelines/quality improvement projects reviewed by peers and made public at least locally

Engagement in practice-based quality improvement projects

Develop scholarly approach to teaching (i.e., knowledge of educ lit and "best practices", application to teaching, assessment of outcomes, use of outcomes to improve teaching)

At least 1 publication and other scholarly products

Non-Academic Administrative

- Hospital Administration
  - Highly variable
  - Often not hierarchical
    - Good news: No dictator
    - Bad news: No captain of the ship to make decisions
  - My Hospital
    - Physician Practice Administrator – non-MD
    - Director of Trauma Service Line – RN, Vice-President
    - Chief Medical Officer (Quality) – MD
    - Hospital CEO – RN, Vice-President
    - Chief Financial Officer – Accountant, Vice-President
    - Chief of General Surgery
    - Chairman of Department of Surgery

The better-equipped slave ships, of course, always carried a spare.

Non-Academic Administrative

- Finances
  - Secondary to Hospital (and Board's) commitment to community based healthcare
  - Try to keep losses in a reasonable, predicted range
  - Commitment to Trauma Program may wax and wane with overall financial picture

Neanderthal creativity
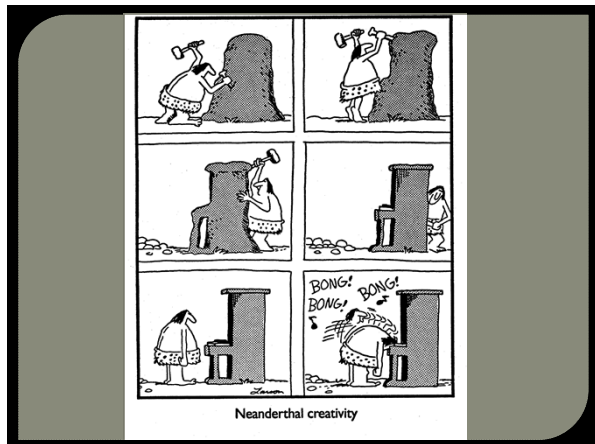
Non-Academic
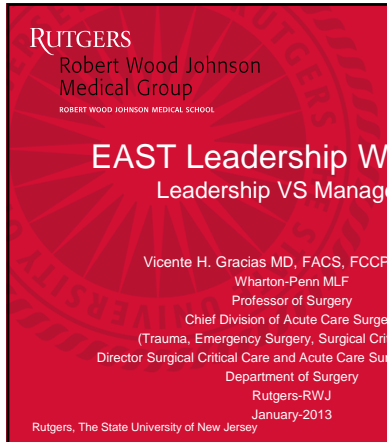
- Clinical practice
  - Private Practice
    - Fee for Service (eat what you kill)
    - Majority of activities driven by financial gain and maintenance of certification
      - Little motivation for activities that don't generate RVUs
  - Hospital-based
    - Employed by Hospital or related Hospital owned physician practice
    - Salary
      - Models highly variable
        - Eat what you kill
        - Eat what we kill
        - Bread and water, plus whatever you kill
        - Eat enough, do good work

Non-Academic

- Non-Academic!
  - No papers
  - No lectures
  - No Chairman
  - Little, if any, administrative duties
- Clinical Skills Development
  - You are the surgeon!
- Collegial relationships
- MD-patient relationship fostered
- Family Time

Academic vs Non-Academic

- One path is no better than the other; they are just different. One needs to find those aspects of being a surgeon that are personally most important, and balance them against financial needs, family commitments, and geography. The perfect job is our Holy Grail. . .

RUTGERS
Robert Wood Johnson
Medical Group
ROBERT WOOD JOHNSON MEDICAL SCHOOL
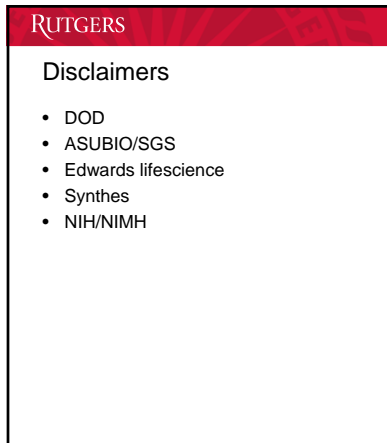
EAST Leadership Workshop:
Leadership VS Management

Vicente H. Gracias MD, FACS, FCCP, FCCM
Wharton-Penn MLF
Professor of Surgery
Chief Division of Acute Care Surgery
(Trauma, Emergency Surgery, Surgical Critical Care)
Director Surgical Critical Care and Acute Care Surgery Fellowships
Department of Surgery
Rutgers-RWJ
January-2013
Rutgers, The State University of New Jersey
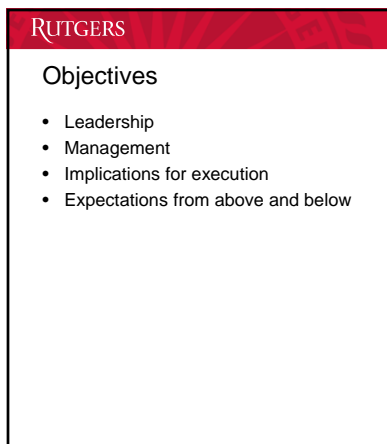
RUTGERS — VHG-EAST Leadership

Disclaimers

- DOD
- ASUBIO/SGS
- Edwards lifescience
- Synthes
- NIH/NIMH

RUTGERS — VHG-EAST Leadership

Objectives

- Leadership
- Management
- Implications for execution
- Expectations from above and below

Leadership

- lead·er·ship *noun \ˈlē-dər-ˌship\: a position as a leader of a group, organization, etc.: the time when a person holds the position of leader: the power or ability to lead other people*
- *The Capacity to Lead*

Leadership

- Process of influence
- Organizing group to common goal
- Can be expressed with little experience
- Personality driven- may lead by example

Leadership

- The Ohio State Leadership Studies which began in the 1940s focused on how leaders could satisfy common group needs.
- findings indicated that the two most important dimensions in leadership included: "initiating structure", and "consideration". These characteristics could be either high or low and were independent of one another. The research was based on questionnaires to leaders and subordinates. These questionnaires are known as the Leader Behavior Description Questionnaire (LBDQ) and the Supervisor Behavior Description Questionnaire (SBDQ).[9] By 1962, the LBDQ was on version XII.

Leadership

- Stakeholder
- Equipping once self with best practices
- Taking what one has learned and applying it to clinical arena
- Leadership development

Seven lessons for leaders in system change

- To promote systems change, foster community and cultivate networks
- Work at multiple levels of scale
- Make space for self organization
- Seize breakthrough opportunities when they arise
- Facilitate- but give up the illusion that you can direct- change
- Assume that change is going to take time
- Be prepared to be surprised

Center for ecoliteracy: http://www.ecoliteracy.org/essays/seven-lessons-leaders-systems-change

Management

- man·age·ment *noun \ˈma-nij-mənt\: the act or skill of controlling and making decisions about a business, department, sports team, etc.: the people who make decisions about a business, department, sports team, etc.: the act or process of deciding how to use something*
- *To direct an enterprise*

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jobfolk.com

Management

Strategic

Strategy
Communication
Relationship Skills
Customer Focus

Teamwork
Business Acumen
Financial Acumen
Intellectual Curiosity

Technical
Process
Real Estate Acumen
Project Management
Negotiation
Trust

Traditional

emeraldinsight.com

Management Skills:

Understanding and empathy
- Emotions
- Genuine

LISTEN AND RESPOND

Leading by example

Effective Communication
- Keeping people involved/informed/share dialogue
- Knowing what to communicate when – tailoring
- Knowing when to suggest improvements
- Across all levels up and down
- Face to face

Professionalism
- Impartiality
- Boundaries
- Conduct
- Dignity
- Respect
- Trust

High Aspirations

Commitment to managing

Understanding of the bigger picture

Adaptable to different situations/people

Challenging work with support

Feedback
- Knowing how to deal with feedback
- Getting to know the people you are managing
- Explaining how we like to receive feedback

Consistency

insidecharityworks.wordpress.com

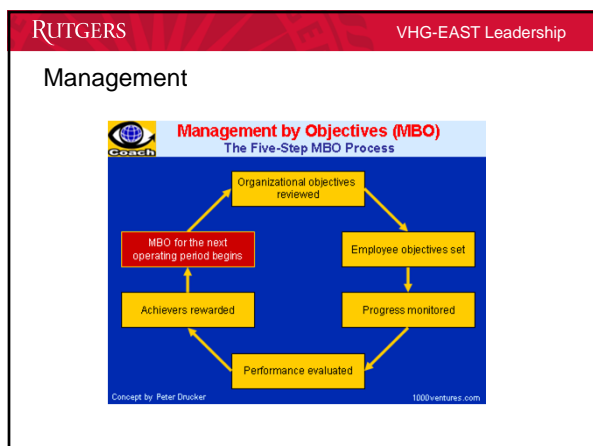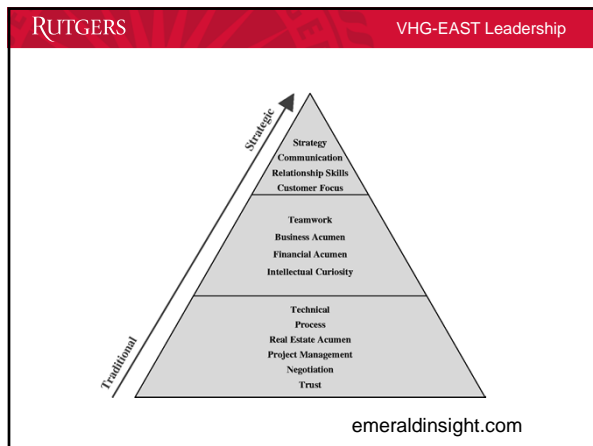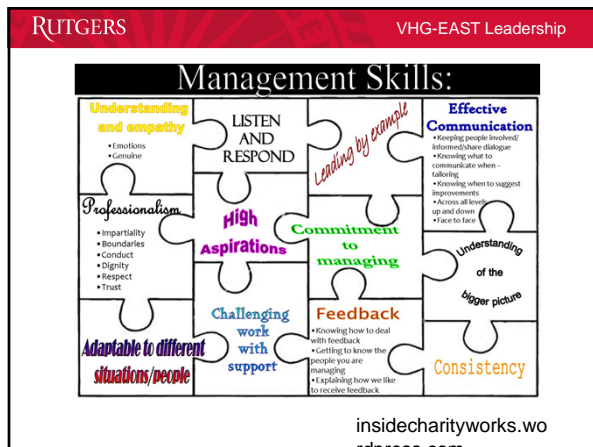|	Unsatisfactory	Weak	Average	Good	Exceptional
1. Understand who customers are and what products and services they want in the future.	1	2	3	4	5
2. Identify the factors that are critical to the long-term success of the business.	1	2	3	4	5
3. Visualize what your business might be like five to ten years from now.	1	2	3	4	5
4. Identify impediments to success in your business and develop solutions to overcome them.	1	2	3	4	5
5. Understand what you and your family want from your business in the next five to ten years.	1	2	3	4	5
6. Assess how everyday operating decisions affect your long-range plans.	1	2	3	4	5
7. Analyze the strategies of competitors.	1	2	3	4	5
8. Assess the strengths and limitations of your business as well as the skills and abilities of the people involved.	1	2	3	4	5
9. Assess the skills and abilities of the people involved in your business.	1	2	3	4	5
10. Use your abilities and resources to achieve your long-term goals.	1	2	3	4	5

extension.iastate.edu

RWJ ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Operation: Excellence
Our Journey Begins…

3-Year Strategic Activation Plan
Kickoff
2011-2013

Chuck Taylor
June 15-16, 2010

3-Year Plan Agenda… Day 1 (6/15)

Time	Topic	Presenter
8:00 - 8:15	Kickoff	Chuck Taylor / GE
8:15 - 9:45	Pillar: Financials	Paul Storiale & Team
9:45 - 10:00	Break	
10:00 - 10:40	Pillar: Service – Patient	Terri Veneziano & Team
10:40 - 11:20	Pillar: Service – Physician	Dr. Josh Bershad & Team
11:20 - 12:00	Pillar: Service – Employee	Marty Everhart & Team
12:00 - 1:00	Lunch	
1:00 - 2:30	Pillar: Quality	Kelly Young & Team
2:30 - 2:45	Break	
2:45 - 3:30	Information Technology	Bob Irwin & Team
	Progress Updates	
3:30 - 4:00	- Women's and Children's	Kari Mastro & Mike Mimoso
4:00 - 4:15	- Cardiovascular	Mark Rappaport
4:15 - 4:30	- Ambulatory	Patty Palmieri & Mike Mimoso
4:30 - 4:45	- Physician Manpower Plan	Josh Bershad, MD
4:45 - 5:00	- Facility Master Plan	Dave Bogle

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3 / 3-Year Strategic Activation Plan
Kickoff (6/15-16/10)

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usaid.gov

Slide 1

RUTGERS | VHG-EAST Leadership

3-Year Plan Agenda… Day 2 (6/16)

Time	Topic	Presenter
8:00 - 8:15	Pillar: Growth	Vince Joseph / Mark Rappaport
8:15 - 9:15	Trauma / Critical Care	Dr. Vince Gracias & Team
9:15 - 9:30	Break	
9:30 -10:30	Emergency Department	Regina Ciambrone
10:30 - 12:00	Cancer and Neuroscience	David Fernandez & Team
12:00 - 1:00	Lunch	
1:00 - 5:00	Go-No-Go Review	Senior Staff Only

Note: Go-No-Go Review may only take 2 hours (depends on conversation)

RWJ ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL — RWJUH Confidential Information — 3-Year Strategic Activation Plan Kickoff (6/15-16/10)

Slide 2

RUTGERS | VHG-EAST Leadership

Defining Business Profile… Acute Care Surgery/Trauma
FY 2011-2013

Core Business / Market
- Life threatening surgical disease (Adult/Pediatric)
  - Trauma
  - Emergency Surgery
  - Critical Care
- Education
  - Tactical medical support
- Quality performance

Emerging
- Acute Care Services
  - ESS/General Surgery
  - Medical Shock Support
- Crossover programs with Neuroscience/Vascular/Ortho/Cardiac
- Trauma Outpatient Center – Wound Care
- Outpatient Rehab center & Rehab inpatient beds

Crossover
- Women's and Children, Neuroscience, Emergency Department, EMS, Ambulatory, PT, Rehab, Ortho, EMR, Education.

Sun-setting
- Free Trauma Clinic

GE imagination at work — RWJUH Confidential Information — 3-Year Strategic Activation Plan Growth: Acute Care Surgery (6/15-16/10)

Slide 3

RUTGERS | VHG-EAST Leadership

Strategic Pillar Charter: Financials

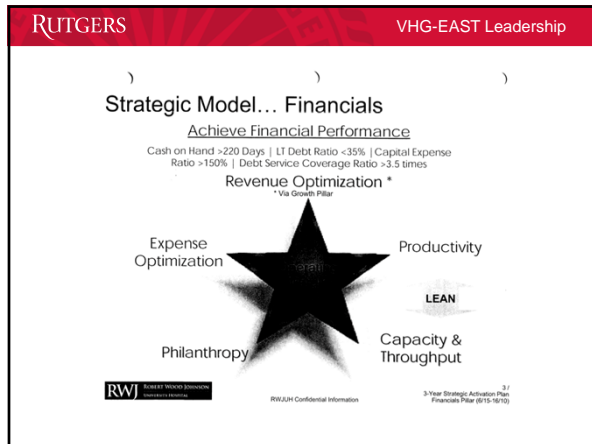| Pillar Objective					Pillar Champions	2011-13
Achieve financial performance within three years that positions RWJ in the top quartile of all not-for-profit hospitals and will ultimately qualify for the highest Moody's bond rating (Currently AA or A1).					CFO – P. Storiale	

Pillar Measure(s)	2009a	2010e	2011	2012	2013	Source
Operating Margin %	7.7%	1.0%	1.5%	2.0%	> 2.0%	Income Statement
Contributions (New Pledges)	$5M	$10M	$15M	$10.8M	$5.M	Foundation
Days Cash On Hand	265	241	227	225	> 220	Balance Sheet
Long Term Debt to Cap Ratio	36%	36%	35%	35%	< 35%	Balance Sheet
Debt Service Coverage Ratio	4.3	3.2	3.5	3.8	> 3.5	Balance Sheet
Capital Expense Ratio	137%	150%	160%	175%	> 150%	Cash Flow Stmt

Areas of Focus for Programs (In scope)

1. Reduce length of stay index (UHC database)
2. Reduce supply cost (pricing, inventory, utilization)
3. Improve workforce productivity
4. Reduce clinical denials
5. Improve revenue cycle (DNFB, charge capture, managed care terms, TOS collections)
6. Implement physician utilization management program and improve performance
7. Achieve fundraising goals
8. Meet "meaningful use" criteria for ARRA
9. Contract Compliance

Team Members: J. Bershad (1); W. Stitt (2); M. Rappaport (3); P. Palmieri (4); K. Dunn (5); J. Bershad (6); TBD (7); B. Irwin (8); P. Storiale (9)

RWJ ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL — RWJUH Confidential Information — 3-Year Strategic Activation Plan Financials Pillar (6/15-16/10)

Strategic Model… Financials

Achieve Financial Performance

Cash on Hand >220 Days | LT Debt Ratio <35% | Capital Expense
Ratio >150% | Debt Service Coverage Ratio >3.5 times

Revenue Optimization *
* Via Growth Pillar

Expense Optimization

Productivity

LEAN

Philanthropy

Capacity & Throughput

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3-Year Strategic Activation Plan
Financials Pillar (6/15-16/10)

2010 RWJUH Operating Calendar

1ST QUARTER

Dashed Box Indicates Transition Year for this Event

2ND QUARTER

Leadership & Talent Review (Apr)

Goal Setting (Dec-Jan)

Performance Evaluation (Dec-Feb)

LLR March

QOR April

Medical Staff Semi-Annual Mtg. (May)

BOD Annual Mtg (May)

February

QOR

May

Board Update 1 (Jun)

Annual Leadership Kickoff (Jan)

CULTURE of Kindness
• Commitment • Unity
• Understanding • Respect
• Learning • Empathy
• Trust

3 Year Plan (Mar-Jun)

January

December

Strategic Pillars
• Growth • Quality
• Financials • Service

June LLR

Medical Staff Semi-Annual Mtg. (Dec)

July QOR

Board Update 2 (Dec)

November

LLR QOR

September

August

1 Year Budget (Aug-Nov)

October

Leadership & Talent Review II (Sep)

1 Year Plan (Jun-Sep)

4TH QUARTER

3RD QUARTER

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3-Year Strategic Activation Plan
Kickoff (6/15-16/10)

What is a SWOT analysis diagram?
•**SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. Strengths and weaknesses are internal factors and opportunities and threats are external factors.**
•**You usually want to use a SWOT diagram to analyze a project or business venture by focusing on each of these factors and writing down your findings in four boxes arranged in a single diagram.**

Slide 1

Coffee Company SWOT Analysis

Strengths
- It is a global coffee brand built upon a reputation for fine products and services. It has almost 9000 cafes in almost 40 countries.
- One of the Fortune Top 100 Companies to Work For in 2005. The company is a respected employer that values its workforce.
- The organization has strong ethical values and an ethical mission statement.

Weaknesses
- The organization has a strong presence in the United States of America with more than three quarters of their cafes located in the home market. It is often argued that they need to look for a portfolio of countries, in order to spread business risk.
- The organization is dependant on a main competitive advantage, the retail of coffee. This could make them slow to diversify into other sectors should the need arise.

Opportunities
- New products and services that can be retailed in their cafes, such as Fair Trade products.
- The company has the opportunity to expand its global operations. New markets for coffee such as India and the Pacific Rim nations are beginning to emerge.
- Co-branding with other manufacturers of food and drink, and brand franchising to manufacturers of other goods and services both have potential.

Threats
- Who knows if the market for coffee will grow and stay in favor with customers, or whether another type of beverage or leisure activity will replace coffee in the future?
- Company is exposed to rises in the cost of coffee and dairy products.
- Since its conception in 1971, it's success has lead to the market entry of many competitors and copy cat brands that pose potential threats.

Slide 2

SWOT Analysis: Growth
Acute Care Surgery/Trauma

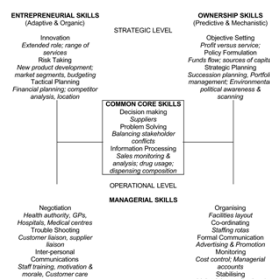| Strengths	Weaknesses
• Regional Academic Supremacy • Branding recognition/awareness • Geographic Location • Pediatric Trauma Program "Center" • State center for EMS management	• Lack of specialties (Plastics/Rehab/ENT) • Schism between University and Private Practitioners • Lack of organized marketing strategies • No central transfer communication process for the RWJ System • Lack of definable supremacy due to label dilution • Lack of rehabilitation/PT/OT

Opportunities	Threats
• First Acute Care Center in the North East • Continue program growth with EM and EMS • Grow Emergency Surgery • Grow Critical Care product lines and unit cohesion	• Limited market place • Lack of modern infrastructure • Insurance reimbursement landscape • Lack of standardized care (Trauma/Critical Care)

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3-Year Strategic Activation Plan
Growth: Acute Care Surgery (6/15-16/10)

Slide 3

ENTREPRENEURIAL SKILLS (Adaptive & Organic)

STRATEGIC LEVEL

OWNERSHIP SKILLS (Predictive & Mechanistic)

Innovation
Extended role; range of services
Risk Taking
New product development; market segments, budgeting
Tactical Planning
Financial planning; competitor analysis; location

Objective Setting
Profit versus service;
Policy Formulation
Funds flow; sources of capital
Strategic Planning
Succession planning, Portfolio management; Environmental political awareness & scanning

COMMON CORE SKILLS
Decision making
Suppliers
Problem Solving
Balancing stakeholder conflicts
Information Processing
Sales monitoring & analysis; drug usage; dispensing composition

OPERATIONAL LEVEL

MANAGERIAL SKILLS

Negotiation
Health authority, GPs, Hospitals, Medical centres
Trouble Shooting
Customer liaison; supplier liaison
Inter-personal
Communications
Staff training, motivation & morale, Customer care

Organising
Facilities layout
Co-ordinating
Staffing rotas
Formal Communication
Advertising & Promotion
Monitoring
Cost control; Managerial accounts
Stabilising
Maintaining professional cover; change management

(Standard Text = Generic Skills according to Jennings and Beaver;
Italic Text = Community Pharmacy Skills identified by interviewees)

Source: Adapted from Jennings and Beaver (1996)

emeraldinsight.com

Differences between Leaders & Managers

Managers

- Deal with status quo
- Work in the system
- React
- Control risk
- Enforce rules
- Seek then follow direction agreed upon
- Control by pushing in right direction
- Coordinate effort and alignment
- Provide instructions

Leaders

- Deal with change
- Work on the system
- Create opportunity
- Seek opportunities
- Change org rules
- Provide a vision and strategic alignment
- Motivate by stratifying basic needs
- Insure achievement, energize
- Coach, create self-leaders and empower them

Necessary Characteristic for success

- The system works but can be better
- Appreciate admin as necessary evil? NO- its necessary
- Communication and alignment is key to execution
- Metrics matter to managers
- Leaders deliver the metrics
- Good leaders take the time to create a business plan and sell the plan to managers
- Patience, patience, patience …

- Introducing to much change into a system leads to nothing but chaos
- Do not forget to manage up
- The world of health care is no longer a pyramid it's a circle.

- "He who has a why to live for can bear almost any how."

- "Whoever fights monsters should see to it that in the process he does not become a monster. And if you gaze long enough into an abyss, the abyss will gaze back into you."

http://www.goodreads.com/author/show/1938.Friedrich_Nietzsche

Thank you

Thank you!

Building a Successful Team: Trials and Triumphs

Michael D. Pasquale, MD, FACS
Chairman, DOS
Lehigh Valley Health Network

How do you measure success?

How do you succeed?

History: Starting Point

- Recruited into group as one of two hospital employed trauma surgeons (1993)
  - 9 Trauma surgeons taking call
  - Job description
    - Trauma surgery (1600 admissions)
    - Elective general surgery through a private practice (one week per month)
    - SICU coverage (somewhat limited)
    - Research (clinical and bench)

History: Evolution

- TMD leaves for Chair position (1995)
- Retirement of 4 trauma surgeons
- Burn surgeon leaves for another job
- 4 Trauma surgeons promoted to TMD's, one to Chair
- 3 Trauma surgeons leave after short periods of time

History: Today

- 9 hospital employed trauma surgeons
- 3 hospital employed burn surgeons
- 2 hospital employed trauma surgeons running a Level 3 TC
- Job description
  - Trauma surgery (>3000 admissions/year)
  - General surgery (elective and emergent)
  - SICU (robust service)
  - Research (clinical)

Clinical: TQIP
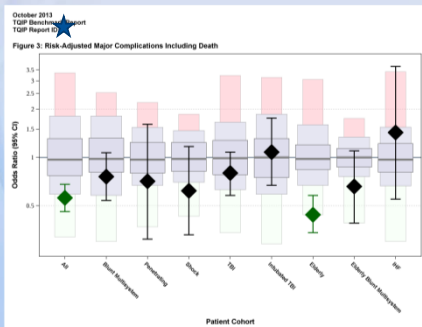
Education and Research

- Multiple residents who have pursued a career in trauma
- RRC approved Fellowship in Surgical Critical Care
- Prolific clinical research program that has been recognized at state, region, and national levels
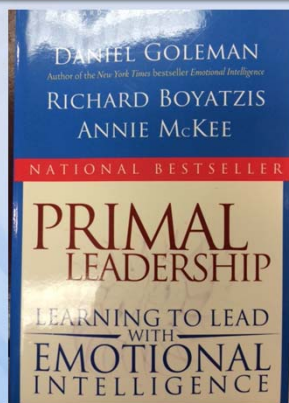- SELECT Medical School

Do we have a successful team?

- Yes…..BUT
  - It took a while
  - We made mistakes
  - Didn't understand the principles of leadership and team building
  - WE GOT LUCKY!!

Learnings

- Be transparent but not brutal
- Know your institution and environment
- Recruit for your successor
- Look for "team" players
- Understand individual talents
- You have to get everyone moving in the same direction and believing in the vision and that comes down to *Leadership*.

Building a Successful Team:
Leadership and Emotions

DANIEL GOLEMAN
Author of the New York Times bestseller Emotional Intelligence

RICHARD BOYATZIS

ANNIE McKEE

NATIONAL BESTSELLER

PRIMAL LEADERSHIP

LEARNING TO LEAD WITH EMOTIONAL INTELLIGENCE

The Primal Dimension

- Leadership that is emotionally compelling
- Others look to for assurance and clarity when facing uncertainty or threat
- The "emotional guide" for a group
- Drive collective emotions in a positive direction and clear the smog of toxic emotions
- Bring out the best....RESONANCE

Resonant Leader

- Drive emotions positively and bring out everyone's best.
- Competencies of emotional intelligence.
  - Drive to achieve results
  - Ability to take initiative
  - Skills in collaboration and teamwork
  - Ability to lead a team
- Employ a variety of styles depending on the situation.

Emotional Intelligence (EI)

How do you handle yourself and your relationships?

Personal Competence: Self-Awareness

- Emotional - recognize your own emotions/inner signals and their impact
- Accurate self-assessment – knowing one's strengths and weaknesses
- Self-confidence – a sound sense of one's self-worth and capabilities
- *Important in controlling emotion and sensing how someone else sees a situation*

Personal Competence: Self-Management

- Emotional self-control
- Transparency – honesty/integrity/trust
- Adaptability – flexibility in changing states
- Achievement – improve performance to meet inner standards of excellence
- Initiative – readiness to act on opportunity
- Optimism – seeing the upside in events

Social Competence: Social Awareness

- Empathy – sensing others', understanding their perspective and taking active interest
- Organizational awareness – reading the currents, decision networks and politics of the organization
- Service – recognizing and meeting follower, client, or customer needs

Social Competence: Relationship Management

- Inspirational leadership – guide and motivate with a compelling vision
- Influence – range of tactics for persuasion
- Developing others – feedback
- Change catalyst – new directions
- Conflict management
- Building bonds
- Teamwork and collaboration

Leadership Styles: Visionary

- Builds resonance by moving people toward shared dreams
- Most strongly positive of styles
- Appropriate when changes require a new vision, or when a clear direction is needed
- *"Articulate a purpose that rings true for themselves and attune it to values shared by the people they lead"*

Leadership Styles: Coaching

- Builds resonance by connecting what a person wants with the organization's goals
- Highly positive impact on climate
- Appropriate to help an employee improve performance by building long-term capabilities
- *"Works best with employees who show initiative and want more development"*

Leadership Styles: Affiliative

- Builds resonance by creating harmony via connecting people to each other
- Positive impact on climate
- Appropriate to heal rifts in team and/or motivate during stressful times
- *"Focus on emotional needs creates empathy but can't be used alone as it can allow poor performance to go uncorrected"*

Leadership Styles: Democratic

- Builds resonance through valuing people's input and gaining commitment through participation.
- Positive impact on climate
- Appropriate to gain buy-in or gain input
- *"Listening is a key strength but the drawback is that there can be endless meetings when consensus is elusive"*

Dissonant Styles

"Use with Caution"

Leadership Styles: Pacesetting

- Builds resonance through meeting challenging and exciting goals
- Often highly negative impact because poorly executed
- Appropriate to get high-quality results from a motivated and competent team
- *"Expects people to just know what to do and can lead to frustration/2nd guessing"*

Leadership Styles: Commanding

- Builds resonance by soothing fears by giving clear direction in an emergency
- Often misused and can create a negative impact on climate
- Appropriate in crisis to kick-start a turnaround or with problem employees
- *"Tends to be least effective in most situations; top down and intimidating"*

Which Style and When?

- Fluid adjustments based on assessment of the situation
- Able to use dissonant styles appropriately
- *"When it comes to filling a leadership position, it pays to find someone who has the flexible repertoire of four or more styles OR mastery of a specific style that fits your reality"*

What about the team?

- Get to know your team by investing the time to understand how they are wired and what is required to motivate them…
- Clearly define roles and responsibilities. Remember, not everyone is a quarterback nor should they be…
- Be proactive with feedback and remember that feedback is two-way communication…

What about the team?

- Acknowledge and reward and don't take performance for granted, i.e. someone "doing their job"…

- Always celebrate success and take time to understand why they were successful…

Transparency

- Problems are solved faster
- Teams are built easier
- Relationships grow authentically thru encountering and solving problems
- People begin to promote trust in their leader
- Higher-levels of performance emerge
- *It is "infectious"*

Becoming a Resonant Leader: The Five Discoveries

- My ideal self – Who do I want to be?
  - Changing habits is hard work and lasting change requires a strong commitment to a future vision of oneself.
  - Don't fixate on what's in the way
  - The "ought" versus the ideal
  - Philosophy…how people determine value (pragmatic, intellectual, humanistic)
  - Lead with passion

The Five Discoveries

- The real self, or are you a boiling frog?
  - Confront reality and remove the cloud from the mirror…are you what you think you are?
  - Take and inventory of your strengths and talents
  - Seek out honest feedback (negative)
  - Understand the gaps between the ideal and the real
  - *"Build on your strengths, close your gaps, and make your aspirations and dreams a reality."*

The Five Discoveries

- A learning agenda as opposed to a performance agenda
  - Focus on the possibility of change rather than some measure of success
  - Focus on what you want to become…your own ideal rather than someone else's
  - Goals should build on strengths, be flexible/feasible, and be suited to one's learning style

The Five Discoveries

- Reconfiguring the brain
  - Learn new habits to overcome gaps
  - You need practice to avoid recycling problems
    - Start by overcoming impulsive habits
    - Develop new habits
  - Learn while doing other things…"stealth learning"
  - Mental rehearsal

The Five Discoveries

- The power of relationships
  - Our relationships offer us the very context in which we understand our progress and realize the usefulness of what we're learning
  - Positive groups help people make positive changes (relationships with candor/trust/safety)
  - Mentors and coaches
  - Bring the team along…you need a critical mass of resonant leaders!
  - *Creation of sustainable change…*

Remember…you can accomplish whatever you want as long as you don't care who gets credit for it!

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Questions?

Further Discussion

Cedar Crest | 17th Street | Muhlenberg | Health Centers

A PASSION FOR BETTER MEDICINE. Lehigh Valley Health Network

610-402-CARE LVHN.org

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ACADEMIC ADVANCEMENT:
IT'S NOT JUST ABOUT BECOMING
A DIVISION CHIEF

Grace S. Rozycki, MD, MBA
Indiana University School of Medicine
January 14, 2014

INDIANA UNIVERSITY SCHOOL OF MEDICINE

SCHOOL OF MEDICINE
INDIANA UNIVERSITY

No Disclosures

OUTLINE

I.   **Getting to the next step: promotion**
            Importance
            Requirements
            Process

II. **The Game Plan: how to get there**

II.   **Secrets to ensure your academic advancement**
        and enhance your national profile

There are two kinds of lost.
One is not knowing where you are
**and the other is not knowing where you are going.**

Critical Juncture

Define goals for the next several years
so that your career moves forward
and in the right direction

In doing so, you will carve your own path,
that is unique
to your history, talent, and training.

Advancement/promotion
is a key part of that process
and it requires careful planning and execution.

PROMOTION PROCESS:
30,000 FOOT VIEW

PROMOTION

PROFESSOR

ASSOCIATE

ASSISTANT
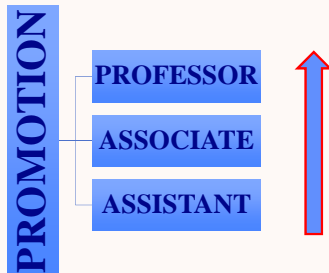
Why is promotion important?

Locally:

It recognizes and validates your contributions to service, teaching, and scholarship– the essential elements of a School of Medicine
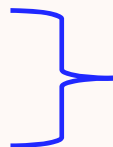
Nationally:

It indicates that you have the skills to assume a leadership position and that you have developed a unique niche that is recognized by your peers.

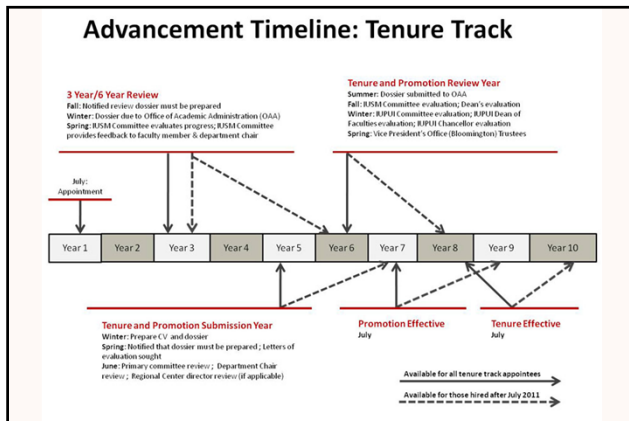
Promotion Process

TRACKS:
Clinical
Tenure
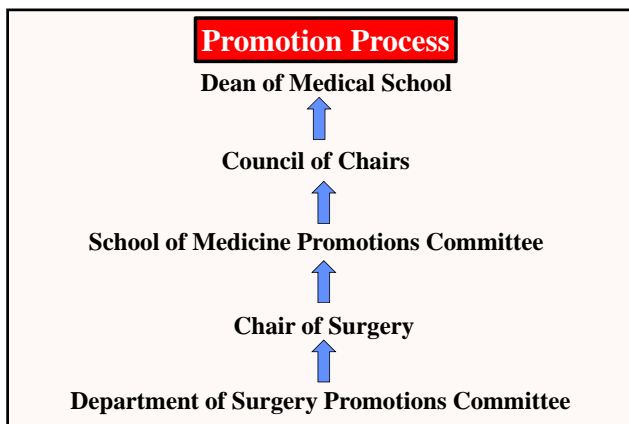Research (Scientist)
Education

Assigned with appointment and determines requirements

TIMELINE:
Determines when you should be considered for promotion
Usually at 5 year intervals
Tenure clock re-set for those faculty with special circumstances

Advancement Timeline: Tenure Track

3 Year/6 Year Review
Fall: Notified review dossier must be prepared
Winter: Dossier due to Office of Academic Administration (OAA)
Spring: IUSM Committee evaluates progress; IUSM Committee provides feedback to faculty member & department chair

Tenure and Promotion Review Year
Summer: Dossier submitted to OAA
Fall: IUSM Committee evaluation; Dean's evaluation
Winter: IUPUI Committee evaluation; IUPUI Dean of Faculties evaluation; IUPUI Chancellor evaluation
Spring: Vice President's Office (Bloomington) Trustees

July: Appointment

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10

Tenure and Promotion Submission Year
Winter: Prepare CV and dossier
Spring: Notified that dossier must be prepared; Letters of evaluation sought
June: Primary committee review; Department Chair review; Regional Center director review (if applicable)

Promotion Effective
July

Tenure Effective
July

→ Available for all tenure track appointees
⇢ Available for those hired after July 2011

Promotion Process

Dean of Medical School

⬆

Council of Chairs

⬆

School of Medicine Promotions Committee

⬆

Chair of Surgery

⬆

Department of Surgery Promotions Committee

WHAT DO YOU HAVE TO DO?

#1. Get your <u>CV</u> in order:
- **Correct format per the School of Medicine**
- **Up-to-date information**
- **Exact citations**
- **Almost no abbreviations**
- **List only manuscripts that are published, or in-press, not those that are "under review" or "submitted"**

Do not list abstracts!

WHAT DO YOU HAVE TO DO?

#2. Identify external and internal <u>supporters</u>.
    Names, titles, contact information, and their description.
    Should not be a mentor and must be of higher rank

<u>External supporters:</u>
  Committee Chair
  President of organization
  Chief of Surgery

<u>Internal supporters:</u>
  Emergency Medicine
  Anesthesiology
  Obstetrics-Gynecology

WHAT DO YOU HAVE TO DO?

#3. Construct a TEACHING PORTFOLIO
    Teaching philosophy: approach, methodology, goals, and achievements
    Peer reviews/student evaluations: SAVE THESE!
    Describe what you do and where you teach
    Include and describe teaching awards
    Curriculum/protocol development: focus of work that extends or advances knowledge

    Teaching excellence should reflect:
      Impact on student/mentee performance
      Innovation
      Professional development

What do you have to do?

#4. Construct a PERSONAL STATEMENT that should:
    a. reflect your accomplishments and prospects for continued professional development
    b. describe your achievements in <u>Service</u>, <u>Teaching</u>, <u>Scholarship</u>
    c. Frame your achievements around the following:
      • **collaborative efforts**
      • **contributions that are in alignment with the School's expectations**
      • **research agenda**
      • **plans to enhance teaching effectiveness**
      • **development of your national reputation**
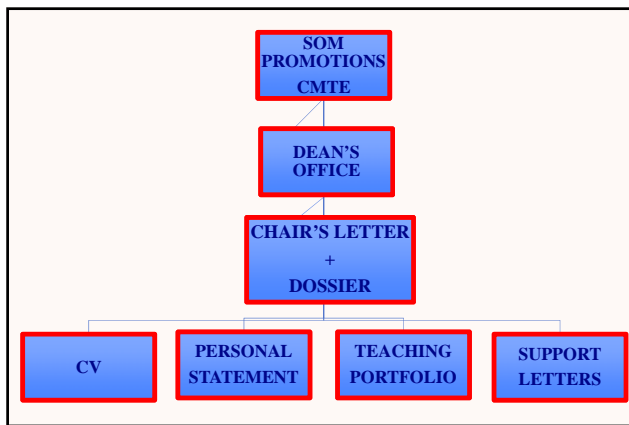
What do you have to do?

The PERSONAL STATEMENT should address the following questions:

       a. What is the focus of my career?

       b. What problems, issues, or challenges am I addressing?

       c. Which methods and strategies am I using to address them?

       d. What outcomes show the impact of my work?

       e. What do I plan to accomplish in the future?

       f. What is the overall plan for my career?

What do you have to do?

The PERSONAL STATEMENT should be:

       a. personal– citing your background, your area of excellence, your story, your unique qualifications, your contributions

       b. written in "plain language", avoid abbreviations, explain complicated terminology

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SOM PROMOTIONS CMTE

DEAN'S OFFICE

CHAIR'S LETTER + DOSSIER

CV   PERSONAL STATEMENT   TEACHING PORTFOLIO   SUPPORT LETTERS

The Game Plan: how to get there

1. **Start early!**
   - **Review the SOM guidelines for promotion**
   - **Save teaching evaluations**
   - **Begin with the end in mind**
2. **Focus on the goal of promotion each day**
   - **Is this activity in alignment with my goals?**
   - **Have I planned the day to accomplish something toward those goals?**
3. **Reassess progress with mentor every six months**

Let's drill down…

OVER 15 MILLION SOLD

THE **7** HABITS OF **HIGHLY EFFECTIVE PEOPLE**

Powerful Lessons in Personal Change

Stephen R. Covey
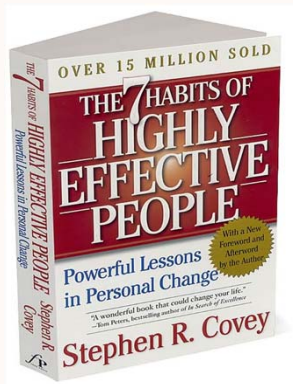
Setting goals requires a lot of thought

MANAGE Crises & Pressing Problems	FOCUS On Strategies & Values
1 DEMAND + NECESSITY DAILY FIRE-FIGHTING BE QUICK TO DELEGATE	2 OPPORTUNITY + PLANNING KEEP CRITICAL THINKING CONSIDER THE MACRO
IMPORTANT AND URGENT	IMPORTANT NOT URGENT
AVOID Interruptions & Busy Work	LIMIT The Trivial & Wasteful
3 ILLUSION + DECEPTION NOT YOUR EMERGENCY MINIMIZE INVESTMENT	4 ESCAPE + WASTE ENTERTAINMENT ONLY USE TO MINIMIZE STRESS
URGENT NOT IMPORTANT	NOT IMPORTANT OR URGENT

PROMOTION CRITERIA- SERVICE

SATISFACTORY	EXCELLENT
CARE OF PATIENTS	PROGRAM DEVELOPMENT IN AREA OF EXPERTISE
SERVICE TO STUDENTS	LOCAL/REGIONAL IMPACT OF UNIQUE PROGRAM OR SERVICE
SERVICE TO PROFESSION/ COMMUNITY	RECOGNITION BY PEERS FOR YOUR EXCELLENT SERVICE
ADMINISTRATIVE SERVICE	

The Game Plan: how to get there

Service
- **Develop a practicing niche: the "go to surgeon"**
- **Take courses to expand knowledge**
- **Speak with experts**
- **Get the word out**
- **Develop protocols/databases that can be used for quality measures and research**

FOCUS
On Strategies & Values
2
OPPORTUNITY + PLANNING
KEEP CRITICAL THINKING
CONSIDER THE MACRO
IMPORTANT NOT URGENT

PROMOTION CRITERIA- TEACHING

SATISFACTORY	EXCELLENT
TEACHING LOAD	CURRICULUM DEVELOPMENT
TEACHING EVALUATIONS WITH THE NORM	TEACHING AWARDS
MENTORING	EDUCATIONAL ADMINISTRATION

The Game Plan: how to get there

Teaching– in addition to the usual lectures, rounds
- Look for the teachable moments– e.g. pre-op/post-op de-briefing
- Write a manual– just start and add to it annually
- Develop protocols/videos
- Conduct a journal club on a research topic of interest
- Take a course in how to teach
- Consider an educational research project

FOCUS
On Strategies & Values
2
OPPORTUNITY + PLANNING
KEEP CRITICAL THINKING
CONSIDER THE MACRO
IMPORTANT NOT URGENT

PROMOTION CRITERIA- RESEARCH

SATISFACTORY	EXCELLENT
PUBLICATIONS	COHERENT RESEARCH PROGRAM
GRANTS	SUSTAINED FUNDING
PARTICIPATION IN MCTs	INDEPENDENT RESEARCH PROGRM
	APPROPRIATE h-INDEX AND PUBLICATIONS IN QUALITY JOURNALS

PROMOTION CRITERIA- RESEARCH

INDICATOR
h-INDEX
JOURNAL QUALITY
NUMBER OF PUBLICATIONS IN RANK

SCHOLARSHIP METRICS

h-index:
    1. attempts to measure the productivity and impact of the published work of a scholar
    2. based on set of the scholar's most cited papers and number of citations that they have received in other publications
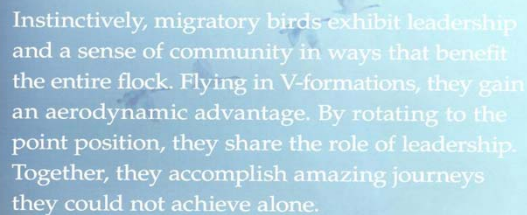
Journal quality:
    1. assessed by impact factor
    2. should be considered within a field

The Game Plan: how to get there

Research:
- **Align your clinical interests with research Focus on an area: become an expert**
- **Look for opportunities:**
  - **Case report → Case series**
  - **Multicenter trials**
  - **Collaborate with colleagues from other Departments**
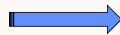
Instinctively, migratory birds exhibit leadership and a sense of community in ways that benefit the entire flock. Flying in V-formations, they gain an aerodynamic advantage. By rotating to the point position, they share the role of leadership. Together, they accomplish amazing journeys they could not achieve alone.

Synergism builds trust and results in better solutions to problems.

Benefits of doing research

Opportunity to:
- **learn**
- **share new knowledge**
- **make a scientific contribution**
- **benefit the surgical community**
- **mentor**
- **collaborate**
- **have fun**
- **enhance your national profile**

Reality check!

5 sure-fire DIRECTIVES to:

- **Get you started**
- **Complete the project**
- **Get the manuscript in print**

DIRECTIVE #1

Collaborate with a <u>colleague</u> and recruit an "<u>anchor</u>"

RATIONALE

<u>Colleague:</u> has another study
            co-authors ⟹ 2 papers

Medical student ⟹ ⎱ INVESTMENT
Graduate student   ⎰ IS DIFFERENT

Patient sticker here

Motorcycle Helmet Study

STAT PACK # _____ Date of Admission: ___ / ___ / ___

Medical Record # _____ Date of Discharge: ___ / ___ / ___

Last Name: _____ First Name: _____ Age: ____ Gender: Male ☐ Female ☐ M.I.

Presentation: Blood Pressure: ____ / ____

Helmet: ☐ Yes ☐ No ☐ Unknown

Type of Helmet: ☐ Full Face ☐ Modular or Flip-up

☐ Open Face or ¾ ☐ Half Helmet

☐ Other (beanie, brain bucket)

Color of Helmet: ☐ White ☐ Other: _____ Chin Bar Present ☐ Yes ☐ No

Injuries:

Brain: ☐ SAH
☐ SDH
☐ EDH
☐ Intracerebral hematoma
☐ Contusion
☐ Skull fracture nondepressed
☐ Skull fracture depressed
☐ DAI

Cerebral spine fracture: ☐ Yes ☐ No   Stable fracture: ☐ Yes ☐ No

Neurological deficit: ☐ brachial plexus
☐ quadriplegia
☐ paraplegia

Face: ☐ LeForte I
☐ LeForte II
☐ LeForte III
☐ Mandible Fracture

Outcome: ☐ Live ☐ Die

DIRECTIVE #2

Identify an abstract deadline
Develop a timeline
Work backwards

RATIONALE

Helps you to prioritize your time!
Keeps you focused on a goal

DIRECTIVE #3

Book the time into your calendar
30 minutes for 3X/week

RATIONALE

Removes yourself from the clinical environment
Keeps you on track and devoted to the mission

DIRECTIVE #4

**Identify a seasoned mentor
who will help you write the abstract**

RATIONALE

**Seasoned mentor understands the process
and secrets of getting an abstract accepted**

DIRECTIVE #5

**Write an outline of the paper
with all the key components***

RATIONALE

**Breaking down the process
helps to make the project doable
and ensures that key elements are included.**

* = manuscript review see JOT web site

**FIVE SECRETS TO ENSURE
YOUR ACADEMIC ADVANCEMENT
AND ENHANCE YOUR NATIONAL PROFILE**

**#1
KNOW THE RULES
GO TO YOUR SCHOOL OF MEDICINE
WEB SITE**

**Understand the process, timeline, and
tracks**

**FIVE SECRETS TO ENSURE
YOUR ACADEMIC ADVANCEMENT
AND ENHANCE YOUR NATIONAL PROFILE**

**#2
WALK THE WALK
"EARN YOUR STRIPES"
Establish yourself clinically**

Crosses the areas of Service, Teaching, and Scholarship

**FIVE SECRETS TO ENSURE
YOUR ACADEMIC ADVANCEMENT
AND ENHANCE YOUR NATIONAL PROFILE**

**#3
VOLUNTEER FOR A COMMITTEE
WITH A NATIONAL ORGANIZATION
AND YOUR STATE ACS CHAPTER**

Leaders will get to know you and you will begin to learn the organization

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**FIVE SECRETS TO ENSURE
YOUR ACADEMIC ADVANCEMENT
AND ENHANCE YOUR NATIONAL PROFILE**

**#4
VOLUNTEER FOR A COMMITTEE
IN YOUR HOSPITAL**

- **Local leaders will get to know you**
- **Your efforts will be noticed**
- **Opportunities to improve or change the culture**

FIVE SECRETS TO ENSURE YOUR ACADEMIC ADVANCEMENT AND ENHANCE YOUR NATIONAL PROFILE

#5
BECOME A LIFELONG LEARNER
ENHANCE YOUR EDUCATION

- Contributes to your expertise
- Provides opportunities to share knowledge and improve operations

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FINAL WORDS

Academic Advancement is more than just a title

FINAL WORDS

It's about growth, development, and becoming an effective leader

FINAL WORDS

It's about local and national recognition by your peers

FINAL WORDS

It's about recognition for your unique contributions to your field and to American Surgery

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THANK YOU

_____

_____

_____

_____

_____

_____

_____

**Indiana University-Purdue University Indianapolis
Chief Academic Officer's Guidelines
For Preparing and Reviewing Promotion and Tenure Dossiers
2013-2014**

**Borrowed with permission from
Indiana University-Purdue University
Office of Academic Affairs**

ADVICE REGARDING PREPARING FOR PROMOTION AND/OR TENURE

Preparation for promotion and/or tenure begins in the first year at IUPUI. Consult both the IUPUI Chief Academic Officer's Guidelines as well as those for your department and/or school. Candidates, chairs, deans, the Chief Academic Officer, and FAA all have distinct and significant roles and responsibilities in the promotion and/or tenure process.

Candidate Responsibilities and Recommended Timeline

This timeline is based on the most common cycle of preparing dossiers for a promotion and tenure review in the sixth year; however, much of the advice is applicable to faculty and librarians in all tracks and ranks. The timeline may be modified following Indiana University policies and individual candidates' circumstances.

Year 1 and 2:
- Create a collection system for evidence of activities in teaching (performance in the case of librarians), research and creative activity, and service. Collect and organize everything, ranging from syllabi to grant applications (whether successful or not) to results of committee work. In addition to being useful for annual reports, these early materials provide a basis for analysis of improvement.
- Preferably with the advice of the chair, identify a mentor who can guide you through the processes leading to promotion and/or tenure, and orient you to departmental expectations. Ideally, this person should be at senior rank.
- You are strongly encouraged to identify an area of excellence at this time. Bear in mind that for promotion and/or tenure reviews you must also document at least satisfactory progress in the other areas and that each department/unit has defined its expectations about an appropriate area of excellence. For more details, consult Summary of Areas of Excellence and Expectations for Various Faculty Categories in the Appendices.
- Collect, summarize, and analyze student evaluations every year. Areas where students indicate a problem provide excellent opportunities to document improvement from one semester to the next.
- Arrange peer reviews of your teaching. Problems that are identified in the review process provide excellent opportunities to document improvement from one peer review to the next.
- Be sure you know the expectations of your department and school related to grant/contract funding and make sure that your work falls within those guidelines. The Office of Research Development provides helpful workshops and other research support for faculty. These resources can be found at http://research.iupui.edu/.
- Scholarly dissemination of your work is required to document excellence in any of the three areas of faculty work; to document highly satisfactory in each area of a balanced case; and also for assessment of satisfactory in research. Be sure you know the expectations of your department and school related to scholarly productivity and make sure that your work falls within those guidelines. Continue to systematically work on your scholarship output.
- In consultation with your mentor, become familiar with campus resources available in the Center for Teaching and Learning (CTL), the Center for Research and Learning (CRL), and the Center for Service and Learning (CSL). Take full advantage of the wide range of support available to faculty.
- Become familiar with the University, campus, unit/school, and primary/department guidelines for promotion and/or tenure. Attend primary/department and/or unit/school promotion and/or tenure workshops. Attend Promotion and Tenure workshops offered by Faculty Appointments and Advancement (FAA).
- Be responsive to advice given in your annual reviews, paying special attention to progress in scholarship for your area of excellence. Satisfactory performance in your areas of responsibility, teaching and service (and research for tenure-track faculty), is required for continued probationary reappointments.
- Prepare for the three-year review.

Year 3:
- The three-year review provides an opportunity for faculty, primary/departments, and/or unit/schools to take stock of a tenure-probationary candidate's progress toward promotion and tenure.

- Continue all the above activities while you begin to analyze and document progress on your work in terms of improvement and achievement in relation to primary/department criteria, unit/school criteria, University criteria, and the Chief Academic Officer's Guidelines.
- Your personal statement for the three-year review also provides an opportunity to reflect not only on your work, but also on the focus that is emerging in your work. This focus will provide the coherence to your work that should shape your efforts between now and the time of your candidacy for promotion and tenure.
- By this time, you need to have a well-defined area of excellence which you are actively developing. Distribute evidence of your scholarship under your area of excellence (if other than research) rather than putting all such evidence under "research" in your curriculum vitae. You may only place each item in one area of the CV.
- Analyze teaching evaluations to identify key themes and how they point to teaching achievements or areas for further attention. If data are available, present your performance in relation to peer average scores.
- Analyze peer reviews to determine again how you might improve student learning in your classes.
- Analyze your grant and scholarly dissemination record in relation to department norms and expectations.
- You will receive feedback on your three-year review from your primary committee, your chair, and your dean. Incorporate that advice into a plan to present a compelling case for promotion and/or tenure in your sixth year. Follow the advice you are given. Work closely with your mentor and your chair, and seek out appropriate supports at the campus level in developing your plan.
- If there are significant issues identified in the three-year review, ask for a fourth-year review for further guidance and to update your plan.
- Be responsive to advice given in your annual reviews, paying special attention to progress in scholarship for your area of excellence. Satisfactory performance in your areas of responsibility, teaching and service (and research for tenure-track faculty), is required for continued probationary reappointments.

Year 4:
- This is the year to ensure that you are on track with grants and sufficient dissemination of your scholarship as defined by your department. Maintain close contact with your chair and your mentor to identify areas of support to help you progress along that track.
- Arrange for another peer review of your teaching. You might consider inviting someone external to your department in order to gain additional perspective.
- Address any issues identified in the three-year review.
- Be responsive to advice given in your annual reviews, paying special attention to progress in scholarship for your area of excellence. Satisfactory performance in your areas of responsibility, teaching and service (and research for tenure-track faculty), is required for continued probationary reappointments.

Year 5:
- This is the year you begin to prepare your dossier. If you have kept records from the start of your academic career, you should be in excellent shape to analyze your progress and present your case.
- Be sure to attend the workshops on promotion and/or tenure this year in your primary/department and/or unit/school as well as at the campus level. Your perceptions and understanding will be different from what they were your first year at IUPUI, and your needs more focused, so you will probably get much more immediately useful information at these workshops.
- Aim to complete your dossier a month or two before it is due, especially your Candidate's Statement, so that your mentor and other colleagues can provide you with helpful feedback.
- Be sure that your dossier not only makes your case for excellence in your chosen area, but also provides substantive evidence for at least satisfactory performance in the other two areas. Place sufficient evidence of scholarship in your area of excellence (if other than research) rather than putting all evidence under "research" in your curriculum vitae. Describe your scholarship in your dossier, making sure to explain it in layman's terms, since faculty from other disciplines will review your case. Minimize abbreviations, jargon and acronyms.
- Your dossier will be submitted for review either at the end of this academic year or at the beginning of your sixth academic year. Make sure you know the timeline for your primary/department and/or unit/school.

- o Letters solicited by the candidate should NOT be placed in this section. They should be placed in the evidence section they best support – teaching, service or research/creative activity.
- This section contains the following documents which should be placed in the dossier in the exact order listed below:
  - o A sample of the reference solicitation letter sent for candidate.
  - o All solicited reference letters received. Once a letter is added at any level of review, it becomes a permanent part of the dossier and is not to be removed.
  - o Please do not include CVs of reference letter writers.

SECTION 06: Candidate's Statement
- This section counts toward the 50-page limit on the dossier.
- Candidates for promotion and/or tenure should prepare a maximum of 5 single-spaced pages for their candidate's statement that reflects their own assessments of their accomplishments in teaching, research and creative activity, and service (for tenured or tenure track faculty); teaching and service (for clinical and lecturer faculty); or performance, professional development, and service (for librarians). Prospects for continued development in these areas must be addressed. Up to an additional two single-spaced pages, addressing the area of excellence, may be presented as a section introduction for the area of excellence (these additional two pages should not be included in section 06; rather, they should be placed in the section the candidate has designated as their area of excellence). Candidates going up on a balanced case should prepare a maximum of 7 single-spaced pages for their candidate's statement, inclusive of the three areas of highly satisfactory work. In cases where the candidate undergoes unit-level review at another campus (e.g., Core Schools like Business, Education, etc.), an accommodation with the page-length expectations of those campuses may be needed.
- Candidates are cautioned to describe their work in clear language that can be understood by readers from other disciplines.
- The Candidate's Statement is a place for reflective commentary focused on the criteria for promotion and/or tenure.
- The Candidate's Statement should address the interrelated aspects of a whole, integrated career. Few candidates make sharp distinctions among the various aspects of their work as they do it, and the statement should indicate how the candidate views the integration of these aspects, even while assessing achievements in each. Special attention should be given to work that cuts across specializations and disciplines and that helps integrate and apply knowledge to broad patterns of intellectual activity.
- Candidates engaged in interdisciplinary work or team science should make every effort to represent their contribution to collaborative scholarship clearly, as well as the significance and value of any interdisciplinary approach they are pursuing. Candidates should carefully document their individual contributions within this context and should also demonstrate some level of independent research beyond the team science work.
- Candidates should be careful to provide clear and sufficient information about their individual roles in collaborative projects, publications, presentation, or grants.
- Candidates should explain how their service has contributed to the common good of the campus and University and how these contributions reflect department and school/unit expectations.
- Candidates should especially address their own assessment of the impact, significance or value of their work to their discipline or profession, to the unit and campus, and to society as a whole.
- Candidates should also indicate the prospects for continued personal development in their defined areas of professional activity.
  - o Whenever possible, tenure-track faculty members should state specific plans for a research or creative activity agenda, for a plan to enhance teaching effectiveness, and for continued participation through professional service in their profession, the campus, and a community.
  - o Faculty in non-tenure track appointments should focus on their respective areas of performance.
  - o Similarly, librarians should indicate the prospects for maintaining excellent performance and for continuing to contribute to their profession through their engagement in professional development and service activities.
- Candidates who seek advancement based on excellence in professional service should be able to demonstrate that such service is, in fact, academic work, which has significant results that have been communicated or disseminated in such a manner as to be reviewed by peers. The application of criteria

to professional service should be clear, and professional service must be clearly related to the mission of the University, campus, and school/unit.
- The candidate's case for excellence should be made in relation to department, school/unit, and University criteria.

SECTION 07: Teaching (For Librarians: Performance)
- This section counts toward the 50-page limit on the dossier.

Faculty: Documenting Teaching
IUPUI requires documented evidence of at least satisfactory teaching by each faculty member for tenure and for advancement in rank (with the exception of those classified as research faculty, scientists and scholars).

This section generally consists of supporting documentation related to teaching and, if this is the area of excellence, a Statement of Teaching (a narrative that is a <u>maximum of 2 single-spaced pages</u> analyzing the teaching area). Candidates should provide the following evidence to document teaching and advising in this section. They should feel free to address other points not identified below:
- **Evidence of the quality of teaching and advising as evaluated by peers (required for satisfactory level or higher).**
  o Peer review of teaching is as important as peer review of research and creative activity.
  o Local disciplinary peers can provide essential information and assessment based on observation of the classroom, studio, laboratory, or other learning environments, including those based on technology. Additionally, local peers outside the discipline can provide an additional perspective of excellence in teaching, including practices in the classroom, teaching materials, and the scholarship of teaching and learning.
  o Peer review of classroom instruction is most effective when it is based on multiple visits to classes and examination of materials; isolated observations are rarely helpful.
  o It is much more difficult for external peers (i.e., external to IUPUI) to observe actual teaching, and thus local peers should prepare reports sufficiently descriptive to be useful to external peers along with other documented results of effectiveness.
  o Evidence in the dossier should summarize statements, checklists, and methods used by peers to comment upon the quality of classroom performance and the quality of course design as evident in the syllabus and other course materials reviewed by colleagues. Similar statement or summary evidence of instruments may be submitted to document impact on student learning based on peer review of such indicators as student work (papers and projects), performance on standard exams, or personal experience with students in subsequent courses or institutions of higher learning. This evidence from peers may have resulted from in-person review or from review of materials in print or electronic form by those at a distance who teach in similar fields or use similar methods.
- **Evidence of quality of teaching, advising, or mentoring as evaluated by students (required for satisfactory level or better).**
  o Such assessments are most effective when conducted over a period of years and compared to other faculty in the school/unit.
  o **Only summaries** should be included in dossiers. The summary should include (in grid format if possible) results by course, year and item to establish trend lines where applicable.
  o The summary should discuss individual results within the context of the department or school/unit to enhance the usefulness of the information to outside readers. When norms are available for comparison to others in the program, school/unit, campus, or discipline, these should be included. When results of scaled questionnaires are used, the values of the numeric ratings should be stated.
- **Evidence of effective teaching through scholarly dissemination of knowledge about teaching, especially in peer-reviewed media, is required for documenting teaching at the level of excellence.**
  o Such activities, while listed on the curriculum vitae, should also be documented and discussed in this section.
  o Tenure-track faculty seeking advancement based on excellence in teaching should have peer-reviewed publications that document student accomplishment or contribute to the theoretical base of knowledge about curriculum or effective teaching and learning.
  o In some instances, and particularly for the lecturer and clinical ranks, publication may not be the most effective or feasible means of disseminating the results of effective teaching practices or pedagogical

research. When other forms of disseminating results are more appropriate, this fact should be explained and those evaluating the candidate's work at the primary, unit, and campus levels should consider this alternative form of dissemination. Candidates and department chairs (or deans) may wish to take special care in explaining why alternative forms of dissemination may better fit with standards in the field.

- **Evidence that courses taught contribute to the overall student learning outcomes specified by the unit and evidence that students have met or exceeded course or curricular learning objectives should be provided.**
  - o The role of the faculty member in assisting students to meet learning objectives should be documented and assessed in ways appropriate to the discipline and to the mission of the unit.
  - o This may be captured through peer review or through systematic assessment of student achievement or from standardized, nationally-normed profession-related tests.
  - o Faculty who teach undergraduate students should also address how their courses and scholarship of teaching contribute to learning outcomes specified by their academic unit and the Principles of Undergraduate Learning (PULs) in the statement they submit for this section.
  - o At the graduate and graduate professional levels, comparable assessment measures for student learning should be developed if they do not yet exist and the Principles of Graduate and Professional Learning (PGPLs) should be addressed.
- **Evidence of undergraduate or graduate research and effective mentor relationships with students leading to documented learning outcomes should be provided <u>when applicable</u>.**
  - o This evidence can be provided by listing co-authored papers or joint conference publications with students on the curriculum vitae or by discussing the nature of the student outcomes in the statement for this section.
- **Evidence of the nature and quality of course and curriculum development and implementation to enhance the quality, effectiveness and efficiency of teaching is expected.**
  - o Faculty who are using technology, problem-based learning, service learning, multicultural learning, study abroad, or other special approaches and tools to enhance student learning are especially encouraged to present these aspects of course design (even experimental use), and how they conform to or extend principles of good practice.
  - o Course and curriculum development and implementation activities not reported in the candidate's statement or in the curriculum vitae may be included in this section.
  - o Evidence about student learning associated with these activities can be part of the peer review or student evaluation evidence, especially when reviewers have been asked to comment on these specific innovations.
  - o Improvement in teaching for probationary faculty can be compelling when documentation demonstrates that the improvements can be sustained.
  - o External peer evaluation of course development is highly recommended for faculty documenting excellence in teaching.
- **The number of student graduate committees the candidate has served on or chaired and the evidence of the quality of results** as documented by student achievements should be provided, as appropriate.
- **Local, regional, national, or international teaching, advising or mentoring awards,** including information about their nature and significance (e.g., criteria, competitiveness, pool of applicants, number awarded) should be listed. These can be listed on the curriculum vitae, but if explanatory details are needed, they may be included in this section.
- **Teaching or advising grants** (including training grants) received and their outcomes should be included. These can be listed on the curriculum vitae with outcomes information included in the statement for this section.
- **Leadership roles in professional associations in organizing conferences, in presenting papers at conferences related to teaching, advising or mentoring,** and in advancing other aspects of teaching should be included.
  - o While these can be listed as professional service on the curriculum vitae, they may be included in the statement for this section if explanatory details are needed to support the candidate's case.

- **Information on the teaching load of the candidate should be reported.**
  - While the teaching load is reported on the curriculum vitae, an indication of whether it is greater or less than the average teaching load in the department should be reported in this section.
  - A large number of students is not *per se* evidence of achievement; teaching and student learning must be evaluated.
  - Similarly, teaching a small number of students does not indicate diminished achievement if the teaching load is appropriate and there is a sufficient threshold for evaluating the quality of the teaching.
  - Faculty may hold part-time appointments at any rank and in any classification; the expectations and measures for teaching achievement should be proportionate.
- **Using technology, distributed education, problem-based learning, community-based learning, international videoconferencing, or other new techniques and tools to enhance student learning.**
  - Faculty are encouraged to report their experiments and to document results.
- **Interdisciplinary work**
  - Faculty engaged in interdisciplinary teaching are encouraged to describe the significance and impact of bringing multiple disciplinary approaches to their area of interest.
- **Retention**
  - Since retention of students is of considerable importance to IUPUI, faculty members involved in retention efforts should include a description of these activities.
  - Include any evidence that indicates the impact these activities have had on increasing retention, either in their own classrooms or in a broader school/unit or campus setting.

Librarians: Documenting Performance

The *Indiana University Academic Handbook* requires that the primary area of excellence for every librarian be Performance. This section consists of supporting documentation related to librarian performance. Any scholarship related to performance is considered Librarian Professional Development.

Candidates should provide the following evidence to document librarian performance in Section 07 of the dossier:
- **A Statement on Performance describing performance activities and their impact is expected.** The statement should be a narrative that is a maximum of 2 single-spaced pages analyzing the librarian performance area. When performance is highly repetitive, as is often the case for librarians, candidates should comment on the cumulative impact of the repeated activities.
- **Position description(s) detailing performance responsibilities.**
- **Evidence of quality or impact by patrons, faculty or other recipients of librarian performance.** It is difficult for external peers to observe actual performance, and thus, these activities should be sufficiently descriptive to be useful to external peers.
- **Other documentation addressing the quality of performance can be included, and might contain:**
  - Table or charts that summarize major performance projects/products.
  - Statistical summaries over time.
  - Other documentation addressing the quality of performance, as described in the "Suggested Standards for Evaluating Librarian Performance," should be included.

SECTION 08: Research and Creative Activity (For Librarians: Professional Development)
- This section counts toward the 50-page limit on the dossier.
- Research or its equivalent in the creative and performing arts is expected of all tenure-track and tenured faculty at IUPUI, as well as all research faculty, scientists, and scholars.
- For these faculty members, a threshold of documented satisfactory performance is required for promotion and/or tenure.
- In some units, funded research is an expectation and has become incorporated in departmental or school/unit standards for assessing excellence or satisfactory performance. Candidates should be careful to understand departmental or school/unit standards for external funding. Expectations should be applied consistently and equitably to all faculty within units. Information regarding the expectation for externally funded research should be available to all faculty in written form if it is a requirement for advancement.

Practices and procedures for obtaining outside letters of review vary among the departments and schools. External assessment letters are required for all promotion and/or tenure cases, and are expected to address teaching or performance, research and creative activities, and service, with particular attention to the candidate's chosen area of excellence. In all instances, the relationship between the candidate and the external reviewer should be as independent as possible.

Ordinarily, chairs should solicit outside letters. However, chairs may delegate this responsibility to another member of the department, such as the chair of the primary committee, in accord with established departmental or school procedures. In most instances, the candidate should not be involved in the process of identifying external evaluators, with two exceptions: 1) the candidate should be allowed to list those he or she would definitely not want to serve as an external reviewer, and 2) the candidate may provide a list of key scholars in the field if these are not known to the chair or the chair's designee. Generally, the candidate should not provide any outside letters. If outside letters are added by the candidate, these must be clearly designated as letters of reference and candidates should recognize that letters solicited by them do not have the same value as letters solicited by the chair or dean; candidate-solicited letters should be placed in an appendix to the dossier and they should not be forwarded for campus-level review unless they offer support for specific claims that otherwise would not be adequately documented. The value of external assessment letters is greatly enhanced by the objectivity and credibility of the author. Care should be taken to avoid relying on persons closely affiliated with the candidate.

Please consider these points:

1. The chair (primary or unit committee chair, dean, or other person specified by department or school procedures) should request and receive these letters.

2. The solicitor should use identical letters of solicitation for all referees, and a copy of the letter that was used should be included in the dossier. If circumstances require different letters (e.g., reviewing different areas of the candidate's work), then copies of all letters used should be included.

3. All letters should be solicited at the same time; specifically, additional letters should not be requested following receipt of a negative evaluation. If additional letters must be sought because a referee declines, the reason should be explained.

4. Letters of solicitation must explicitly mention the candidate's area(s) of excellence. Letters of solicitation for candidates choosing to present a balanced case must include an explanation of Indiana University's policy on the balanced case. **It is extremely important that the proper area of excellence is reflected in the request letter. If the wrong area is indicated, this could result in procedural challenges**.

5. Individual letters must be sent for each candidate; it is inappropriate to solicit external reviews for more than one candidate from a particular external reviewer in the same letter.

6. All letters solicited and received must be included in the dossier; neither the candidate nor subsequent reviewers may exclude letters.

7. Referees should be selected on the basis of their ability to comment on the candidate's professional accomplishments.

8. Referees for professional service, teaching, and some other areas of creative or scholarly work may not necessarily hold academic appointments, but they should be selected on the basis of having an established expertise to evaluate the evidence presented to them. Letters from former students, of course, constitute a special category and should not be used. Academic referees are expected to hold at least the rank for which the candidate is being considered.

9. The dossier should contain a brief statement of professional qualifications for each referee sufficient to establish the authority of the referee in relation to the specific case under review; ordinarily, two or three sentences should suffice. The candidate should not be the person to write the statements of qualification of external reviewers. Academic referees are expected to hold at least the rank to which the candidate aspires.

10. When writing to referees, include the vitae, candidate's statement, and copies of publications, including books, unless you are certain they are available to the referee. In instances in which a referee is asked to read a book-length manuscript, an honorarium should be provided. Include the <u>External Referee Forms</u> in your request for referees and ask that they complete the form to assure that reviewers meet our "arm's length" criteria.

11. Evaluators should be asked not to make a recommendation on promotion or tenure; they should be asked to evaluate the candidate's work or activities. *They should not be asked to speculate on whether the candidate would receive promotion or tenure at their own institutions.* The purpose for seeking these letters is to obtain an objective peer review of the work, and, hence, they should be phrased in a neutral fashion without any suggestion about the department's likely eventual recommendation.

12. To provide useful information for review beyond the department level, avoid using abbreviations that are not likely to be known to colleagues outside the field.

13. *Special considerations must be given to evaluating creative work (especially when performances or exhibitions are available for a short period of time).* The same degree of objectivity should be maintained in evaluating creative works as in evaluating research. In some cases, it may be necessary to invite external evaluators to campus to view works or performances even though the promotion or tenure review may be several years away.

14. Results of teaching, research and creative activity, or service disseminated through electronic media may be as valuable as results published in print media. The same care and concern for objective peer assessment should be observed when reviewing such electronic publications, especially in light of the move toward more on-line publication venues.

15. While collaborators should ordinarily not be asked to evaluate the quality and importance of shared work, they may be asked to document the extent and nature of the candidate's individual contributions to a team effort. Such letters should be specific about this purpose and not be confused with external assessment letters from peers asked to evaluate the quality and impact of teaching, research and creative activity, and service.

16. Electronic letters of reference are acceptable if they have been verified; however, they should still be signed, dated and on letterhead.

REVIEWER'S SUMMARY EVALUATION

Check the corresponding boxes below to indicate the aspects of **teaching/performance, research and creative activity/professional development, and service** about which the dossier **did not** contain sufficient documentation.

Summary Evaluation of Achievement: Provide a summary statement that addresses the principal accomplishment in the areas and evaluates strengths and weaknesses, commenting as appropriate on: clarity of goals, preparation, methodology, and self-reflection. Then, indicate whether the dossier contained adequate documentation regarding each area.

I. TEACHING: SUMMARY EVALUATION OF ACHIEVEMENT

Criteria	Adequate Information in Dossier? (Check one)	
A. Peer Evaluations		
1. Class visits by peers	Yes ☐	No ☐
2. Peer review of materials	Yes ☐	No ☐
B. Scholarship		
1. **Scholarly Products**	Yes ☐	No ☐
2. National/international presentations	Yes ☐	No ☐
3. Course/curriculum/procedure development	Yes ☐	No ☐
C. Student Evaluation		
1. Evidence over several terms	Yes ☐	No ☐
2. Normed for dept/school	Yes ☐	No ☐
3. Mentee/alumni comments	Yes ☐	No ☐
D. Effective and Appropriate Methods	Yes ☐	No ☐
E. Student Learning		
1. Student outcomes/results	Yes ☐	No ☐
2. Clear course goals	Yes ☐	No ☐
F. Teaching Awards		
1. State/national	Yes ☐	No ☐
2. University/campus	Yes ☐	No ☐
3. School/department	Yes ☐	No ☐
G. Plan for Increasing Future Teaching Effectiveness	Yes ☐	No ☐
H. Teaching Load		
1. Appropriate for dept/school	Yes ☐	No ☐
2. Appropriate for emphasis	Yes ☐	No ☐
I. Was overall documentation adequate for forming a recommendation?	Yes ☐	No ☐
J. Reviewer's Comments on Teaching:		

II. RESEARCH/CREATIVE ACTIVITY: SUMMARY EVALUATION OF ACHIEVEMENT

Criteria	Adequate Information in Dossier? (Check one)	
A. External Peer Evaluations	Yes ☐	No ☐
B. Scholarly Products		
1. Stature of journals/works/galleries	Yes ☐	No ☐
2. Refereed	Yes ☐	No ☐
3. Rate of productivity	Yes ☐	No ☐
C. Grants Received		
1. Number in rank	Yes ☐	No ☐
2. Total amount in rank	Yes ☐	No ☐
3. Source of grants	Yes ☐	No ☐

D. Research Focus Goals				
1. Progress towards goals	Yes ☐		No ☐	
2. Future plans	Yes ☐		No ☐	
E. Research Load				
1. Appropriate for dept/school	Yes ☐		No ☐	
2. Appropriate for emphasis	Yes ☐		No ☐	
F. Was overall documentation adequate for forming a recommendation?	Yes ☐		No ☐	
G. Reviewer's Comments on Research/Creative Activity:				

III. PROFESSIONAL SERVICE: SUMMARY EVALUATION OF ACHIEVEMENT

Criteria	Adequate Information in Dossier? (Check one)	
A. Contributions/Scholarship		
1. Service to patients/clients/others	Yes ☐	No ☐
2. Administrative: Hospitals/clinics/courts/others	Yes ☐	No ☐
3. **Scholarly Products**	Yes ☐	No ☐
B. Professional Service to Community		
1. Peer reviewed	Yes ☐	No ☐
2. Other evidence	Yes ☐	No ☐
C. Regional/National/International Professional Organizations		
1. Offices held	Yes ☐	No ☐
2. Other professional service	Yes ☐	No ☐
D. Professional Service Load		
1. Appropriate for dept/school	Yes ☐	No ☐
2. Appropriate for Emphasis	Yes ☐	No ☐
E. Was overall documentation adequate for forming a recommendation?	Yes ☐	No ☐
F. Reviewer's Comments on Professional Service:		

IV. UNIVERSITY SERVICE

A. Is there sufficient evidence of satisfactory University service?	Yes ☐	No ☐
B. Is there sufficient evidence of high standards of professional conduct across teaching, research and creative activity, and service?	Yes ☐	No ☐
C. Reviewer's Comments on University Service:		

V. DOSSIER OVERALL

A. Do you have any comments to go back to the chair or dean about issues raised in reviewing this dossier?	Yes ☐	No ☐
B. Comments to chair or dean:		
C. Overall Comments on Dossier Overall:		

DOCUMENTING PROFESSIONAL SERVICE

Evidence Required	Potential Locations				
	Section I: CV	Section I: Reference Letters & Reports	Section II: Candidate's Statement	Section III: Evaluation of Professional Service	External Peer Review
Satisfactory University Service*	List of university service	Evidence (e.g., assigned responsibilities context, role, growth, impact) and basis for judging it satisfactory	Relevance to professional development and goals as well as evidence of impact	Annotation of roles, contributions, and impact	External assessment letters evaluate the achievement evident in the products of research.
Significance and impact of professional service	List of community, disciplinary/profes-sional, and university service	Assessment of significance and impact to the context of the unit or campus mission	Relevance to professional development and goals and evidence of impact	Evidence of impact on constituencies and intellectual contribution from and to the discipline or profession	External assessment letters evaluate the adequacy of the evidence
Description of activity and individual's responsibility	List of positions (e.g., chair of committee, program organizer)	Evidence of candidate's contribution	Specific details on activity and roles, responsibilities, and contributions	Specific details on activity and roles, responsibilities, and intellectual contributions	
Growth and leadership	List of positions (e.g., chair of committee, program organizer)	Evidence of leadership	Self-assessment of growth and leadership	Annotation of specific roles, responsibilities, intellectual contributions	Comments on this criteria within letters from external reviewers
Publications related to service	List of refereed publications and non-refereed publications	Assessment of significance to the discipline, constituencies, and mission	Relevance to professional development and goals	Annotation on significance as intellectual work	Comments on this criterion within letters from external reviewers
Dissemination of results of service	List of presentations, workshops, and reports	Assessment of significance to the discipline or profession	Relevance to professional development and goals	Annotation of nature of dissemination as appropriate and effective	Comments on this criteria within letters from external reviewers

*University service is necessary for promotion and/or tenure. It qualifies as professional if it is documented as intellectual work that relates to the discipline or to the mission of the university. For example, the economist on the task force charged with revising university revenue distribution policies may be performing professional service but the English professor would be engaged in university citizenship.

SUGGESTED STANDARDS FOR EVALUATING TEACHING PERFORMANCE

Type	Unsatisfactory	Satisfactory	Highly Satisfactory	Excellent
Instruction	Incomplete lists of formal instruction Incomplete evidence to interpret load Incomplete information about goals of instruction Incomplete or only raw student evaluation data with no interpretation of their meaning, either absolute or comparative Incomplete information on learning outcomes Absence of peer review evidence or superficial peer commentary not based on systematic review Poor performance on many of the above measures	Quantitative and qualitative information from the candidate, students, and peers indicating that instruction has been satisfactory in fostering appropriate learning outcomes	Quantitative and qualitative information on teaching and learning outcomes that make the case for effective and innovative instruction	Documentation of extraordinarily successful teaching and learning outcomes; The case for teaching excellence is grounded in a sophisticated teaching philosophy; Evidence of innovative and reflective teaching practice.
Course or Curricular Development	Incomplete evidence of nature of activities or results Incomplete evidence of individual role in outcomes No review by others No evidence on how work is connected with department or campus goals Poor course or curricular design products	Evidence of new course development or significant course revision (e.g., use of technology, service learning) presented with evidence on effectiveness	Nature of course or curricular development clearly reflects an informed knowledge base, clear instructional goals, and assessment of the outcomes	In addition to producing effective course and curricular products, shows evidence of having disseminated ideas within the profession or generally through publication, presentation or other means. Evidence that the work has been adopted by others (locally and nationally) indicates excellence
Mentoring and Advising	Numbers of students mentored or advised and details of interaction not provided Comparative load for unit not indicated Information on impact of mentoring and advising not presented Poor performance indicated by data	Mentoring and advising load is clearly documented and contextualized Student satisfaction indicated by evidence Satisfactory impact on student achievement clear	Important impact and student achievement documented	Mentoring and advising characterized by scholarly approach High accomplishments of students mentored or advised consistently linked to influence of mentor Scholarly and reflective approach to mentoring and advising documented Demonstrated impact on accomplishments of mentored and advised students External peer review clearly demonstrates the attributes of scholarly work associated with mentoring or advising, including peer refereed presentations and publications and national recognition of the quality of work

Scholarly Activities, including Awards	No teaching awards or other recognition of successful teaching and learning No evidence of dissemination of good practice or scholarship of teaching and learning (SoTL)	Evidence of some local dissemination of good practice and/or SoTL Some recognition of teaching efforts	Evidence of regular and significant local/regional peer reviewed dissemination of good practice Recognition of high quality of teaching Grants or awards at the department or campus level (For the lecturer category, this level constitutes excellence)	Documentation of a program of scholarly work that has contributed to knowledge base and improved the work of others through appropriate dissemination channels Positive departmental evaluations of the stature of the published work (e.g., journals) Peer review supporting the quality of the publications, presentations or other dissemination methods National or international teaching awards or significant funding for teaching projects Some level of national peer-reviewed dissemination of scholarship is required to document excellence for clinical and tenure track faculty.
Professional Development Efforts in Teaching	No information about teaching development efforts given Poor record of performance in pursuing growth in teaching expertise No mentoring of colleagues Evidence of ineffective performance in this area	Record of some activity, such as conference or workshop attendance, personal experimentation, or reading Record of mentoring other teachers Reflective commentary on candidate's own teaching Peer assessment on effectiveness of efforts toward personal growth or mentoring of others	High level of activity in examining practice, seeking new ideas, obtaining feedback, and engaging in dialogue on teaching with campus or disciplinary peers Indications of substantial positive impact on colleagues Positive peer assessment of these teaching experiments (For clinical and lecturer categories, this level constitutes excellence)	Extensive record of participation in experimentation, reflection, pursuit of conceptual and practical knowledge of teaching and learning Membership in communities of practice on the campus, national, or international level Participation in dissemination of good practice Peer review of efforts and impact of candidate's work in this area

DOCUMENTING RESEARCH AND CREATIVE ACTIVITIES IN THE DOSSIER

Evidence Required	Potential Locations				
	Section I: Chair's Letter, Dean's Letter, Primary and Unit Committee Reports	Section I: CV	Section II: Candidate's Statement	Section III: Statement contained in Evaluation of Research	Peer Review (may be part of Sections I, Dean, Chair or III, internal and external peers)
Three to five most significant publications or creative activities which reflect major research accomplishments		List all publications or creative activities and indicate whether in rank and whether refereed	Description in personal statement may also note the most significant publications or creative activities	May contain a more thorough discussion of the most significant published research or creative activities and the status of the journals, other publications, or venues for creative activities	
Evaluation of stature of journals in which articles appear	Provided by department or school. Committee reports and letters from Dean and Chair may also provide evidence of stature	May be an indication in CV (refereed v. non-refereed, name of publisher, age of journal title)	Candidate may also comment on a journal's quality in the Candidate's Statement, especially when the significance is not self-evident	As above	External assessment letters may also provide guidance on the stature of journals and other publications
Evaluation of stature of galleries where works appear or stature of performance venues	Provided by department or school. Committee reports and letters from Dean and Chair may also provide evidence of stature	May be an indication in CV (stature of gallery or performing venue, city, potential size of audience)	Candidate may also comment on galleries in the Candidate's Statement, especially when the significance is not self-evident	As above	External assessment letters may also provide guidance on the stature of galleries and performance venues
Research Expectations	As above: a letter often points out unusual circumstances related to work load		This may also be commented on in the personal statement (but seek confirmation from other documents in the dossier)	May be more detailed comments on this, particularly where load is considered heavy in school or department	Comment on fit with IUPUI and department/school goals and quantity of effort
Research goals/program of research or creative activities	Letters from Chair and Dean may comment, as may committee reports (important for tenure, as the University is projecting candidate's future contributions and productivity)		List of goals and candidate's description of continuing program of research, scholarship or creative activities	May include a more thorough discussion of the research projects in progress and/or future research plans; may include listing of manuscripts or creative activities submitted for publication or performance and their status	Interpretation of candidate's research or creative activities progress and future potential in external assessment letters
Quality of research or creative activities	Primary and unit committee reports, letters from Chair and Dean	CV	Reflective comments by candidate not already in the Candidate's Statement	Reflective comments by candidate not already in the Candidate's Statement	Experts in candidate's field through letters solicited by chairs or deans

Assessment of contributions when more than one author or collaborator or performer	Departmental evaluation, committee reports	Listed in CV using citing conventions appropriate to the school/unit or discipline	An annotated bibliography in the CV can be helpful, with interpretive comments in the personal statement	Candidates may provide additional detail as to their own individual contributions to the effort (important to cross check against other documentation)	External and internal letters can indicate the stature of collaborators
Contributions to interdisciplinary research or creative activities	Departmental evaluation, committee reports, letters from Chair and Dean	CV may indicate which items are interdisciplinary	Candidate's Statement may comment on how interdisciplinary work may have contributed to the candidate's career and research goals	Candidate should highlight this as appropriate, since interdisciplinary research and creative activities are major goals of the campus	Evaluations by peers in research centers or other departments/schools may identify achievements in interdisciplinary research and creative activities.
Grants and awards (Review the candidate's funding in light of the present context for funding in the field)	Committee reports, letters from Chair and Dean	List of grants and awards (Accuracy in amounts and dates is very important.)	Explanation of most significant grants and awards is crucial.	May include a more thorough description of grants and awards, as well as information on grant applications in process where appropriate	External assessment letters may reference grants and awards received
Stature of grants and other awards	Departmental evaluation, committee reports, letters from Dean and Chair	May appear on CV (reputation of granting agency, national v. state or local reach of grant, constituents to be served)	Candidate's own assessment of the stature of grants and awards	Candidate's assessment of the significance of grants and awards and how they fit in an overall research plan may be more fully documented here	Experts in candidate's field through letters solicited through school procedures
Continuing efforts to enhance research, scholarship and creative activities	Primary and unit committee reports, letters from Chair and Dean	CV	Reflective comments by candidate	Reflective comments by candidate	Experts in candidate's field through letters solicited through school procedures