Program Directors Meeting

September 8, 2016
Agenda

- New NRMP Regulation
- Housestaff Salaries & Housing
- Faculty Reward System – Douglas Fredrick, MD, Program Director, Ophthalmology Training Program
New NRMP Regulation

Presented by Ann Dohn
New NRMP Regulation

• **NEW** Programs are prohibited from asking applicants to reveal the names, specialties, geographic locations, or other identifying information about programs to which they have or may apply. (Section 8.0)
Housestaff Salaries & Housing

Presented by Ann Dohn
# Housestaff Salaries & Housing

<table>
<thead>
<tr>
<th></th>
<th>Salary</th>
<th>$ Increase</th>
<th>% Increase</th>
<th>Salary + Housing ($6,000 per year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGY I to PGY II</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-2016 PGY I</td>
<td>$60,361.60</td>
<td>$5,382.54</td>
<td>8.90%</td>
<td>$66,361.60</td>
</tr>
<tr>
<td>2016-2017 PGY II</td>
<td>$65,744.14</td>
<td></td>
<td></td>
<td>$71,744.14</td>
</tr>
<tr>
<td><strong>PGY II to PGY III</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-2016 PGY II</td>
<td>$63,398.40</td>
<td>$7,371.61</td>
<td>11.60%</td>
<td>$69,398.40</td>
</tr>
<tr>
<td>2016-2017 PGY III</td>
<td>$70,770.01</td>
<td></td>
<td></td>
<td>$76,770.01</td>
</tr>
<tr>
<td><strong>PGY III to PGY IV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-2016 PGY III</td>
<td>$68,244.80</td>
<td>$6,515.43</td>
<td>9.50%</td>
<td>$74,244.80</td>
</tr>
<tr>
<td>2016-2017 PGY IV</td>
<td>$74,760.23</td>
<td></td>
<td></td>
<td>$80,760.23</td>
</tr>
<tr>
<td><strong>PGY IV to PGY V</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-2016 PGY IV</td>
<td>$72,092.80</td>
<td>$7,348.03</td>
<td>10.10%</td>
<td>$78,092.80</td>
</tr>
<tr>
<td>2016-2017 PGY V</td>
<td>$79,440.83</td>
<td></td>
<td></td>
<td>$85,440.83</td>
</tr>
<tr>
<td><strong>PGY V to PGY VI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-2016 PGY V</td>
<td>$76,606.44</td>
<td>$6,371.76</td>
<td>8.30%</td>
<td>$82,606.44</td>
</tr>
<tr>
<td>2016-2017 PGY VI</td>
<td>$82,978.20</td>
<td></td>
<td></td>
<td>$88,978.20</td>
</tr>
</tbody>
</table>
Faculty Reward System

Presented by Douglas Fredrick, MD, Program Director, Ophthalmology Training Program
Faculty Reward System

Doug Fredrick
Department of Ophthalmology
September 8, 2016
Disclosures:

1. I TOTALLY have a financial interest in the subject of this presentation, as do all of you, but will not benefit directly from the dissemination of the content.

2. The biologic references and mildly hyperbolic statements are made for the purposes of illustration and do not necessarily represent the opinions of the Department of Ophthalmology.
Rewards

Money
Rewards

- Money
- Time
Rewards

- Money
- Time
- Respect
Rewards

- Money
- Time
- Respect
- Engagement
Rewards

- Money
- Time
- Respect
- Engagement
- Love
Why Reward?

- To be happy
- To be less unhappy
- To change the culture of the workplace
The Academic Macrobiome: Creating a Culture of Learning in a Gutwrenching Medical Economic Environment

Doug Fredrick
Department of Ophthalmology
September 8, 2016
1. a complex biotic community characterized by distinctive plant and animal species and maintained under the climatic conditions of the region, especially such a community that has developed to climax.
biome in Medicine

Expand

biome bi·ome

The total complex of biotic communities occupying and characterizing a particular area or zone, such as a desert or deciduous forest.

The American Heritage® Stedman's Medical Dictionary

Gut wrenching Stresses to Microbiome

- Stress
- \textit{C. dif}
- Gluten
Sad Gut
Academic Macrobiome

Patient care

Residents

Research

Education
Utopia
Gutwrenching Medical Environment
A SURVEY OF AMERICA'S PHYSICIANS:
PRACTICE PATTERNS AND PERSPECTIVES

An Examination of the Professional Morale, Practice Patterns, Career Plans, and Healthcare Perspectives of Today's Physicians, Aggregated by Age, Gender, Primary Care/ Specialists, and Practice Owners/Employees


WHAT IS INCLUDED IN THIS REPORT?

The Byers Eye Institute
13,000 respondents

Key findings
Low Morale

2. WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

<table>
<thead>
<tr>
<th>Option</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive/optimistic</td>
<td>3.1</td>
</tr>
<tr>
<td>Somewhat positive/optimistic</td>
<td>19.5</td>
</tr>
<tr>
<td>Somewhat negative/pessimistic</td>
<td>45.9</td>
</tr>
<tr>
<td>Very negative/pessimistic</td>
<td>31.5</td>
</tr>
</tbody>
</table>

3. HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

<table>
<thead>
<tr>
<th>Option</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive</td>
<td>1.8</td>
</tr>
<tr>
<td>Somewhat positive</td>
<td>17.7</td>
</tr>
<tr>
<td>Somewhat negative</td>
<td>55.8</td>
</tr>
<tr>
<td>Very negative</td>
<td>24.6</td>
</tr>
</tbody>
</table>
Little control of Destiny

3. PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO AFFECT CHANGE.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly agree</td>
<td>50.4%</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>31.7%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>12.7%</td>
</tr>
<tr>
<td>Mostly disagree</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

4. HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly agree</td>
<td>4.6%</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>19.9%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>32.8%</td>
</tr>
<tr>
<td>Mostly disagree</td>
<td>42.7%</td>
</tr>
</tbody>
</table>
13,000 respondents

Key findings

Over three quarters of physicians – 77.4 percent – are somewhat pessimistic or very pessimistic about the future of the medical profession.
Unhappy role models

13,000 respondends

Key findings

The majority of physicians – 57.9 percent -- would not recommend medicine as a career to their children or other young people.
What are the “pathogens” stressing the Biome

- GI
  - *C. dif*

- Resident education
  - RVU – the *C. dif* of education
  - EMR – the Cholera of clinic teaching
  - Press-Ganey – the IBS for clinical educators
What is Stressing Academic Physicians:

- RVU based comp plan
Negative relationship between hospitalist work intensity and teaching scores from med students

<table>
<thead>
<tr>
<th>Score</th>
<th>wRVUs</th>
<th>Encounters</th>
<th>Duty days</th>
<th>RVUs/day</th>
<th>Encs/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient rapport</td>
<td>-0.064, P=0.728</td>
<td>-0.114, P=0.534</td>
<td>-0.159, P=0.384</td>
<td>-0.063, P=0.731</td>
<td>-0.223, P=0.220</td>
</tr>
<tr>
<td>Enthusiasm about profession</td>
<td><strong>-0.587, P&lt;0.001†</strong></td>
<td>-0.567, P=0.001†</td>
<td>-0.580, P=0.001†</td>
<td>-0.348, P=0.051</td>
<td>-0.252, P=0.165</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>-0.417, P=0.018‡</td>
<td>-0.384, P=0.030‡</td>
<td>-0.471, P=0.006‡</td>
<td>-0.230, P=0.205</td>
<td>-0.111, P=0.546</td>
</tr>
<tr>
<td>Shares knowledge and skills</td>
<td>-0.292, P=0.104</td>
<td>-0.294, P=0.102</td>
<td>-0.407, P=0.021‡</td>
<td>-0.099, P=0.588</td>
<td>-0.064, P=0.729</td>
</tr>
<tr>
<td>Encourages student initiative</td>
<td>-0.324, P=0.070</td>
<td>-0.310, P=0.084</td>
<td>-0.409, P=0.020‡</td>
<td>-0.086, P=0.640</td>
<td>-0.033, P=0.858</td>
</tr>
<tr>
<td>Probes knowledge and judgment</td>
<td><strong>-0.486, P=0.005†</strong></td>
<td>-0.471, P=0.007‡</td>
<td>-0.507, P=0.003‡</td>
<td>-0.221, P=0.225</td>
<td>-0.137, P=0.453</td>
</tr>
<tr>
<td>Stimulates independent learning</td>
<td>-0.287, P=0.111</td>
<td>-0.305, P=0.090</td>
<td>-0.189, P=0.300</td>
<td>-0.169, P=0.356</td>
<td>-0.196, P=0.282</td>
</tr>
<tr>
<td>Timely feedback</td>
<td>-0.397, P=0.024‡</td>
<td>-0.447, P=0.010‡</td>
<td>-0.341, P=0.056</td>
<td>-0.337, P=0.059</td>
<td>-0.365, P=0.040‡</td>
</tr>
<tr>
<td>Provides constructive criticism</td>
<td>-0.352, P=0.048‡</td>
<td>-0.396, P=0.025‡</td>
<td>-0.318, P=0.076</td>
<td>-0.291, P=0.106</td>
<td>-0.332, P=0.063</td>
</tr>
<tr>
<td>Observes patient encounter</td>
<td>-0.439, P=0.012‡</td>
<td>-0.438, P=0.012‡</td>
<td>-0.600, P&lt;0.001‡</td>
<td>-0.180, P=0.325</td>
<td>-0.113, P=0.537</td>
</tr>
</tbody>
</table>

**Note:** †P<0.050.

**Abbreviations:** Encs/day, patient encounters per duty day; wRVUs, work relative value units; RVUs/day, work relative value units per duty day.

Advances in Medical Education and Practice 2015:6 93–98
What is Stressing Academic Physicians:

Press-Ganey
What is Stressing Academic Physicians:

- EHR
EHR — "don’t get no satisfaction"

**FIGURE 1.** Satisfaction (satisfied or very satisfied) with electronic health records (EHRs) by specialty.

*Mayo Clin Proc. n July 2016;91(7):836-848*
Administrative Burden

- 13,000 respondents
- Key findings
- Physicians spend over 22 percent of their time on non-clinical paperwork, resulting in a loss of some 165,000 FTEs.
Clerical Burden leads to burnout

FIGURE 3. Prevalence of burnout and satisfaction (satisfied or very satisfied) with clerical burden directly related to patient care by specialty. GIM = general internal medicine; OBGYN = obstetrics/gynecology; PM&R = physical medicine and rehabilitation.
What is Stressing Academic Physicians:

- NIH/research Funding
NIH Appropriations, FY 2003-16

- Actual Dollars
  - FY 2016 Increase
- Inflation-adjusted Dollars
  - Real Growth
Potential for good

EMR and Press-Ganey and RVU based compensation plans are powerful tools that can improve quality and value of health care, But............
With great power comes great responsibility.
When Gut Biome out of whack – what to Do

- History
- Physical
- When in DOUBT – check it out!
Annual Survey – the GME’s “colonoscopy”

- What is lurking around the bend
- What you need to address
Annual Data Review Element #6: ACGME Resident Survey

- Administered annually Jan-May
- Questions on RS relate to 7 areas:
  - Duty Hours
  - Faculty
  - Evaluation
  - Educational Content
  - Resources
  - Patient Safety
  - Teamwork
- In 2009: All core programs and fellowships with 4 or more need to complete survey annually
- In 2012: RS revised to align with new CPRs. All residents & fellows were surveyed.
Faculty: all is good and getting better
Survey Areas of Concern - FEEDBACK

- Able to access evaluations: 91%
- Opportunity to evaluate faculty members: 73%
- Satisfied that evaluations of faculty are confidential: 55%
- Opportunity to evaluate program: 100%
- Satisfied that evaluations of program are confidential: 64%
- Satisfied that program uses evaluations to improve: 55%
- Satisfied with feedback after assignments: 27%
Survey Area of Concern
Education/Service imbalance

<table>
<thead>
<tr>
<th>Educational Content</th>
<th>% Program Compliant</th>
<th>Program Mean</th>
<th>% National Compliant</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided goals and objectives for assignments</td>
<td>73%</td>
<td>3.9</td>
<td>94%</td>
<td>4.8</td>
</tr>
<tr>
<td>Instructed how to manage fatigue</td>
<td>73%</td>
<td>3.9</td>
<td>92%</td>
<td>4.7</td>
</tr>
<tr>
<td>Satisfied with opportunities for scholarly activities</td>
<td>64%</td>
<td>3.7</td>
<td>76%</td>
<td>4.0</td>
</tr>
<tr>
<td>Appropriate balance for education</td>
<td>64%</td>
<td>3.9</td>
<td>79%</td>
<td>4.1</td>
</tr>
<tr>
<td>Education (not) compromised by service obligations</td>
<td>36%</td>
<td>3.5</td>
<td>69%</td>
<td>3.9</td>
</tr>
<tr>
<td>Supervisors delegate appropriately</td>
<td>100%</td>
<td>4.4</td>
<td>99%</td>
<td>4.6</td>
</tr>
<tr>
<td>Provided data about practice habits</td>
<td>45%</td>
<td>2.8</td>
<td>69%</td>
<td>3.8</td>
</tr>
<tr>
<td>See patients across variety of settings</td>
<td>100%</td>
<td>5.0</td>
<td>96%</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Used to be Their obligations – now it is our obligations!
Incentivizing Teaching – Soft approach – “probiotics”

Stanford Teaching and Mentoring Academy
Stanford Medicine Teaching and Mentoring Academy

Academy Announcements

**Upcoming Teaching and Learning Events on Campus**

Save the date! The Teaching and Mentoring Academy, in collaboration with the Pediatrics Department, presents Medical and Bioscience Education Day on Friday, October 28. All members of the Stanford Medicine community are invited to attend this day-long event. We will celebrate the official launch of the Teaching and Mentoring Academy through opportunities to network and learn.

Our Mission Statement

The Stanford Medicine Teaching and Mentoring Academy is an inclusive school-wide entity and available to all those who teach and mentor our trainees—from MD students to PhD students to residents, fellows, educational scholars, and faculty.
Stanford TMA

- Like minded people
- Grant
- Scholarship
- Teaching portfolio
- promotion
Engaged Learners are Engaged workers – Purdue/Gallup

The odds of being engaged at work are:

- **2.6x** Higher if … [College] prepared me well for life outside of college.
- **2.4x** Higher if … [College] passionate about the long-term success of its students.
- **2.2x** Higher if … I had a mentor who encouraged me to pursue my goals and dreams.
- **2.0x** Higher if … I had at least one professor at [College] who made me excited about learning.
- **1.9x** Higher if … My professors at [College] cared about me as a person.
- **2.3x** Higher if … graduates experience all three
- **2.0x** Higher if … I had an internship or job that allowed me to apply what I was learning in the classroom.
- **1.8x** Higher if … I was extremely active in extracurricular activities and organizations while attending [College].
- **1.8x** Higher if … I worked on a project that took a semester or more to complete.
- **2.4x** Higher if … graduates experience all three
Engaged learners are happy workers – Purdue/Gallup

The odds of thriving in all areas of well-being are:

- **4.6x**: Higher if ... Engaged at work
- **2.5x**: Higher if ... [College] prepared me well for life outside of college.
- **2.0x**: Higher if ... Emotionally attached to school
- **1.9x**: Higher if ... [College] passionate about the long-term success of its students.
- **1.7x**: Higher if ... I had a mentor who encouraged me to pursue my goals and dreams.
- **1.7x**: Higher if ... My professors at [College] cared about me as a person.
- **1.5x**: Higher if ... I had at least one professor at [College] who made me excited about learning.
- **1.9x**: Higher if ... graduates experience all three
- **1.5x**: Higher if ... I had an internship or job that allowed me to apply what I was learning in the classroom.
- **1.4x**: Higher if ... I was extremely active in extracurricular activities and organizations while attending [College].
- **1.3x**: Higher if ... graduates experience all three
- **1.1x**: Higher if ... I worked on a project that took a semester or more to complete.
Incentivizing Teaching – Soft approach – “probiotics”

- Stanford Teaching and Mentoring Academy
- Recognition
Recognition

- Teaching awards
- Specialty societies
- ACGME/ABMS/University
Incentivizing Teaching – Soft approach – “probiotics”

- Stanford Teaching and Mentoring Academy
- Recognition
- University
Incentivizing Teaching – Soft approach – “probiotics”

- Stanford Teaching and Mentoring Academy
- Recognition
- University
- Advocacy
Incentivizing Teaching – Soft approach – “probiotics”

- Stanford Teaching and Mentoring Academy
- Recognition
- University
- Advocacy
- International
When fostering latent abilities is not enough to generate action

Don’t replace faculty - restore priorities to what we all once embraced

Faculty may find process - at first – difficult to swallow/”take” - but when “regularity restored” Learning culture will thrive.
Step 1. - Defining your Department AVUs -

All faculty contribute activities
Academic value units

Scholarship
1. Papers published
2. Funded grants
3. Funded trials
4. Unfunded trial and grants
5. Editorial activity
6. Papers presented at conference
7. Posters submitted at conference
8. Conference moderation
9. Conference organization

Teaching and Mentoring

Didactic lectures
Journal club
Grand rounds
Case conferences
Medstudent teaching
Fellow teaching
Medstudent mentoring
Resident mentoring
Stanford undergrad mentoring SIMS
Faculty mentoring
Course director
Grad student advisor
Wet lab director
Curriculum development
Continuing education
Service

1. department committee service
2. hospital committee service
3. specialty society committee work
4. QA/QI work
5. NGO activity
6. Community service
7. Philanthropic activity
8. Medschool committee service
9. Staff development
10. Press Ganey
11. clinic citizenship
## ACADEMIC VALUE UNITS (AVUs)

### Faculty Compensation Plan - Appendix A

- 30 PTS = 100% AVU incentive earned
- 1 - 29 PTS = 3-97% AVU incentive earned
- Maximum 15 points allocated to any category

## Teaching/Mentoring

### Points in category = 25

<table>
<thead>
<tr>
<th>Selection</th>
<th>Item</th>
<th>Target Metric</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>Continuity clerkship (6 mo)</td>
<td>1/2 day per week = 2 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Supervise/evaluate (1 mo)</td>
<td>300 students = 1 PT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Supervise/evaluate (1 mo)</td>
<td>Visiting and SIMS = 1 PT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Supervise/evaluate</td>
<td>398 student = 2 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Curriculum development (e.g. med elective or CME conference or GR series)</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Staff case in OR for residents</td>
<td>1 to 5 cases = 1 PT; 6-10 = 2 PT; &gt;10 = 3 PT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Staff consults</td>
<td>1 to 5 consults = 1 PT; 6-10 = 2 PT; &gt;10 = 3 PT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Evening or weekend inpatient rounds with residents</td>
<td>1 to 3 = 1 PT; 4-6 = 2 PT; &gt;6 = 3 PT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Wet lab attended</td>
<td>1 to 3 hours = 1 PT; &gt;3 = 2 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Mentoring / student or faculty / year</td>
<td>1 each up to 3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Med / GradStudent / Undergrad Lecture</td>
<td>1-5 hours = 1 PT; &gt;5 = 2 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Other (to be discussed with and approved by the Chair, preferably in advance)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**TOTAL** 25 0
### Academic Service

**Points in category = 10**

<table>
<thead>
<tr>
<th>Selection</th>
<th>#</th>
<th>Item</th>
<th>Target Metric</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>1</td>
<td>Department Committee (up to 2)</td>
<td>Quarterly meetings = 0.5 PT; monthly = 1 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>2</td>
<td>Hospital Committee (up to 2)</td>
<td>Quarterly meetings = 0.5 PT; monthly = 1 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>3</td>
<td>Medical School Committee (up to 2)</td>
<td>Quarterly meetings = 0.5 PT; monthly = 1 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>4</td>
<td>Stanford Univ. Committee (up to 2)</td>
<td>Quarterly meetings = 0.5 PT; monthly = 1 PT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>5</td>
<td>Fellowship direction</td>
<td>1 PT</td>
<td>1</td>
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<td>x</td>
<td>6</td>
<td>National organization committee (up to 2)</td>
<td>1 PT each</td>
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<tr>
<td>x</td>
<td>7</td>
<td>Other (to be discussed with and approved by the Chair, preferably in advance)</td>
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**TOTAL** 11 0
## Scholarship

Points in category = 21

<table>
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<tr>
<th>Selection</th>
<th>Item</th>
<th>Target Metric</th>
<th>Score</th>
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<tbody>
<tr>
<td>x</td>
<td>1 Poster (up to 2)</td>
<td>0.5 each</td>
<td>1</td>
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<tr>
<td>x</td>
<td>2 Platform presentation (up to 2)</td>
<td>1 each</td>
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<td>x</td>
<td>3 Editorial position, journal/EBM/editor</td>
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<td>1</td>
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<tr>
<td>x</td>
<td>4 Published paper or book chapter (up to 2)</td>
<td>Co-author = 0.5 PT; Lead or Senior = 1 PT</td>
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<tr>
<td>x</td>
<td>5 Book author/editor</td>
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<td>x</td>
<td>6 Grant submission (up to 2)</td>
<td>External = 1 PT; NIH/NEI = 2 PT</td>
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<tr>
<td>x</td>
<td>7 Clinical Trial (up to 2)</td>
<td>Co-I = 1 PT; PI = 2 PT</td>
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<td>x</td>
<td>8 Funded grant (up to 2)</td>
<td>External: Co-I = 1 PT; PI = 2 PT; Stanford: 0.5 PT</td>
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<td>x</td>
<td>9 Visiting prof or GR speaker</td>
<td>National or International = 1 PT</td>
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<td>x</td>
<td>10 Other (to be discussed with and approved by the Chair, preferably in advance)</td>
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TOTAL 21 0
### AVU SUMMARY

<table>
<thead>
<tr>
<th>Category</th>
<th>Potential</th>
<th>Achieved</th>
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<tbody>
<tr>
<td>Teaching/Mentoring</td>
<td>0-15</td>
<td>0</td>
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<tr>
<td>Academic Service</td>
<td>0-15</td>
<td>0</td>
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<tr>
<td>Scholarship</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>30</strong></td>
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### GOOD STANDING METRICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Potential</th>
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<tbody>
<tr>
<td>Attendance at Grand Rounds</td>
<td>100%</td>
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<tr>
<td>Attendance at Clinical Case Conferences in area</td>
<td>100%</td>
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</tr>
<tr>
<td>Attendance at Faculty Meetings and Retreats</td>
<td>100%</td>
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</tr>
<tr>
<td>Resident rotates in clinic or OR (Y=100, N=90)</td>
<td>100%</td>
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</tr>
<tr>
<td>Resident rating of faculty teaching in clinic/OR</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>FINAL SCORE</strong></td>
<td><strong>100%</strong></td>
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</table>
Step 2: Get Faculty Buy-in
Poop in a Pill

It’s no joke. *Clostridium difficile*, or C-diff, causes debilitating diarrhea and is linked to 14,000 deaths in the U.S. every year.

Fecal transplantation—the delivery of pre-screened, healthy donor stool to a patient by colonoscopy or nasogastric tube—is typically prescribed as an effective alternative to long-term antibiotic use in treating this infectious disease. But new research co-authored by Boston Children’s Pediatric Gastroenterologist Dr. George Russell, says there is a third, less invasive, less expensive option to treat C-diff: poop in a pill.

A group of physicians from Boston Children’s, Massachusetts General Hospital, Harvard Medical School and Tel Aviv University conducted a clinical trial with 20 patients and found:

**Initial treatment**
Symptoms resolved in 14 of the 20 patients.

**Second try**
This time symptoms cleared up in 4 of the 6 patients who did not respond at first.

90% success

Learn more at bostonchildrens.org/fecaltransplant

The Byers Eye Institute
Buy in – “gentle delivery”

Department of Ophthalmology
Faculty Retreat
Education/Teaching/Mentoring
August 27, 2016

Agenda:

09:00am – 09:10am  1. Introduction and Vision Statement (Goldberg, 10 min)
09:10am – 09:25am  2. Program Review (Fredrick, 15 min; withhold slides relevant to later sections)
09:25am – 09:55am  3. SWOT analysis (Breakout groups, 15 min; reconvene, 15 min)
09:55am – 10:10am  4. Residency (Fredrick moderating, group input)
                      i. Survey results and discussion (15 min)
10:10am – 10:15am  ii. SOARFAST, surgical internship (Goldberg/Fredrick, 5 min)
10:15am – 10:25am iii. Surgical teaching: Curriculum, requirements (Fredrick, 10 min)

10:25am – 10:40am  Break

10:40am – 10:55am  5. Rotation schedule (month-by-month and day-by-day for residents, fellows) by
                     service (Breakout Groups by Specialty)
                      i. Proposed current or future state schedules (2 min per service, Slide or
                         poster)
10:55am – 11:10am  ii. Feedback, cross-fertilize, suggestions for improvement (group, 15 min)

11:10am – 11:15am  6. Fellowship Status: goals, selection, schedule, future state, getting there
                      i. Retina (Moshfeghi, 5 min)
11:15am – 11:20am  ii. Glaucoma (Singh, 5 min)
11:20am – 11:25am  iii. Oculoplastic (Kosak, 5 min)
11:25am – 11:30am iv. Cornea (Ta or Lin, 5 min)
11:30am – 11:35am v. Neuro (Liao, 5 min)
11:35am – 11:40am vi. Pediatrics (Fredrick, 5 min)
11:40am – 11:55am vii. Creating a unified Stanford experience: call, urgent care, resident
                       teaching (group, 15 min)

11:55am – 02:00pm  BREAK – Escape Room Activity and Lunch
### Buy in

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>11:55am – 02:00pm</td>
<td>BREAK – Escape Room Activity and Lunch</td>
</tr>
<tr>
<td>02:00pm – 02:20pm</td>
<td>7. International Global Health</td>
</tr>
<tr>
<td></td>
<td>i. Survey results and discussion (20 min)</td>
</tr>
<tr>
<td></td>
<td>ii. Fellowship Goals and Observership</td>
</tr>
<tr>
<td></td>
<td>iii. Resident Involvement</td>
</tr>
<tr>
<td>02:20pm – 02:30pm</td>
<td>8. Giving Feedback (Fredrick, 10 min)</td>
</tr>
<tr>
<td></td>
<td>i. Clinic</td>
</tr>
<tr>
<td></td>
<td>ii. Surgical</td>
</tr>
<tr>
<td>02:30pm – 02:40pm</td>
<td>9. Evaluation (Fredrick, 10 min)</td>
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<tr>
<td>02:40pm – 02:50pm</td>
<td>10. Medical student teaching</td>
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<tr>
<td>02:50pm – 03:00pm</td>
<td>i. Survey results and discussion (10 min)</td>
</tr>
<tr>
<td></td>
<td>ii. Needs analysis, suggestions for improvement (group, 10 min)</td>
</tr>
<tr>
<td>03:00pm – 03:15pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>03:15pm – 03:35pm</td>
<td>11. Faculty mentorship</td>
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<tr>
<td>03:35pm – 03:50pm</td>
<td>i. Survey results and discussion (20 min, Breakout Groups)</td>
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<tr>
<td>03:50pm – 04:00pm</td>
<td>ii. Needs analysis, suggestions for improvement (group, 15 min)</td>
</tr>
<tr>
<td></td>
<td>12. Wrap-up, implementation planning (Goldberg, 10 min)</td>
</tr>
</tbody>
</table>
STEP 3 FUND THE PROGRAM

- Demands Transparency
- Requires equal playing field
- Willingness to amend
Outcome
The Academic Macrobiome: Creating a Culture of Learning in a Gutwrenching Medical Economic Environment

Doug Fredrick
Department of Ophthalmology
September 8, 2016
Save the Date!

The Teaching and Mentoring Academy, in collaboration with the Department of Pediatrics, presents:

Medical & Bioscience Education Day
“Creating Community: Teaching and Mentoring in Medicine and the Biosciences”
Friday, October 28, 2016
8:00am-4:00pm
Li Ka Shing Center for Learning and Knowledge

All members of the Stanford Medicine community are invited to attend this day-long event.

We will celebrate the official launch of the Teaching and Mentoring Academy through opportunities to network and learn about teaching and mentoring best practices and scholarship.

The day will feature:
• skills-based workshops
• plenaries on teaching and mentoring
• presentations of educational scholarship from the Stanford Medicine community.

Join faculty and trainees from the medical and bioscience programs as we explore the art of teaching and mentoring.

Registration opens Friday, September 9.

For more information contact Christine Solari (csolari@stanford.edu)
Questions are guaranteed in life; Answers aren't.