DEPARTMENT OF ANESTHESIA
FACULTY PERFORMANCE STANDARDS
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FACULTY PERFORMANCE STANDARDS – CLINICAL

Introduction

As clinicians, teachers, scholars, and members of an academic faculty, each faculty member has a variety of responsibilities to the University of Iowa (UI), the Carver College of Medicine (CCOM), the University of Iowa Hospitals and Clinics (UIHC), the Department of Anesthesia, the Veterans Administration (VA) Hospital, to our profession, to our trainees and, most importantly, to our patients. The material below is intended to summarize and clarify those responsibilities.

Most of the standards and expectations of faculty with regard to clinical care are currently difficult to quantitate and measure; most are qualitative. However, that does not make these standards and expectations unreasonable or invalid. Some clinical standards can be **quantitated**—these are indicated by an **asterisk (*) and are in bold font**.

I. Clinical Faculty

Our mission is to provide excellent clinical care in a safe and timely manner and to perform in a fashion consistent with the highest professional standards.

A. Clinical Care

1. Faculty are expected to put patients' interests above all others.
2. Faculty are expected to know their patients' medical histories and their conditions to the fullest extent possible.
3. Faculty are expected to be available to provide clinical care when and where assigned, when needed, or when requested. In the event of a disagreement (*e.g,*. when asked to come into the hospital when on call), the rule is "respond first, without discussion; argue later."
    a. The working day (excluding call) generally extends from 0700 to 1700. Both earlier and later start times may be required. When required by the patient's condition or work requirements, and/or to enhance safety or continuity of care, faculty are expected to arrive early and/or stay late as needed.
    b. Faculty are expected to comply with the published clinical schedules, and to be present and provide care as assigned during the day, at night, on weekends, and on holidays.
    c. Faculty are expected to be on time for all cases, calls, and rounds to eliminate unnecessary delays in the provision of care. This includes arriving in the operating room, in scrubs, PRIOR to scheduled start times on any case to which they are assigned. Faculty on-call are expected to arrive in the OR, in scrubs, at least 5 minutes before the start of their duties.
    d. Faculty are expected to be promptly responsive to all pages regarding clinical care, both in-hospital and on-call at the UIHC and VA Hospital.

e. With due attention to patient safety, faculty are expected to take steps to minimize start-up delays, case turnover times, discharge delays, *etc*.

f. Faculty are expected to comply with the requests of the OR Day Coordinator, ASC Team Leader, or responsible Medical Director(s) regarding patient assignments, add-ons, new admissions, *etc*.

g. When assigned clinical activities are completed prior to 1700, faculty are expected to confer with the OR Day Coordinator, ASC Team Leader, or with other responsible Medical Director (*e.g.*, in the Surgical Intensive Care Unit [SICU], *etc.*) before leaving the hospital.

h. If unable to meet clinical service responsibilities because of illness and/or personal emergencies, faculty are expected to inform a responsible party (e.g., the MOR/ASC desk, the 3911 pager, another Pain, SICU or PEC staff member, *etc.*) at least 1 hour before the start of the clinical duty period.

i. Any requests for "early relief from clinical duties" (even if this is "after 5 pm"), are expected to be delivered to the OR desk/team leader/scheduling office/responsible Medical Director at least 24 hrs in advance or faculty are to personally arrange for alternative faculty coverage; except in emergencies, the Department is not obligated to grant requests made on the "day of service."

j. While every effort will be made to relieve faculty who have been "in house" after midnight for subspecialty call, this may not always be possible. The involved faculty must communicate with the OR desk as far in advance as possible - and should be prepared to fulfill their scheduled assignments until relieved.

4. Faculty are expected to insure safe and appropriate transfer of care to our colleagues ("hand-offs"), as per established Departmental policies (*e.g.,* 3-person handoff).

5. Faculty are expected to call for clinical assistance when help is needed and, when able, to immediately respond to all such requests for help by others.

6. Faculty are expected to remain immediately available for help/consultation regarding their patients in PACU until such time that the patient is discharged from the PACU, or they must insure that another faculty member is both available and informed to permit them to assume responsibility.

7. Faculty are to make every effort to provide postoperative and/or post-procedural follow-up, and to manage and/or obtain consultation for the treatment of adverse events and unwanted outcomes.

8. Faculty are expected to responsibly and promptly report adverse events to the designated Departmental individuals (currently Drs. Papworth, Bates, or Todd) and participate in the discussion of such events at Departmental Case Conferences.

9.* Clinical faculty are expected to attend Clinical Case Conferences to the fullest extent possible. **Attendance at a minimum of 20 Clinical Case Conferences each year per Full Time Employee [FTE] is expected**.

10. Faculty are expected to maintain patient confidentiality.

B. Medical Direction and Supervision

At the University of Iowa, faculty provide Medical Direction to residents and SRNAs, and Supervision to CRNAs. The published definitions for these are as follows:

1. Medical Direction: requires performance of the following seven (7) services:
    a. Perform a pre-anesthetic examination and evaluation;
    b. Prescribe the anesthesia plan;
    c. Personally participate in the most demanding procedures of the anesthesia plan including, if applicable, induction and emergence;
    d. Ensure that any procedure in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist;
    e. Monitor the course of anesthesia administration at frequent intervals;
    f. Remain physically present and available for immediate diagnosis and treatment of emergencies; and
    g. Provide the indicated post anesthesia care.
2. Supervision: Medical supervision occurs when the seven required services under medical direction are not performed by an anesthesiologist.
3. Regardless of the preceding definitions, the following rules apply:
    a. To the fullest extent possible (the only exception being in urgent or emergent situations), faculty are expected to review patient history and conditions and develop an initial plan with their trainee or care partner (*e.g.,* resident, fellow, rotator, SRNA, CRNA, RN, *etc*.) before initiating care or implementing a change in care. Faculty are expected to be available to discuss care with their trainee or care partner well in advance of the case, typically the afternoon/evening before a scheduled case.
    b. Even when supervising CRNAs, the final decision regarding the plan of care rests with the supervising anesthesiologist.
    c. To comply with ACGME/RRC regulations, faculty may not medically direct more than 2 trainees. During emergencies (*e.g.,* a Class A add-on, emergency C-section), 3 or more trainees may be medically directed for brief periods (ideally not to exceed 30 minutes). If the duration of extended medical direction expected to exceed 30 minutes, additional faculty needs to be called in to assist (*e.g.,* backup call, Call 3, subspecialty call).
    d. The aforementioned medical direction rules DO NOT apply to routine epidural analgesia placement in OB. A faculty member may medically direct 2 trainees in the OR AND provide coverage for a routine epidural.
    e. The aforementioned medical direction rules DO APPLY to Cesarean sections.
    f. When providing clinical care in conjunction with a student (medical student or SRNA), operating room (OR) faculty are expected to be the prescriber of record for controlled substances (*e.g.,* sign the Pharmacy form for controlled substances), to sign or co-sign the Post Anesthesia Care Unit/Intensive Care Unit [PACU/ICU]

arrival information, and to complete and document (sign) postoperative recovery assessment information.

g. While the OR desks make assignments for breaks and lunch reliefs, the OR faculty are expected to be knowledgeable of such assignments and to insure that breaks and lunch reliefs are provided, commensurate with patient safety.

h. Faculty may personally provide relief for breaks and lunch without violating "Medical Direction" as long as the following requirements are met:

1. There must be more than one other faculty anesthesiologist in the OR suite.

2. This individual must remain in the immediate area of the OR suite and cannot, themselves, be engaged in providing relief to another trainee or provider.

3. This individual must carry a pager and promptly answer any pages to the OR.

4. The relieved provider (resident, SRNA, CRNA) must be able to return to the OR immediately if needed. Breaks/lunches should be taken in the immediate area of the OR suite (*i.e.*, not in the cafeteria).

i. Faculty providing either Medical Direction or Supervision may not leave the vicinity of the Operating Room without arranging for another faculty to assume Medical Direction or Supervision. The relieving faculty member must not accept responsibility for such relief if it would result in their personal violation of Medical Direction guidelines. The "vicinity of the Operating Room" is defined as the MOR or ASC suite, the SICU, the Pain Clinic or the faculty member's personal office.

C. Documentation, Licensing and Credentialing

1.* Faculty are expected to promptly complete all required patient-related documentation. If documentation is initially missed, **faculty are expected to complete it promptly (within 2 weeks) after being notified of the delinquency by the Anesthesia billing office, or other appropriate UIHC or CCOM body**. Failure to do so may result in forfeiture of Incentive Points or payment.

2.* Faculty are expected to promptly complete all required evaluations of trainee performance (MedHub). **Faculty are expected to complete 100% of resident evaluations within 21 days of the date of request**.

3. Faculty are expected to promptly complete all requests for information needed to manage the Department's Incentive program. If, without advance notice (*e.g.*, a vacation), a faculty member fails to provide the requested information within 2 weeks of the clinical assignment, they will forfeit any Incentive Points that would have been earned for that assignment.

4. Faculty are expected to maintain all current required credentials without lapse. These include an Iowa Medical License, Iowa Controlled Substance certification, Federal DEA certification, ACLS certification, UIHC and VAH credentials.

5. Clinical faculty are expected to meet State and ABA/MOCA mandated requirements for CME credits.

FACULTY PERFORMANCE STANDARDS – EDUCATION

Introduction

The University of Iowa is an educational institution, and high-quality education - of students, residents, fellows and others - is a key Departmental mission.

1. All faculty are expected to contribute to the Department's, the college and/or the University's bedside, classroom and/or other educational activities.
2. Faculty must interact with all students/trainees in a professional manner.
3. Faculty have an obligation to thoroughly, honestly, and critically evaluate the performance of our trainees and insure that such evaluations are communicated to the individual trainee.
4. Faculty are expected to give their best teaching efforts to all types of trainees.

Most of the standards and expectations of faculty with regard to education are currently difficult to quantitate and measure; most are qualitative. However, that does not make these standards and expectations unreasonable or invalid. Some education standards can be quantitated—these are indicated by an **asterisk (*) and are in bold font**.

Clinical Teaching

1. In the course of clinical care with trainees, faculty are expected to make a deliberate effort to provide some element of formal teaching each day, distinct from that required only for immediate patient care.
2. Faculty are expected to give as much feedback to their trainees as possible.
3.* **Clinical faculty are expected to maintain a mean omnibus resident clinical teaching evaluation score of at least "satisfactory" (3 on a 5 point scale, or its equivalent). For each item used to evaluate clinical teaching, at least 80% of the individual scores must be at least "satisfactory."**

   a. Faculty not fulfilling these teaching expectations are expected to obtain consultation/assistance directed toward methods to improve their teaching effectiveness.
4. Clinical faculty are expected to participate in at least one scheduled resident oral examination session each year.

Didactic Teaching

1. All faculty are expected, when asked, to provide didactic teaching sessions. These may include lectures, seminars, PBLDs or other activities within the Department or elsewhere within the University. Target audiences may be students, residents, fellows, postdoctoral fellows, or other faculty. Typical activities may involve resident or student lectures, SRNA lectures, resident PBLDs, journal clubs (as a moderator, just as a participant), faculty seminars, various Departmental symposia (*e.g.*, RASCI) - or a variety of other activities. It shall be the responsibility of the Head and the Vice Chair for Faculty Development to do their utmost to insure that teaching opportunities are made available to all faculty. However, to facilitate this, faculty are responsible for insuring that teaching activities are logged into the Departmental Calendar and recorded on their respective CVs which must be posted on the Department's website.

2.***** **Faculty are expected to maintain a mean omnibus didactic teaching evaluation score of at least "satisfactory" (3 on a 5 point scale, or its equivalent).**

a. Faculty not fulfilling these teaching expectations are expected to obtain consultation/assistance directed toward methods to improve their teaching effectiveness.

3. Didactic teaching is also evaluated by faculty peers. Faculty are therefore expected to complete teaching evaluations of presentations by other faculty.

Other

1. Faculty have an obligation to acknowledge the accomplishments of our trainees. Each faculty member is therefore expected to attend at least one commencement/graduation event each year (*e.g.*, College of Medicine Medical Student Graduation, Resident Graduation, SRNA Graduation).

FACULTY PERFORMANCE STANDARDS: ACADEMIC/SCHOLARLY ACTIVITY

Introduction

As faculty in an academic department in a University Medical Center, we have a responsibility to create new knowledge and/or to integrate existing knowledge and to disseminate this knowledge to others (students, residents, other faculty, outside groups, *etc.*). All faculty members are expected to actively participate in this mission and must show evidence of academic productivity**.** In return, the Department and the University have an obligation to provide resources (including time) to facilitate such scholarly activity. Most of the standards and expectations of faculty with regard to academic/scholarly activity are currently difficult to quantitate and measure; most are qualitative. Departmental expectations differ among faculty depending upon amount of non-clinical time, years of experience, external funding, and other administrative or service responsibilities. In addition, in academic/scholarly activities, quality is most often much more important than quantity.

Academic/Scholarly activities are broadly defined as "academic achievement or study; learning of a high level." While this includes research, it is not restricted to it. Scholarly activities may include education when it is conducted at a level that demonstrates more than "textbook" understanding of a subject. However, scholarly teaching clearly goes beyond bedside teaching in the operating room or other clinical venues. Inherent in the definition of Academic/Scholarly activities is the documentation of these activities in a fashion that can be assessed by others.

Academic/Scholarly activities are required for promotion in both the clinical and tenure tracks - and are important elements in periodic reviews and reappointments (see separate document).

I. Academic/Scholarly Activities

As noted, many activities qualify as "Academic." The following list is NOT intended to be either comprehensive or exclusive, but solely to provide examples. Note that for an activity to qualify, it is assumed that some "publication" will result, although work that may eventually lead to publication (*e.g*. obtaining research training) may qualify (see below for definitions of "publications").

Laboratory research, as either PI or Co-investigator

Clinical research (in the MOR, ASC, Pain Clinic, SICU or elsewhere), as PI or Co-investigator

Operations research (*e.g.*, based on data contained in existing databases such as Epic)

Systems-based research

Simulator-based research

Educational research

Synthesis (*e.g.*, the preparation of a formal review article or book chapter for publication)

Submission of a formal application for extramural funding

Gaining additional training in areas that would advance an individual's knowledge in a defined area or increase their research or educational skills may also qualify. These would include:

Enrollment in and completion of research training or any relevant advanced degree (*e.g.* the Departmental Clinical Research Tutorial, the ICTS Clinical Scholars program, MPH, MME, MBA, *etc.*)

Participation in multi-day clinical or research workshops sponsored by either a national anesthesia, critical care, pain medicine, or scientific society (*e.g.*, ASA, SCA, IARS, ASRA), or other academic institution (*e.g.*, Harvard Simulation Course). Note that this is quite distinct from simple attendance as a general CME-focused meeting.

Attainment of formal certification in advanced clinical or scientific expertise in an area not formally included as part of residency or fellowship training (*e.g.*, certification in Hyperbaric Medicine, Neuro-critical Care, Perioperative Echocardiography, Informatics).

Many kinds of educational activities may qualify as "Scholarly" if they go beyond the simple presentation of individual lectures or written "lecture summary." An example might be the development of a new, subject-focused curriculum (for any trainee group) with associated written materials (paper or electronic) AND with an accompanying process for evaluating the effect of the curriculum on trainee learning. [Just creating materials that no one reads or uses is of little value.] An individual giving the same lecture to M3 students every few months would earn little "scholarly credit" (although they would gain educational credit) – while someone who revamped the entire medical student didactic program in anesthesia, along with written materials, audiovisual materials, and then showed an increase in student knowledge or ability would clearly gain credit.

II. Publication

The word "publication" can refer to many things, but the key is the creation of a "product" that is read by/used by others – and which can be readily evaluated.

Manuscripts published in a peer-reviewed journal.

Papers describing results of any kind of systematic research are considered to be much more valuable than Case Reports or Letters-to-the-Editor. Peer-reviewed Review articles are also highly regarded. Authorship implies active participation in both the study and the preparation of the manuscript. Simply being a coauthor without such active participation is of little value. Being either first, last or the designated corresponding author is generally considered to be the strongest evidence of scholarly contribution.

Abstract/poster accepted for presentation at a major national or international meeting.

Abstracts describing the results of your research are considered to be more valuable than case descriptions.

Publication of book chapters or similar manuscripts in a non-peer reviewed publication.

Preparation and presentation of a clinical PBLD at a national meeting.

Serving as the mentor for a resident "publication" that meets any of the above criteria.

Preparation of written materials in association with an educational curriculum. For example, creating a comprehensive series of "teaching videos" to accompany a written syllabus for a course on "interventional pain management."

The key here is the quality and breadth of the prepared material – and its use by the target audience. Simply preparing a "written syllabus" or video is of minimal value (even if you hand it out to others); using that material in the context of formal teaching is required. This should, ideally, include some assessment of what was learned by the trainee.

Electronic forms of publication are acceptable, but Web-based publications are scrutinized more closely than more traditional forms. Publication in a recognized (Index Medicus), peer-reviewed on-line journal is acceptable. Self-publication via the Web (*i.e.* build your own website) MAY be acceptable – but the website (most importantly its content) must be of impeccable quality.

III. Non-clinical Time (from the Policy Statement dated Dec 1, 2009)

To provide faculty with an opportunity to meet educational and academic goals, some protected nonclinical time is required. Each individual is allocated a certain minimum amount of Non-clinical time ("NCA days"). This time is to be used for academic purposes (although it is recognized that for many busy clinicians, some personal activities may need, on occasion, to be conducted on NCA days). Additional NCA time may be allocated if the faculty member can demonstrate that currently allocated time is being maximally utilized – and that any added time will be equally well used. However, since non-clinical time is a finite (and expensive) commodity, it must be well used. Underutilization and/or inappropriate utilization of NCA days will result in the number of allocated days being reduced.

[Note: NCA days are not days off and they are not to be used to supplement vacation.]

In general, faculty should be in their offices (or elsewhere within the University) on their NCA days. The obvious exception is when NCA is used for professional travel. It is also acceptable to use a small amount of time for a limited number of personal activities away from the UI (*e.g.,* personal appointments, brief errands, *etc.*). Faculty may, on occasion, choose to work away from the hospital (*i.e.,* at home). If you are not in your office on an NCA day, your secretary should know your whereabouts (including any meeting you are attending and where you can be reached) and, unless you are out-of-town, you should be available by pager or phone during the working day, and should be available to return to the Hospital if needed.

FACULTY PERFORMANCE STANDARDS: NON-CLINICAL (ACADEMIC AND PROFESSIONAL) SERVICE

1. All faculty are expected to contribute to the non-clinical service mission of the department. There are many ways in which this can be accomplished.
2. Common forms of non-clinical service include participation as a member or leader of a departmental, collegiate, university, hospital, or professional committee, such as
   a. Department: Resident competency committee, resident applicant interview committee, etc.
   b. Hospital: Pharmacy and Therapeutics committee, Critical Care committee, Sedation Committee, etc.
   c. Professional: Service as member of professional society committees (e.g. ASA, Iowa Society of Anesthesiologists, Society of Critical Care).
   d*. **All faculty are expected to attend at least five (5) faculty meetings each year, regardless of their FTE status**.
3. Other forms of non-clinical service include
   a. Service to the community, governmental service, or professional service for underserved groups.
   b. Mentorship of students, residents, graduate students, other faculty and serving as a reviewer of scientific work (grants, abstracts, journal articles)..

4. All faculty are expected to maintain a current copy of their curriculum vitae and to actively participate in academic reviews as mandated by the College of Medicine and University.