

UMASS MEDICAL SCHOOL

EDUCATION EFFORT ASSIGNMENT
TASK FORCE

FINAL REPORT

Prepared For:

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I. Background Rationale

As the educational mission at UMass continues its brisk pace of growth and development, the timing is right for the medical school to closely examine the educational effort required to sustain and promote excellence and innovation in teaching. This need is well aligned with other ongoing institutional initiatives that would benefit from a consistent model for capturing and quantifying educational effort by our teaching faculty, and the departments that support them. These initiatives include, but are not limited to the following:

- The establishment of departmental incentive and compensation plans that require weighting according to effort assignment.
- Expansion of class size in the school of medicine, graduate schools of biomedical sciences and nursing, and in our residencies and fellowships, with the need to monitor and provide the teaching effort by faculty, commensurate with projected needs.
- Curriculum revision in all three schools, and in the school of medicine in particular, with educational programs promoting integration and interdisciplinary collaboration, that will distribute educational effort across a broader range of faculty and departments.

II. Charge by the Dean

In the context of the our evolving educational mission and institution wide initiatives in teaching across our schools, the Dean convened the Educational Effort Assignment Task Force (EEATF) with the following principle charge:

- Establish a consistent and comprehensive methodology for assignment of effort for teaching activities by faculty in our diverse educational programs. Examples of these teaching activities include: Course and clerkship leadership, inpatient student precepting, thesis advising, course lecturing, and ambulatory based precepting (by both employed and non-employed faculty). This charge was to inform the process for alignment of educational effort with institutional resources and funding support under the Dean's oversight.

III. Goal Statement

The goal of the Task Force was to issue a report that established a consistent and comprehensive methodology for assignment of faculty effort for teaching and provide a set of metrics for measuring that effort relating to the education mission of UMMS. It is understood that:

- This report will be available to the Dean to inform the process of alignment of educational effort with school resources
- The report is not a policy statement and as such is advisory to the Dean.
- This methodology will be applied to the budget allocation process under the Dean's oversight as the next phase in assuring the realignment of educational effort with institutional resources and funding.
- The determination of funds allocation for teaching will not be included in the report and will reside under the authority of the Dean and the Office of Administration and Finance.

IV. Scope

Given the Dean's broad charge, the Task Force defined early on the scope of its recommendations in the areas of educational mission, learner groups and educational activities, so as to best address the Dean's charge.

Scope of Educational Mission:

- All learner groups enrolled in accredited UMMS educational courses, degree programs and training programs.
- Excludes learners in K-12 outreach programs, undergraduate students in pipeline and related programs, and visiting students and trainees enrolled in electives or other school-sponsored educational programs.

Scope of Learner Groups:

EEATF measurements of educational activity apply to the following learner groups:

- School of Medicine Undergraduate Medical Education (UME): preclinical and clinical students.
- School of Medicine Graduate Medical Education (GME): residents and fellows in accredited programs.
- Graduate School of Biomedical Sciences (GSBS): graduate students.
- Graduate School of Biomedical Sciences (GSBS): post-doctoral trainees.
- It should be noted that while the task force membership included representation from the Graduate School of Nursing, its recommendations do not apply to GSN students.

Scope of "Educational Activities":

Consistent with curricular needs and educational programming in academic health sciences, the task force recommendations addressed educational effort in three major domains of educational effort, as described below:

- *Class room based teaching:*
 - Defined as educational effort not associated with billable clinical work, grant-funded activities, or other compensated work activity.
 - Examples: Lectures, small groups, seminars, skills sessions
- *Practice-based teaching:*
 - Defined as educational effort associated with billable clinical work, grant-funded activities, or other compensated work activity.
 - Examples: out-patient clinic precepting, in-patient hospital ward teaching, lab-based teaching

- *Educational leadership roles:*
 - Defined as major administrative and leadership positions specifically assigned to an educational program.
 - Examples: course director, course block head, clerkship director, associate clerkship director, thesis director, etc

The Task Force recommendations do not include the following types of education-related activities that are considered as “educational service” as opposed to “formal teaching effort”:

- Admissions committee service /interviews
- Informal mentoring /advising (e.g. departmental interest groups, ad hoc projects and research, educational service projects)
- Non-leadership roles for EPC and graduate council and other standing committees
- Membership on ad hoc task forces; accreditation task forces, etc
- Non-accredited elective programs such as the optional enrichment electives
- Educational effort serving non-UMMS students such as visiting students and trainees
- It should be noted that: leadership roles directly supported by school funds and reporting to the dean’s office are also excluded from the Task Force recommendations. These educational leadership roles, supported by and serving the needs of the dean’s office, are noted in Appendix 1.

V. Operating Principles

In its kick off meeting, the Task Force developed a set of operating principles to assure optimal alignment of its recommendations with its scope of work and charge by the Dean. These are:

- **Inclusiveness:** Applicability of one set of recommendations across the range of learners and educational activities.
- **Flexibility:** Adaptability and relevance of recommendations to the diverse educational missions and programs across all departments and offices.
- **Not starting from scratch:** Applying best practices and models in place at UMMS and elsewhere, whenever possible
- **User friendly:** A commitment to assure ease of implementation and streamlined application of recommendations.
- **Data based reporting:** Using data driven reporting, preferably with automated reporting tools, minimizing the use of self-report, wherever possible.
- **Evidence-Driven:** Utilizing and applying national guidelines or benchmarks, as available.
- **80/20 rule:** Recognizing that “we couldn’t measure everything: and maintain focus on priority areas
- **Consistency:** Assuring compatibility and alignment with practices and standards currently in place at UMMS including:
 - RRC guidelines for UMMS residency and fellowship training programs
 - Graduate School of Nursing guidelines for teaching effort
 - Institutional guidelines and policies: including the School’s Faculty Incentive Compensation Guidelines and Office of Faculty Affairs personnel policies and guidelines for appointment and promotion.
- **Quality of teaching:** While the Task Force charge was to address the metrics of educational effort, it is understood that “quality” of educational effort is an important, independent measure of faculty teaching effort.

VI. Education Effort Assignment Task Force Leadership and Membership

The Task Force membership was constituted by individuals who collectively represented the breadth of our educational mission, our diverse schools and training programs, basic and clinical departments, institutional and

departmental leadership, and faculty recognized for their expertise and experience across a wide range of educational programs and courses. To assure the alignment of the task force recommendations with institution-wide policies and guidelines, the task force members also included representation from the Group Practice Plan and Office of Faculty Affairs.

Task Force Co-Chairs:

- Anthony Carruthers, Ph.D., Dean, Graduate School of Biomedical Sciences;
- Michele Pugnaire, M.D., Senior Associate Dean, Educational Affairs

Task Force Members:

- Robert Baldor, M.D., Professor, Family Medicine & Community Health;
- Jennifer Daly, M.D., Professor, Infectious Diseases & Immunology Medicine;
- Deborah DeMarco, M.D., Associate Dean for Graduate Medical Education;
- Deborah Field, M.D.; Assistant Professor, Psychiatry;
- Robert Finberg, M.D., Chair, Medicine;
- Melissa Fischer, M.D., MEd, Associate Dean for Undergraduate Medical Education;
- Paulette Goeden, MBA, Assistant Vice Chancellor of Administration;
- Janet Hale, Ph.D., RN, Associate Dean for Academic Affairs & Director Interdisciplinary & Community Partnerships;
- Anthony Imbalzano, Ph.D., Associate Dean for Post Doc Scholars;
- Tony Ip, Ph.D., Associate Professor, Program in Molecular Medicine;
- Kendall Knight, Ph.D., Associate Dean for Graduate School of Biomedical Sciences;
- Anne Larkin, M.D., Associate Professor, Surgery;
- Craig Peterson, Ph.D., Professor, Program in Molecular Medicine;
- William Royer, Ph.D., Professor, Biochemistry & Molecular Pharmacology;
- John Ryan, MBA, Project Manager;
- Paulette Seymour-Route, Ph.D., Dean, Graduate School of Nursing;
- Thomas Smith, M.D., Professor, Pathology;
- Gary Stein, Ph.D., Chair, Cell Biology;
- Michele Streeter, Vice President, Finance and Administration, UMass Memorial Medical Group;
- Carole Upshur, EdD, Associate Dean of Clinical & Population Health Research

VII. Organizational Structure (see Appendix 2)

The twenty-two member Task Force was served by three work groups, each of which was charged to develop the “metrics” for education effort relevant to the respective domain of educational activity. These three domains were:

- Classroom-based activity
- Practice-based activity
- Educational leadership roles

To assure consistency, comparability and coordination across the three groups, the task force implemented the following processes and guidelines:

- A timeline for work group meetings and reporting out to the task force.
- A consistent framework and terminology for reporting educational activities.
- A consistent model for reporting educational effort, using effort allocation in terms of “hours served” and reporting as a % effort based on FTE. The baseline value for FTE was set at 2000 hours per year, based on the model successfully used in the Department of Family Medicine and Community Health.
- The staffing of all work group meetings by the project manager with representation by the operations group membership.
- Work group outcomes were regularly reported out to the Task Force with recommendations and modifications to work group spread sheets, based on deliberations and discussion at Task Force meetings.

VIII. Workgroup Outcomes

The three following tables summarize the outcomes of the work groups, each of which developed metrics relevant to their assigned domain of educational activity:

- Attachment A – Classroom Based Teaching Worksheet
- Attachment B – Practice Based Teaching Worksheet
- Attachment C – Leadership Roles Worksheet

Proposed metrics are consistently formatted across groups, with effort value(s) assigned to each defined category of effort.

These categories reflect the current content and structure of the UMMS educational programs, as well as those elements of the redesigned curriculum that are defined at this time. Each group was asked to address UME, GME and GSBS activities and, within each category, to document the specificity and detail required to represent as accurately as possible, the full range of educational activities in each respective group. The effort metrics were based on reasonable estimates for contact time, prep time and evaluation/assessment time as required for any given effort category. The assigned metrics were informed by several factors including:

- Effort assignments currently in place in UMMS courses, programs and departments.
- Information from educational organizations and oversight groups (such as the ACGME, RRC's, AAMC, LCME, IAMSE), practices at other institutions, as well as the literature.
- The collective teaching experience of the committee members and the constituencies that they represent and consulted with, including our curriculum committees.

In certain effort categories, the metrics also include a % FTE assignment, when appropriate. Examples include leadership roles (such as course director) and other teaching commitments with defined time allocations (out-patient clerkship rotation precepting) . The % calculation was based on 2000 hours per year FTE , as is currently being used in the Department of Family Medicine and Community Health.

IX. Timeline (see Appendix 3)

- The Task Force's Interim Report was submitted to the Dean on February 26, 2010 for his review.
- Following the Dean's review and recommendations, the necessary modifications were incorporated in to the Task Force's reporting and process moving forward.

- Communications and outreach to key leadership and constituency groups commenced after the Dean's review of the interim report. The goal of the communication and outreach was to build awareness, gather feedback and engage ideas and recommendations for consideration by the Task Force moving forward. The communication and outreach continued throughout the remainder of the Task Force's timeline.
- The Operations Team modeled preliminary metrics to pilot test the following:
 - Feasibility of implementation
 - Overall usability and accuracy of our preliminary metrics.
 - General applicability of metrics to diverse programs, learner groups and departments.
 - Identification of unintended redundancies, omissions, or inconsistencies on our model metrics.
- The pilot test was conducted in partnership with two departments: Medicine and Biochemistry and Molecular Pharmacology. Together, these departments span the basic and clinical sciences and offer representative sampling of the key areas of educational effort, learners groups and teaching faculty.
- Further refinements to the Task Force' preliminary metrics were made based on feedback from the pilot departments and overall usability once applied. The Task Force submitted its Final Report to the Dean on July 16, 2010.#

X. Next Steps/Recommendations

- Upon approval of the final report a communication plan will be rolled out to key leadership and constituency groups noted in the organization table. (Timeframe: August-September 2010)
- The Operations Team will meet with the Task Force Chairs to review the major barriers encountered when modeling the preliminary metrics with the pilot departments. (Timeframe: Fall 2010)
- The Operations Team will proceed with analyzing Academic Year 09-10 educational effort for each Academic Department and Program with a targeted completion date of September 30, 2010.

- The Operations Team and Task Force Chairs will develop recommendations to improve accuracy and access to source data during Academic Year 10-11.
- The Operations Team will review and analyze overall UME medical education performed by residents in absence of attending physicians.
- Under the Dean's oversight, a small task force will be established for the annual review of metrics to determine if modifications are necessary based on changes in curriculum or leadership models.
- Assessment of overall project success in meeting stated goals. Outcome measures may include adoption of metrics beyond the scope of the Task Force, Institutional awareness of the project and its outcomes and the impact of the project on the institution's "valuing" of education.

ATTACHMENT A - CLASS ROOM BASED TEACHING

EFFORT CATEGORIES	DIRECT CONTACT TIME	PREP TIME	EVALUATION ASSESSMENT/EXAM TIME
UME/GSBS			
Course Lectures	1 hour for each hour	20 hours per contact hour for New Lecture or New Lecturer 6 hours per contact hour for Same Lecture by Same Lecturer	SOM: Multiple Choice: 2 hours per hour of teaching GSBS: (One Question) Written Exam: 10 minutes per question per student (CTS Only) Substantive Paper Grading: 3 hours per student per written research proposal
RAPS (Formal small group teaching as part of core course)	1 hour for each hour	2.5 hours per contact hour	10 minutes per student per problem set (Problem Sets represent 10% of total RAPS)
Advanced Topics	1 hour for each hour	6 hours per contact hour	10 minutes per student per lecture Presentations: 30 minutes prep time with students Substantive Paper Grading: 3 hours per student per written research proposal
On-Line Asynchronous or Web 2.0 Teaching (Open for Discussion) Definition – Web designed interactive module that applies web based module for teaching or blended learning.	1 hour for each hour	6 hours per contact hour	N/A
Review Session	1 hour for each hour	2 hours per contact hour	N/A
Small Group, Journal Club, Curriculum Seminars, Chalk Talk, Conference, Panel Discussion (Graded Teaching Tracked By Registrar)	1 hour for each hour	2 hours per contact hour	10 minutes per student per problem set, otherwise no evaluation
Large Groups	1 hour for each hour	2 hours per contact hour	N/A

ATTACHMENT A - CLASS ROOM BASED TEACHING

EFFORT CATEGORIES	DIRECT CONTACT TIME	PREP TIME	EVALUATION ASSESSMENT/EXAM TIME
Other (e.g. Welcome Back Lunch, Special Event, Orientation)	1 hour for each hour	N/A	N/A
UME			
Exam w/Standardized Patients	1 hour for each hour	N/A	N/A
Performance based assessment: SP, Role Play, Simulation Assessment	1 hour for each hour	2 hours per contact hour	N/A
Class –Based Labs	(Computer Lab) 1 hour for each hour (Wet Lab) 1 hour for each hour	(Computer Lab) – 2 hours per contact hour (Wet Lab) – 4 hours per contact hour	Multiple Choice: 2 hours per hour of teaching Written Exam: 10 minutes per lecture per student
PPS	1 hour for each hour	1 hour per contact hour	N/A
Practice Base Lectures	1 hour for each hour	4 hours per contact hour	N/A
Practice Base Interclerkship Assigned Teaching: Small Group, Lecture, Panel	1 hour for each hour	2 hours per contact hour	N/A
GME			
Journal Club	1 hour for each hour	2 hours per contact hour	N/A
Housestaff Core Curriculum Lectures	1 hour for each hour	4 hours per contact hour	N/A

ATTACHMENT B - PRACTICE BASED TEACHING

PRACTICE BASED ACTIVITY	DIRECT CONTACT TIME (HRS)	PREP TIME FOR CONTACT ACTIVITY (HRS)	EVALUATION ASSESSMENT/EXAM TIME (HRS)
UME			
Inpatient Clerkship Supervising Attending - UME students only (definition: formally assigned, designated ward teaching attending)	Hour for Hour		
Inpatient Clerkship Supervising Attending - UME students and GME residents combined (Definition: formally assigned, designated ward teaching attending)	Hour for Hour (Split according to # of UME students vs. GME residents to be defined by each clerkship, e.g. Medicine = 50/50 Split)		
Inpatient Clerkship Supervising Attending – Revenue generating with UME students and GME residents combined (definition: formally assigned, designated ward teaching attending)	Hour for Hour x 25% (Split according to # of UME students vs. GME residents to be defined by each clerkship, e.g. Medicine = 50/50 Split)		
Outpatient Clerkship Precepting	1 hour per ½ day session (including evaluation)		
Longitudinal Preceptor Program (LPP)	1 hour per ½ day session (including evaluation)		
Fourth year Hospital Based Clinical Experiences – UME students only (NON-BILLING): (Definition: the assigned elective supervisor is designated faculty member who is responsible for supervising and evaluating the assigned elective student. This should include only assigned UMMS students and not visiting students.	Hour for Hour		1 hour per student
Fourth year Hospital Based Clinical Experiences – UME students and GME residents combined (NON-BILLING): (Definition: the assigned elective supervisor is designated faculty member who is responsible for supervising and evaluating the assigned elective student. This should include only assigned UMMS students and not visiting students.	Hour for Hour (Split according to # of UME students vs. GME residents to be defined by each clerkship)		1 hour per student

ATTACHMENT B - PRACTICE BASED TEACHING

PRACTICE BASED ACTIVITY	DIRECT CONTACT TIME (HRS)	PREP TIME FOR CONTACT ACTIVITY (HRS)	EVALUATION ASSESSMENT/EXAM TIME (HRS)
Fourth year Hospital Based Clinical Experiences – REVENUE GENERATING with UME students and GME residents combined: (Definition: the assigned elective supervisor is designated faculty member who is responsible for supervising and evaluating the assigned elective student. This should include only assigned UMMS students and not visiting students.)	Hour for Hour x 25% (Split according to # of UME students vs. GME residents to be defined by each clerkship)		1 hour per student
Fourth year Elective Outpatient Precepting	1 hour per ½ day session (including evaluation)		
End of Third Year Assessment	Hour for Hour		
Clerkship Specific Skills Instruction, e.g. EKG Instruction, Curriculum Simulation Center	Hour for Hour		
Clerkship Curriculum Formative OSCE	Hour for Hour		
Clerkship OSCE	Hour for Hour		
PD I (Physical Diagnosis Course): Only one faculty member teaches.	Hour for Hour		4 hours
PD II (Physical Diagnosis Precepting / Including skills session)	Hour for Hour (including evaluation)	30 minutes per session	
Subinternship Core Curriculum	2 hours per week		1 hour per student
GSBS			
Graduate Student Thesis Research	2 hours per week per student		
Thesis Research Advisory Committee	2 hours per year per committee member	2 hours per year per committee member	
Thesis Dissertation Exam Committee	2 hours per year per committee member	12 hours per year per committee member	

ATTACHMENT B - PRACTICE BASED TEACHING

PRACTICE BASED ACTIVITY	DIRECT CONTACT TIME (HRS)	PREP TIME FOR CONTACT ACTIVITY (HRS)	EVALUATION ASSESSMENT/EXAM TIME (HRS)
Qualifying Exam Committee	3 hours per year per committee member	6 hours per year per committee member	
Graduate Student Rotations	3 hours per week per student		
POSTDOCTORAL			
Postdoctoral Training and Development (Fellowship, Manuscript)	1 hour per week per postdoc		
GME			
Ward Teaching Attending – GME residents only	Hour for Hour (including evaluation)		
Ward Teaching Attending – GME residents and UME students combined	Hour for Hour (including evaluation) (Split according to # of UME students vs. GME residents to be defined by each clerkship)		
Ward Teaching Attending – Revenue generating with GME residents and UME students combined	Hour for Hour x 25% (including evaluation) (Split according to # of UME students vs. GME residents to be defined by each clerkship)		
Hospital and Clinic Based Procedures, e.g. Surgery, Radiology, Pathology	½ hour per every ½ day session		
Inpatient Services “Attending of Record” (If it’s part of revenue generating activity it will take longer)	1 hour per ½ day session		
Consult Attending (Case based teaching)	1 hour per ½ day session (including evaluation)		
Ambulatory (Outpatient) Clinical Precepting	1 hour per ½ day session (including evaluation)		

ATTACHMENT B - PRACTICE BASED TEACHING

PRACTICE BASED ACTIVITY	DIRECT CONTACT TIME (HRS)	PREP TIME FOR CONTACT ACTIVITY (HRS)	EVALUATION ASSESSMENT/EXAM TIME (HRS)
Morning Report Attending	Hour for Hour		
Daily Conference	Hour for Hour	4 hours per conference	
M&M Preceptor	Hour for Hour	2 hours when GME faculty are giving session.	
Mock Oral Board Examiner	Hour for Hour	-	3 hours per year
CEX examiner (Clinical Examination)	Hour for Hour	-	
Simulation Lab	Hour for Hour	3 hours	
Research Fellowship Preceptor	Hour for Hour		

ATTACHMENT C - LEADERSHIP ROLES

Percentage Effort metrics for leadership roles cover all administrative functions and responsibilities for course oversight and management. Any direct teaching activities by faculty serving in course leadership roles will be addressed under classroom based or practice based teaching effort.

EFFORT CATEGORIES	% EFFORT
UME	
Course Director	<p>If Co-Course Director – Split between the two</p> <p>Established Course = 3.5 hours per course hour</p> <p>Establishing New Course = 5.25 hours per course hour for the first 3 years</p> <p>An additional effort related to serving on curriculum committee and promotion boards: add 2% FTE.</p> <p>Increase factor of 20% for each Co-Course Director related to LINC co-leadership courses.</p> <p>Established LINC Co-Leadership Course = 4.2 hours per course hour (Split between Co-Course Director)</p> <p>Establishing New LINC Co-Leadership Course = 6.3 hours per course hour for the first 3 years (Split between Co-Course Director)</p>
Block Course	<p>Course Director = 1 hour per block hour</p> <p>Block Leader = 2.5 hours per block hour</p>
PPS Leaders	<p>Blended:</p> <ul style="list-style-type: none"> • PPS (CHC) = 2% • PPS (LPP) = 5% • PPS (PDI&PDII) = 3hrs per hr of duration • PPS (EPI) = 3hrs per hr of duration • PPS (Small Groups Leader) = 3hrs per hr of duration • PPS (Small Groups Director) = .5hrs per hr of duration

ATTACHMENT C - LEADERSHIP ROLES

Percentage Effort metrics for leadership roles cover all administrative functions and responsibilities for course oversight and management. Any direct teaching activities by faculty serving in course leadership roles will be addressed under classroom based or practice based teaching effort.

EFFORT CATEGORIES	% EFFORT				
Learning Community Mentor	Mentor (N = 20)	Yr1(10/11) 9%	Yr2(11/12) 18%	Yr3(12/13) 25%	Yr4(13/14) 25%
Learning Community Head of Household	Head of Household (N=5)	Yr1(10/11) 5%	Yr2(11/12) 8%	Yr3(12/13) 11%	Yr4(13/14) 14%
Learning Community Leader	Leader (N=2)	Yr1(10/11) 12%	Yr2(11/12) 18%	Yr3(12/13) 18%	Yr4(13/14) 24%
Clerkship Directors	<p>Leading clinical clerkships/rotations is calculated by a different metric based on # of student days in the experience and national association recommendations</p> <p>Rotations = 90 calendar days, 45 calendar days and 30 calendar days</p> <p>Baseline = 30 day inpatient rotation = 20%, 45 day inpatient rotation = 25%, 90 day inpatient rotation = 30%</p> <p>If rotation has significant outpatient component (>= 25%) add 5%</p> <p>For current rotational structure the maximum amount of effort that can be achieved is 35% split between all Directors/Assistant Directors.</p>				
Interclerkship Coordinators	Established Course = 4 hours per course hour (split between Program Coordinators, if more than one for each program)				
Subinternship Director (Required Rotation)	<p>.16% per student, with minimum effort of 1%.</p> <p>Calculated by per student clerkship rate for 30 day rotation</p>				

ATTACHMENT C - LEADERSHIP ROLES

Percentage Effort metrics for leadership roles cover all administrative functions and responsibilities for course oversight and management. Any direct teaching activities by faculty serving in course leadership roles will be addressed under classroom based or practice based teaching effort.

EFFORT CATEGORIES	% EFFORT
Elective Director (clinical, non-clinical)	.16% per student with minimum effort of 1%. Calculated by per student clerkship rate NOTE: Elective Support is restricted to UMMS students only and does not apply to visiting students.
Clinical site director (UMMS: Univ, Memorial, Milford, Marlborough...)	(2 hours/week x weeks students rotate)/2000 hours Examples: <ul style="list-style-type: none"> • Year round program (50 weeks) = (2 hours x 50 weeks)/2000hours = 5% • 8 week program as part of a of 12 week clerkship that is conducted 4 times a yr = 2 hours x 8 weeks x 4 per year = 64hours/2000hours = 3.2%
Academic Evaluation Board Chair & EPC Co-Chairs	4.4% Calculation: 2 hours/week x 44 weeks = 88hours/2000hours = 4.4%
Curriculum Committee Chair	2.2% Calculation: 1 hour/week x 44weeks = 44hours/2000hours = 2.2%
Capstone Project Director	TBD
Capstone Project Mentor	TBD
Formal Advising	5 hours per year per student

ATTACHMENT C - LEADERSHIP ROLES

Percentage Effort metrics for leadership roles cover all administrative functions and responsibilities for course oversight and management. Any direct teaching activities by faculty serving in course leadership roles will be addressed under classroom based or practice based teaching effort.

EFFORT CATEGORIES	% EFFORT
GSBS	
Course Director	<p>Course Block Director = 5% per year Calculation: 8 hours x 12 weeks = 96 hours/2000 hours per yr = 5%</p> <p>Co-Course Block Director = 2.5% per year (Splits Block by # of Faculty)</p> <p>RAP = 2.5% per year Calculation: 4 hours x 12 weeks = 48 hours/2000 hours = 2.5%</p> <p>Adv. Topics = 2% per year Calculation: 2 hours x 18 weeks = 36 hours/2000 hours = 2%</p> <p>Didactic = 4% per year Calculation: 4 hours x 18 weeks = 72hours/2000hours = 4%</p>
Program Director	<p>Under 10 students = 2.5% 10-25 students = 5% 25-75 students = 10% Over 75 students = 15%</p> <p>If Co-Directors the % is split equally by Co-Director</p>
New Graduate Program Director	<p>20%</p> <p>Calculation: 2 x the baseline of 10% for 3 years</p>

ATTACHMENT C - LEADERSHIP ROLES

Percentage Effort metrics for leadership roles cover all administrative functions and responsibilities for course oversight and management. Any direct teaching activities by faculty serving in course leadership roles will be addressed under classroom based or practice based teaching effort.

EFFORT CATEGORIES	% EFFORT
GSBS Graduate Council Chairs	3% Calculation: 1.5 hours x 40 weeks = 60 hours/2000 hours per year = 3%
GSBS Graduate Council (Non Program Directors)	1.5% Calculation: .75 hours x 40 weeks = 30 hours/2000 hours per year = 1.5%
Curriculum Sub-Committee	1.5% Calculation: .75 hours x 40 weeks = 30 hours/2000 hours per year = 1.5%
GSBS Mentorship	1) 4 mtgs./year @ 2hours = 0.4% General student advisors GSBS selected mentors/advisors meet every quarter with their assigned students (4 to 6) to check in on their progress. 2) 1 mtg./week @ 2hours = 5% Specific academic advisors (e.g. selected by the GSBS for the URM mentorship program) - meet with students on a weekly basis
GME	
Program Director	Based on RRC Standards for each residency program (See Attachment D)
Associate Program Director	Based on RRC Standards for each residency program (See Attachment D)
Key Faculty, Fellowship Directors	Based on RRC Standards for each residency program (See Attachment D)

ATTACHMENT D – GME METRICS

PROGRAM	PROGRAM DIRECTOR	Assoc PD or KEY FACULTY	ADMIN SUPPORT
Anesthesiology	30%		
• Critical Care	20%		
Dermatology	20-30%		
• Dermatopathology	10%		
Dental Residency			
Emergency Medicine	Must not work more than 20 hours/week clinically or 960 hours per year		
• Toxicology	20-30%		
Family Medicine	devote sufficient time to the residency program (i.e., at least 1400 hours per year spent in resident administration, resident teaching, resident precepting and attending duties, and exclusive of time spent in direct patient care without the presence of residents);	In addition to the program director, there must be at least one full-time equivalent (FTE) family physician faculty for each six residents in the program. Any program in operation must have at least two family physician faculty members, including the director, regardless of resident complement. By the time a program offers all three years of training with the required minimum number of resident positions (i.e., 4-4-4) at least one of the additional family physician faculty must be full time. A full-time commitment is at least 1400 hours per year devoted to the residency spent in resident administration, resident teaching, resident precepting and attending duties, exclusive of time spent in direct patient care without the presence of residents. As the resident complement increases beyond the minimally acceptable size, additional full-time family physician faculty will be needed to provide a core group of family physician faculty. Where part-time faculty members are utilized, there must be evidence of sufficient continuity of teaching and supervision.	
• Family Sports Medicine	40% to fellowship transitioning to 50% clinical & 50% fellowship including 20% admin responsibilities & 30% for other fellowship activities including teaching		

ATTACHMENT D – GME METRICS

Internal Medicine	<p>The sponsoring institution must: provide at least 50% salary support (at least 20 hours per week) for the program director. The PD must dedicate no less than 50% (at least 20 hours per week) of his or her professional effort to the administrative and educational activities of the internal medicine educational program and receive institutional support for this time;</p>	<p>The sponsoring institution MUST: provide associate program directors (APD) based on program size. At a minimum, APDs are required at resident complements of 24 or greater according to the following parameters:</p> <p>Residents APDs 24-40 1 41-79 2 80-119 3 120-159 4 >159 5</p> <p>I.A.2.f) provide 20 hours per week salary support for each associate program director required to meet these program requirements; provide support for core faculty based on program size, according to the following faculty to resident ratio:</p> <p>Residents Core Faculty <60 4 60-75 5 76-90 6 91-105 7 106-120 8 121-135 9 136-150 10 151-165 11 166-180 12 >180 13</p> <p>l.</p>	<p>The sponsoring institution MUST: provide support for program administrator(s) and other support personnel required for operation of the program</p>
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ATTACHMENT D – GME METRICS

Internal Medicine – Subspecialties Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, & Metabolism Gastroenterology Geriatric Medicine Hematology Hematology/Oncology Infectious Disease Interventional Cardiology Medical Oncology Nephrology Pulmonary Disease Pulmonary/Critical Care Rheumatology	The sponsoring institution must: ensure that adequate salary support is provided to the program director for the administrative activities of the internal medicine subspecialty program. The program director must not be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the program director’s salary, depending on the size of the program The PD must dedicate an average of 20 hours per week of his or her Internal Medicine Subspecialties professional effort to the internal medicine subspecialty educational program, with sufficient time for administration of the program, and receive institutional support for that administrative time.	clinical faculty. Key clinical faculty are attending physicians who dedicate, on average, 10 hours per week throughout the year to the training program. For programs with more than five fellows enrolled during the accredited portion of the training program, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.	
Neurology	40%		
• Vascular Neurology	10%		
• Neurophysiology	65% includes teaching		
OB	50% (20 hours)		
Orthopedics		All programs must have at least three faculty members who each devote at least 20 hours each week to the program. There must be at least one full-time faculty equivalent (one FTE equals 45 hours per week devoted to the residency) for every four residents in the program (excluding residents in nonorthopaedic education).	
• Hand Surgery	5-10%		
• Sports Medicine	15%		
Pathology	50%		
• Dermatopathology	10%		
• Hematopathology	8%		
• Cytopathology	60%		
• Surgical Pathology			

ATTACHMENT D – GME METRICS

Pediatrics	<p>Program director should devote at least 0.5 FTE of his/her professional effort to this activity. In a residency program of fewer than 31 residents (each resident in a combined program considered as 1.0 FTE), there should be a total of 0.75 physician faculty FTEs dedicated to the operation of the program. In a program of 31-60 residents, this should be 1.0 faculty FTEs. For programs with 61-90 residents, support should be 1.25 faculty FTEs, and for those with over 90 residents, 1.5 FTEs. If the program director is unable to fulfill commitments beyond 0.5 FTE, additional time should be provided by key faculty members designated as associate program directors. Associate program director time should be provided in increments of no less than 0.25 FTE. This level of program leadership should be supported financially by the sponsoring and/or participating sites.</p>	<p>In addition to the key faculty, all programs should have a minimum of one person (e.g., a senior resident, chief resident, or junior faculty) who functions as a liaison between the residents and faculty. Support, based on program size, should be as follows: fewer than 31 residents, one FTE; 31–90 residents, two FTEs and for greater than 90 residents, three full-time equivalents. These numbers reflect minimum support.</p>	<p>Each residency should have a minimum of one FTE designated for administrative support. For programs of 31-60 residents, this support should be 1.5 FTE; for programs of 61-90 residents, two FTEs; and for programs of more than 90 residents, three FTEs. These positions should be financially supported by the sponsoring and/or participating sites.</p>
<ul style="list-style-type: none"> • Med/Peds 	50%		
<ul style="list-style-type: none"> • Neonatal/Perinatal Med 	30%		
Plastic Surgery	<p>The sponsoring institution must provide the program director with a minimum of 15% protected time, which may take the form of direct or indirect salary support, such as release from clinical activities provided by the institution for programs with one to six residents. Programs with more than six residents shall provide the program director with a minimum of 25% protected time;</p>		<p>There must be institutional support for a program coordinator, as follows: 0.5 full-time equivalent for programs with up to six residents; and, 1.0 full-time equivalent for programs with more than six residents.</p>
Preventive Medicine	75%		

ATTACHMENT D – GME METRICS

Psychiatry	dedicate no less than 50% (at least 20 hours per week) of his or her professional effort to the psychiatry educational program and receive institutional support for this time. At a minimum, a total of 30 hours per week, program director or combined program director and associate program director time, is required for an approved complement of 24 to 40 residents, and 40 hours per week for an approved complement of 41 to 79 residents. When a program is approved for 80 or more residents, there must be additional time allocated for directing the program		There must be a residency coordinator who has adequate time, based on program size and complexity, to support the residency program.
<ul style="list-style-type: none"> Addiction Psychiatry 	devote sufficient time to the program to ensure implementation and achievement of the educational goals and objectives		
<ul style="list-style-type: none"> Child & Adolescent Psychiatry 	dedicate no less than 50% (at least 20 hours per week) of his or her professional effort to the child and adolescent psychiatry educational program and receive institutional support for this time.		
<ul style="list-style-type: none"> Forensic Psychiatry 	20%		
Radiology	The program director must be provided the equivalent of at least one day a week protected time in order to fulfill the responsibilities inherent in meeting the educational goals of the program.		Programs must have a dedicated radiology residency program coordinator. This person must have sufficient time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program.
<ul style="list-style-type: none"> Abdominal Imaging 	10%		
<ul style="list-style-type: none"> Neuroradiology 	10%		
<ul style="list-style-type: none"> Vascular Interventional Radiology 	10%		

ATTACHMENT D – GME METRICS

Surgery	The program director must be provided with a minimum of 30% protected time, which may take the form of direct or indirect salary support, such as release from clinical activities provided by the institution.		The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.
<ul style="list-style-type: none"> • Surg Critical Care 	10%		
Vascular Surgery	5-10%		

APPENDIX 1 – SCHOOL FUNDED LEADERSHIP POSITIONS NOT INCLUDED IN REPORT

School funded leadership positions, under the oversight of the Dean's Offices, not addressed in the task force report:

SOM:

- Associate Dean Positions: Student Affairs, Undergraduate Medical Education, Continuing Education, Admissions
- Assistant Dean Positions: Minority Student Affairs; Student Advising, Academic Achievement
- Director of International Medical Education Program
- Director of Community Based Education
- Co-Director of the Summer Research Fellowship Program
- Director of the Interclerkship Program
- Associate Director for the UMMS Simulation Center: educational programs

GSBS:

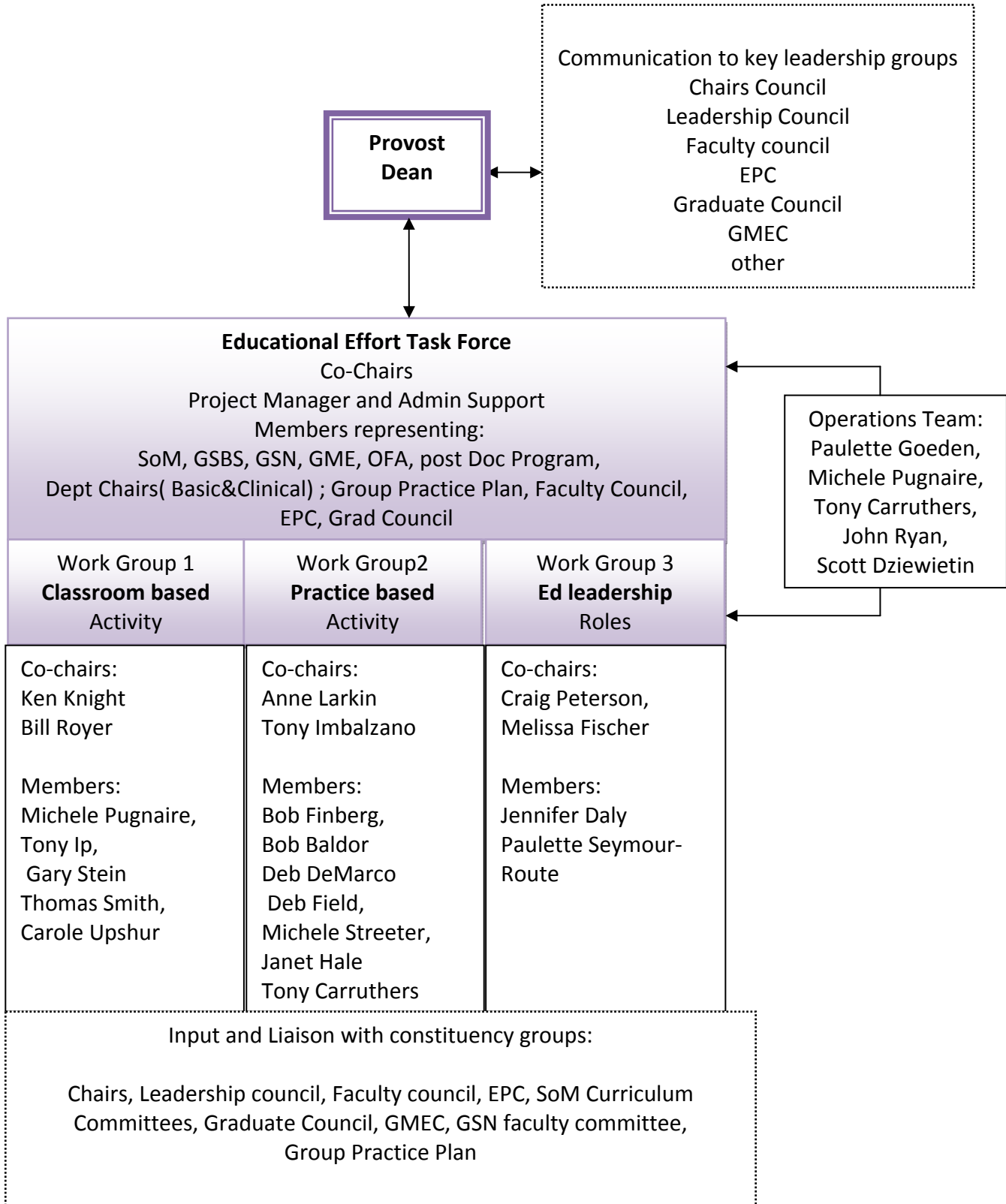
- Associate Dean Clinical Population & Health Research
- Associate Dean Postdoctoral Scholars
- Associate Dean Clinical & Translational Sciences
- Associate Dean of Student Affairs

GME

- Associate Dean of GME

APPENDIX 2 – EETF ORGANIZATIONAL FLOW CHART

Educational Effort Task Force:
Table of Organization and Reporting



APPENDIX 3 – EEATF GRAPHICAL TIMELINE

EVENTS/ **Milestones	DATES						
	Oct 7, '09	Nov 12, '09	Dec 16, '09	Jan 21, '10	Feb 26, '10	Jul 16, 10	Aug '10
Task force Meeting							
First round Subgroup Mtgs	XXX						
Second round Subgroup Mtgs		XXX					
Sub group prelim reporting		X					
**Subgroup Interim report DRAFTS				X			
**FINAL Interim DRAFT to Dean Feb 26th					X		
Third round Subgroup Mtgs					XXX		
Operations Team Models AY 08/09 BMP and Medicine Data					XXX		
**FINAL REPORT to Dean July 16th						X	
Task Force Final Meeting							X