



**How Do You Develop a Culture  
of Scholarship That Will Be  
Meaningful To Your Faculty,  
Dean and RRC**

**Mark F. Newman, MD**

**Merel H. Harmel Professor and Chairman**



# Objectives

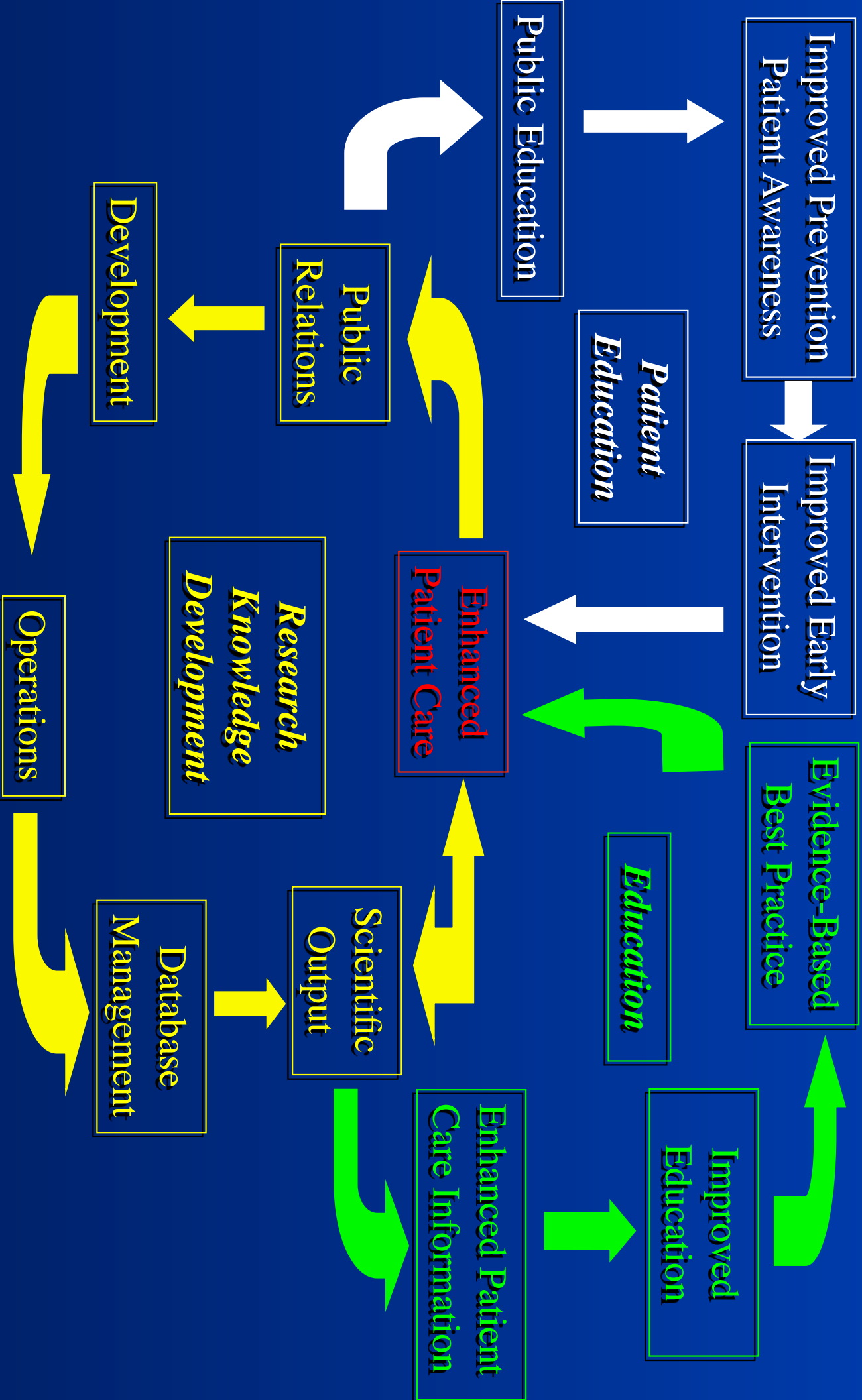
- Understanding the focus of your customers (Faculty, Dean and RRC)
- Institutional strengths and alignment
- Return on investment
- Data, negotiation, communication and “Public Relations”
- Critical mass and culture



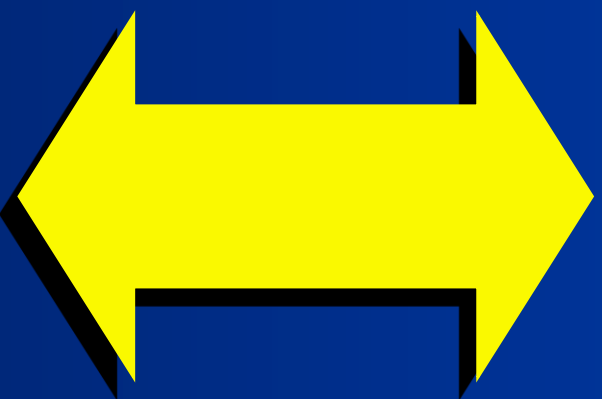
# External and Internal Pressures

- Anesthesiology
  - Production pressure
  - Relative cost of providers
  - Broadening range of anxious, “lower” cost competitors
  - Difficulty of differentiating outcome in low risk situations





*Patients*



*People*

# SOM Structure and Priorities

- Relationship to faculty practice and hospital (Duke: Dean no oversight of FP)
- Dean's Incentives
  - NIH funding, ranking and trajectory
  - National reputation (US News....)
  - Selectivity and diversity of medical students
  - MD-PhD program ranking and success
- Are there any incentives for the Dean to grow the clinical practice?

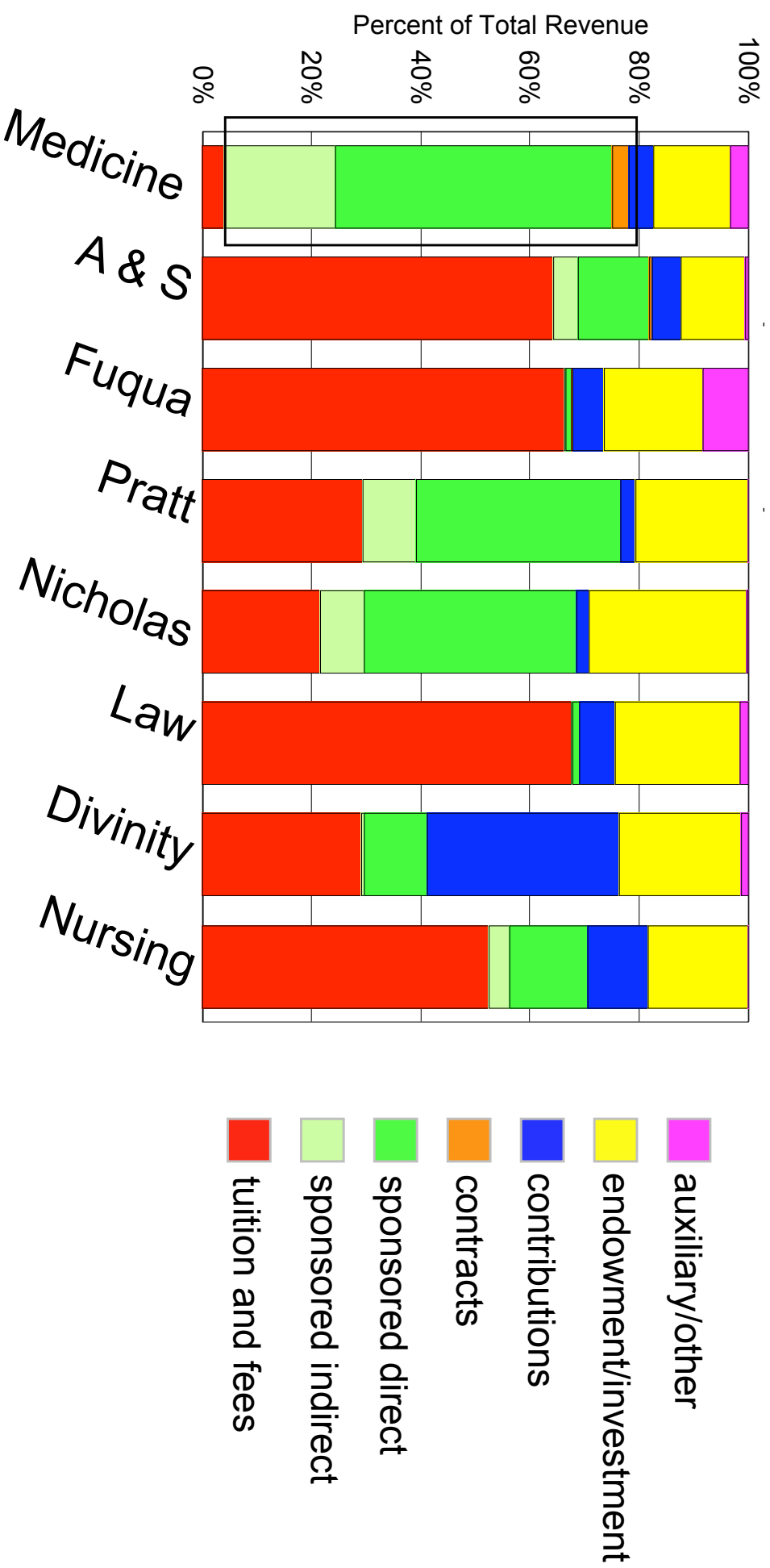
# Dean's Perspective

“The dollars are not unimportant, but what I care about most is that our faculty make contributions that will ultimately lead to improvements in health. I always like hearing about new dollars coming in, but I get more excited hearing about advances that come from our faculty's scholarship. They last a lot longer and go much further than the money....”

Dean Nancy Andrews, DUSOM



# Different from other Duke schools



# Challenges to AHC's to 2016

Clinical revenues remain flat in aggregate & margins decline, despite increasing volumes:

- Affordable Care Act
  - Medicare cuts in payments to providers
  - Loss of DSH
  - Loss of IME
  - Expansion in Medicaid (HIE)
- Medicaid reductions
- High cost of care at AHCs, reduced commercial insurance reimbursement & lowered payor tolerance
  - Tiering (e.g., Food Lion & DUHS)
  - Decreased ability to cost-shift
  - Flattening commercial rates
  - Shift from commercial to HIE



# Drivers of Increasing AHC Shortfall

- Biomedical research & educational costs outpace normal inflation & tuition increases
- NIH funding (4-5% decrease is projected)
- Economic downturn (endowment & philanthropy continues to be down)
- Increased government oversight, difficulty managing academic-industry relationships
  - Conflict of interest
  - Regulatory pressures
- Increased IT, infrastructure & regulatory expenses



# RRRC Expectations

- Research output – peer reviewed success
- Educational scholarship, chapters, PBLD, etc.
- Leadership/participation in subspecialty or national societies
- Presenting at national meetings including educational offerings
- Bottom-line – faculty are engaged in things in addition to clinical care

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# Alignment

- Opportunities for alignment in your institution (go with success)
- Create clear process for return on investment for investors (Dean, Hossp, Faculty)
- What infrastructure is needed?
- Data... Data... Data...



# DCRI Fast Facts

## Services

Biosignatures

Business Development

Center for Clinical and Genetic Economics

Clinical Data Integration

Clinical Events Classification

Clinical Operations

Clinical Trials Statistics

Communications

Conducted studies at more than **3592** sites in **64** countries, including one of the largest fibrinolytic trials in history

More than **1,000,000** patients enrolled in DCRI studies

More than **730** phase I-IV trials and outcomes research projects completed

# Perioperative Medicine

Outcomes Research and Assessment

Quality Assurance/Regulatory Compliance

Regulatory Services

**224** faculty

More than **5000** investigators worldwide

**230,000** square feet of office space in North Pavilion and the Durham Centre (including **805** cubicles and **329** offices)

## Number of Therapeutic Areas:

Infectious Diseases

Nephrology

Neurosciences Medicine (Psychiatry and Neurology)

Oncology

Ophthalmology

Otolaryngology

Pediatrics

Perioperative Medicine

Primary Care

Pulmonary Medicine

Transplant Medicine

Women's Health

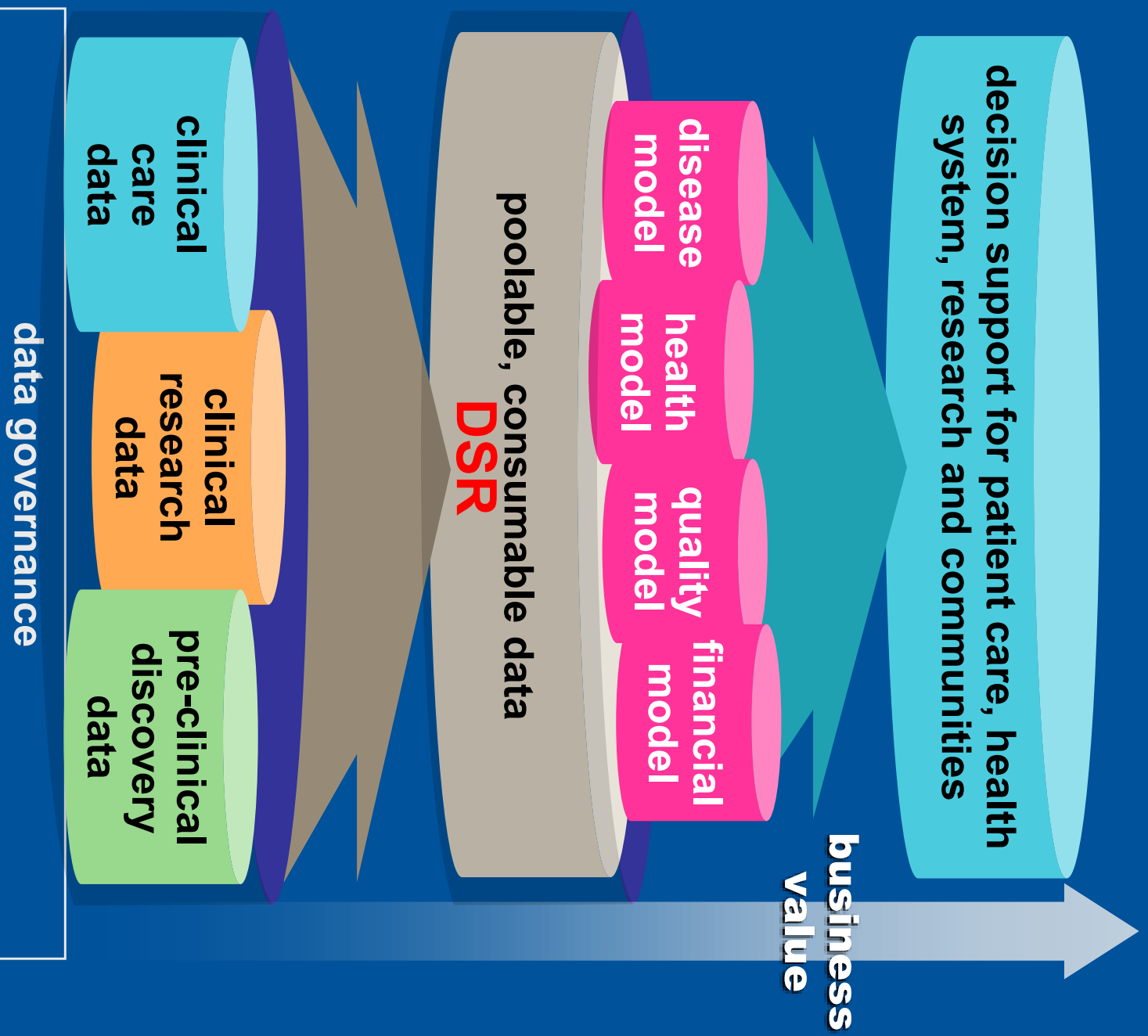
These models are integrated back into the **clinical and research workflow**

These data support **building models in critical domains: health and disease, finance and operations**

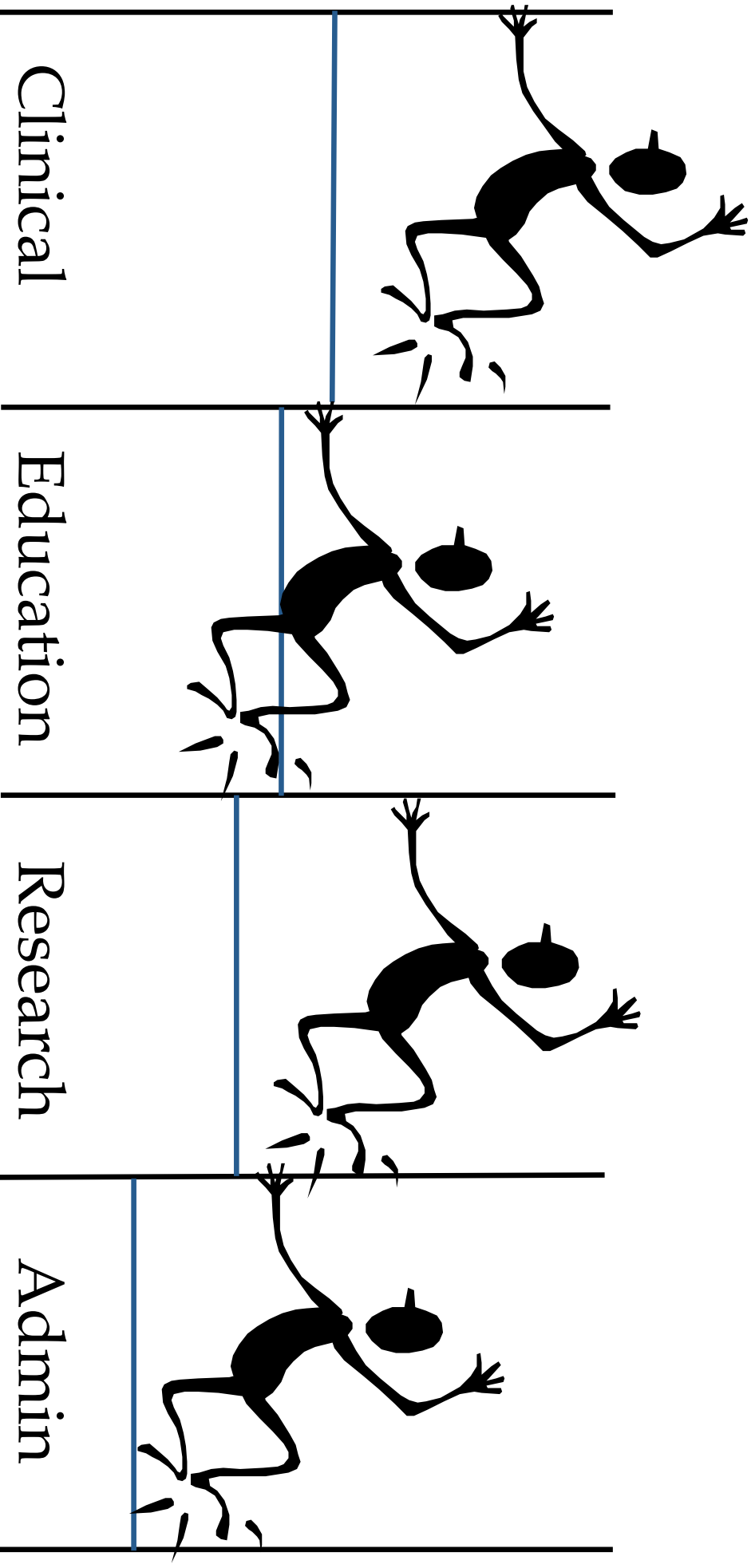
Data are now consumable and poolable in an **institutional data warehouse (DSR)**

**Raw data** are collected in care and research activities

**Data governance** assures that standards of data use, quality, ownership, access, and institutional compliance are met



# Mission Based Accountability



# Personalized Career Advancement



- Support for academic career goals
- Alignment of individual, division and department goals
- Mentorship, resource investment and follow through



DukeMedicine

# Faculty Mentoring Program - Goals

- To support professional growth and satisfaction of faculty; to provide faculty advocate
- To allow each junior faculty member to *choose* his/her preferred Mentor (Mentorship Committee)
- To engender Mentor-*Mentee* communication at least quarterly, with at least two face-to-face meetings during the calendar year
- To share “professional wisdom” among faculty members, optimizing professional growth of entire faculty and department



# What does success look like??

- Tier 1 - Substantial investment of time and resources
  - Publication
  - Competitive funding
  - NIH funding
- Tier 2 - Moderate investment - time and resource??
  - Publications
  - Industry
  - Competitive funding built over time
- Tier 3 - Less investment
  - Productivity based on focus and commitment

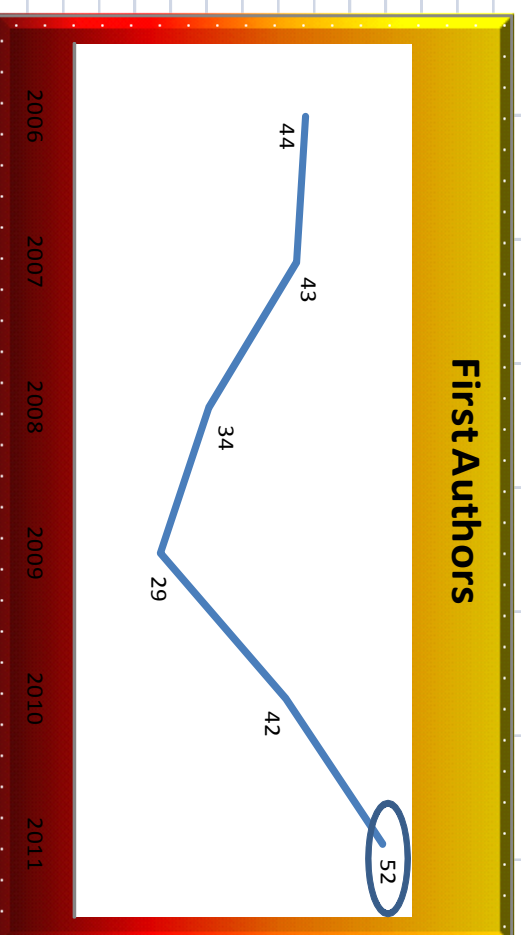
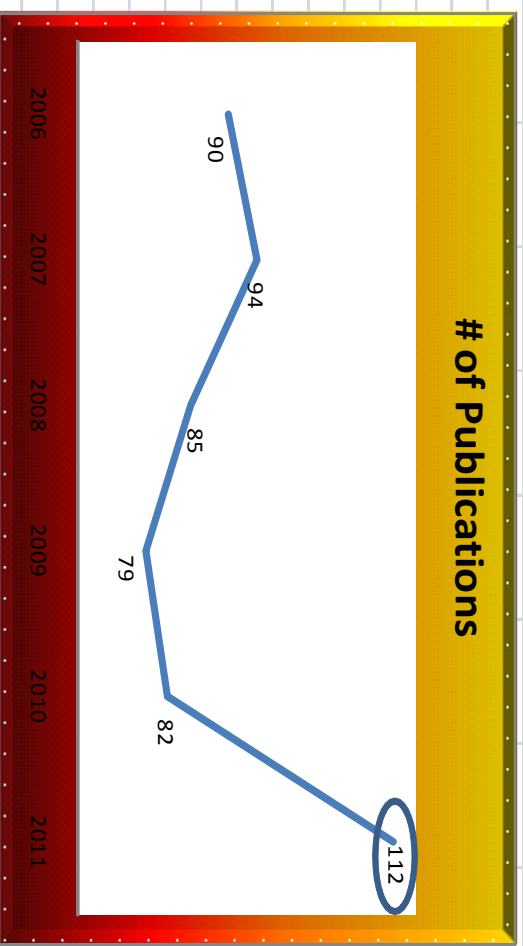
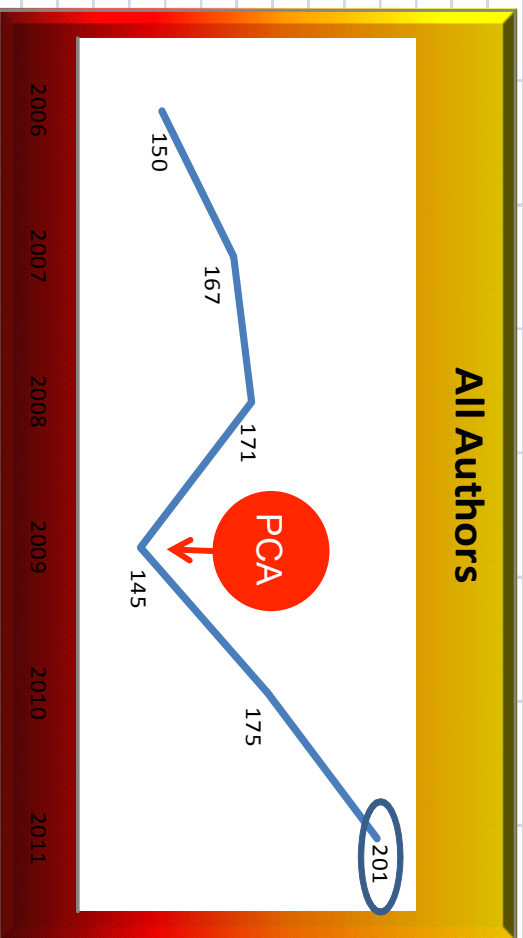


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Duke Anesthesiology  
Publications  
FY06 Through FY11

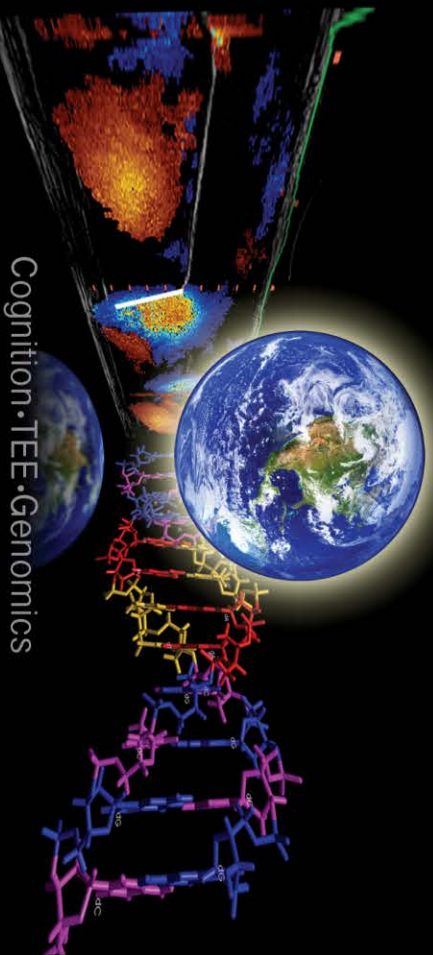


	2006	2007	2008	2009	2010	2011
All Authors	150	167	171	145	175	201
# of Publications	90	94	85	79	82	112
First Authors	44	43	34	29	42	52



# DUKE ANESTHESIOLOGY

What we do changes our world.



Cognition • TEE • Genomics

**Association of Genetic Polymorphisms With Risk of Myocardial Infarction After Coronary Bypass Graft Surgery**  
 After Coronary Bypass Graft Surgery  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Prevalence of Cerebral Hypertension in Combination with Post-Bypass Subarachnoid Hemorrhage: A Feasibility Study**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Importance of Intraoperative Transesophageal Echocardiography in Endovascular Repair of Thoracic Aneurysms**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Genetic Variants in P-Selectin and C-Reactant Protein Influence Susceptibility to Cognitive Decline After Cardiac Surgery**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Central Nervous System Injury Associated with Spinal Surgery**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Connection Between Temperature and Cognition After Surgery**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Heart-Lung Machine**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Stroke**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Differential cardiac gene expression during cardiopulmonary bypass: leishman-independent upregulation of proinflammatory genes**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Journal of the New England Society of Anesthesiologists**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**Abstract**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

**CONCLUSION**  
 Richard L. McCann, MD, PhD, Richard P. White, MD, PhD, Robert M. Califf, MD, PhD, et al.

COMPREHENSIVE TEXTBOOK OF  
Intraoperative  
Transesophageal  
Echocardiography

IMAGE BANK  
INCLUDED

# ANESTHESIOLOGY

DAVID E. LONGNECKER  
DAVID L. BROWN • MARK F. NEWMAN • WARREN M. ZAPOL

David A. Lubarsky

# Anesthesiology

Mc  
Graw  
Hill  
Medical

PEARLS  
of WISDOM

Mark F. Newman  
Lee A. Fletcher  
Michael P. Frai

## PERIOPERATIVE MEDICINE

Managing for Outcome

## CLINICAL MANUAL AND REVIEW OF TRANSESOPHAGEAL ECHOCARDIOGRAPHY

JOSEPH P. MATHEW

CHAKIB M. AYOUB

*Perioperative  
Organ  
Protection*

JONATHAN B. MARK



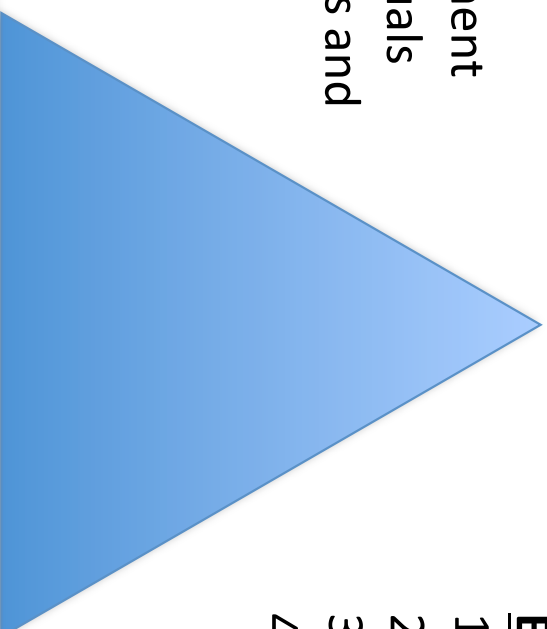
Duke Anesthesiology

# Research

To have successful physician scientist faculty.

## Guiding Ideas

1. Create effective environment
2. Select committed individuals
3. Develop effective mentors and mentoring
4. Create critical mass



## Evidence

1. Publication
2. Grant submission
3. Research funding (NIH)
4. Faculty satisfaction and persistence

## Structures

1. Financial resources
2. Recruit and retain faculty
3. ACES Program
4. Faculty development/ mentoring
5. Effective operational structure
6. Advertise. Internal, external
7. Critical mass

## Knowledge

1. If evidence not generated...
  - a. Why?
  - b. More education, planning, resources?

# Academic Career Enrichment Scholars (ACCES)

**ACCES-5** integrates both residency and fellowship training into a continuum. This continuum provides a total of 13 months research experience and subspecialization within the five years.

**ACCES-6** is designed to integrate intensive research training into the residency and early faculty sequence.

Both programs provide additional stipend support and are designed to attract top recruits and provide opportunity for academic progression.

# PHILANTHROPY

Duke DREAM Campaign

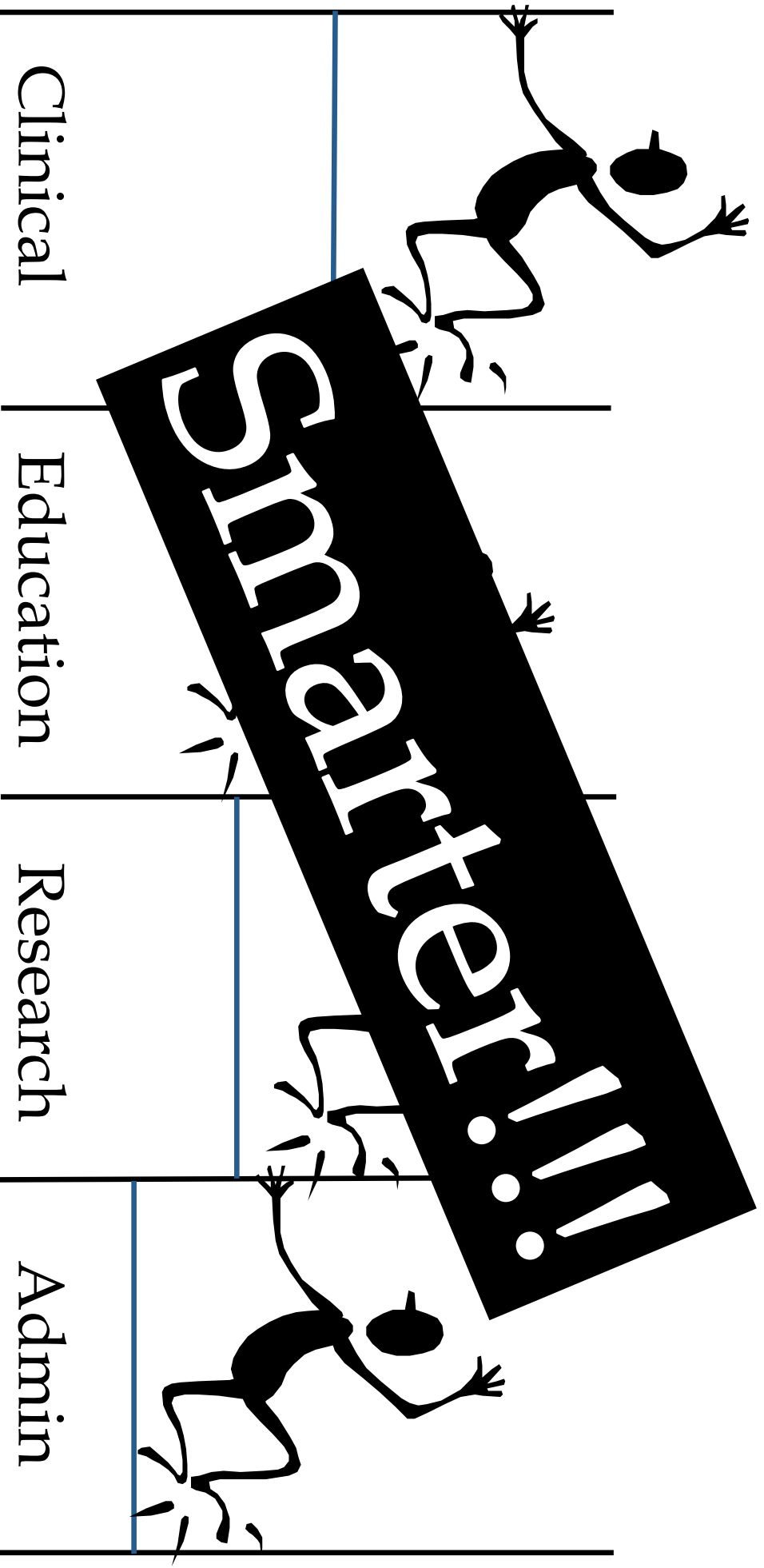


# Endowed Professorships

- Merel H Harmel Professorship – Chairman
- JG Reves Professorship – Cardiac Chief
- Hans Karis Professorship – Critical Care
- Duke Distinguished Professor – Basic Sci
- Duke Distinguished Professor – Bioinform
- Duke Distinguished Professor – ????



# Mission Based Accountability



# Duke at the ASA

## Advertise

- Educate
- Visibility
- Enhanced recruitment
- Reputation

 **Duke** Anesthesiology

 **Duke** Anesthesiology  
Extraordinary Care - Through a Culture of Innovation

**2011 ASA**  
Chicago, IL

## At-A-Glance

*A complete whirlwind guide to Duke  
Anesthesiology participation in this year's  
American Society of Anesthesiologists Conference*

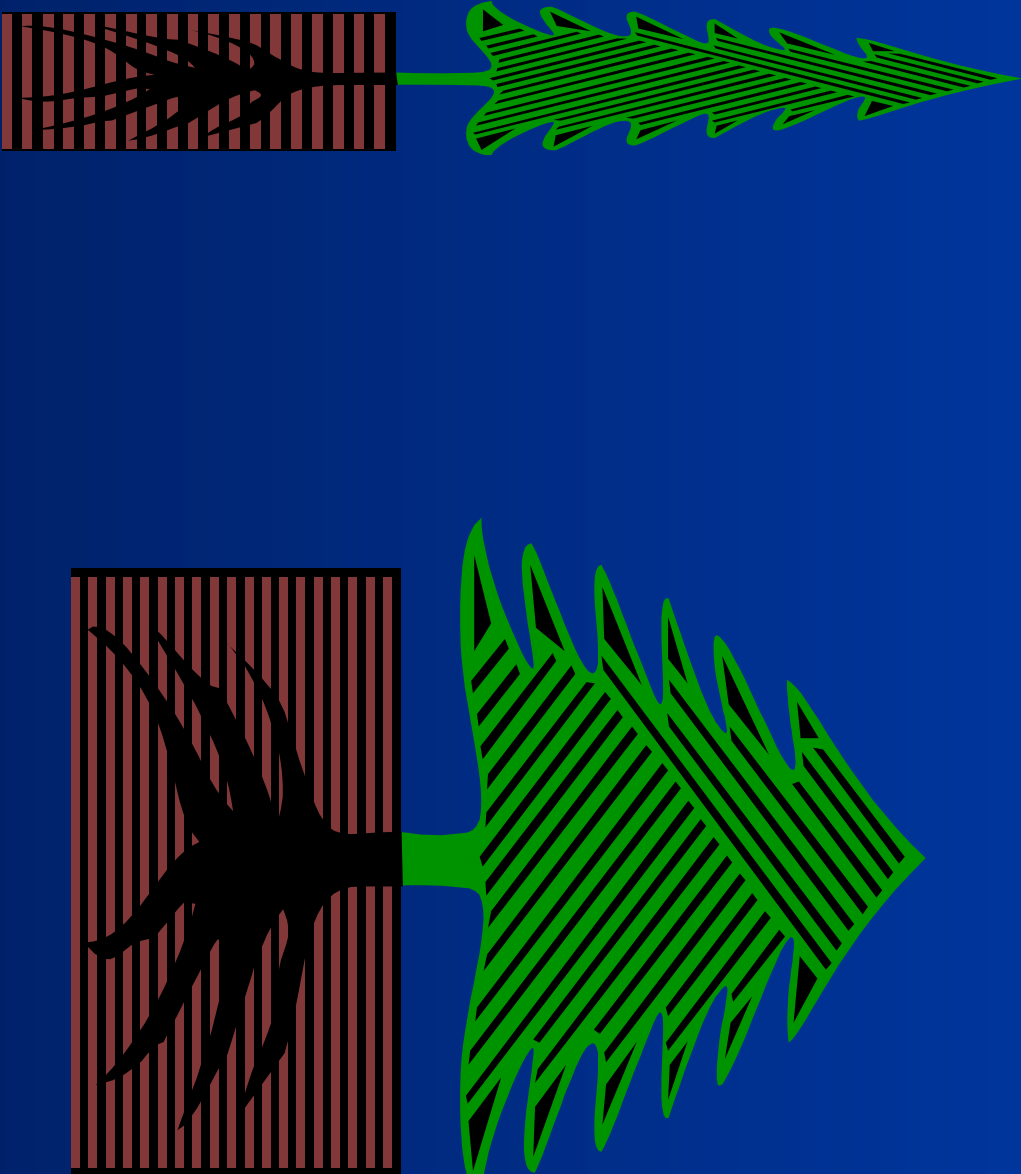
**40**  
DUKE  
DEPARTMENT OF  
ANESTHESIOLOGY  
1971-2011

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# Developing the Environment and Culture



# Chairman's Goal

Alignment of goals for key constituents

Strong focus on faculty member achieving maximum potential through:

- Provision of adequate resources
- Mentoring
- Teamwork
- Goal setting (Don't set goals to low)
- **Pushing!!!!!!**