

Full Time, Part Time and Glide Time: Flexible employment schedules for anesthesiologists are preferred over traditional employment models.

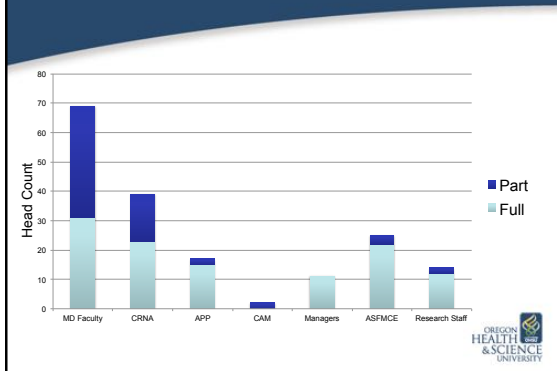
Do you care about the wellness of your faculty?

Jeffrey R. Kirsch, MD, Professor/Chair
OHSU Department of Anesthesiology and Perioperative Medicine

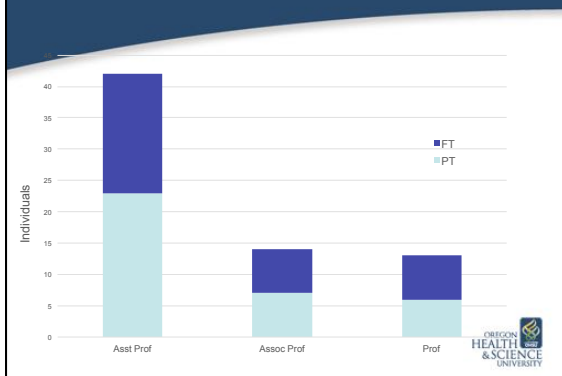
Allowing for some control over work schedule can create an environment of happiness and accomplishment



Distribution of full and part time in OHSU APOM



PT vs. FT by Academic Rank in OHSU APOM



Expense considerations of FT vs. PT at OHSU

- For FTE greater than or equal to 0.5
 - Full Dean & OHSU tax, healthcare, pension
 - Difficult to share office space
- For FTE below 0.5
 - No benefits; favors 0.6+0.4 FTE vs. 0.5+0.5 FTE
- Other financial considerations
 - Recruitment and on-boarding expense (administrative and proctoring) of replacing faculty who leave because of inability to work PT

Using OHSU Overhead Expense and hypothetical salaries

TYPE	FTE	Total Annual Expense
Full time MD	1.0	405,118
Part time MD	0.6	245,139
Part time MD	0.5	206,007
Part time MD	0.4	156,531
Full time CRNA	1	212,671
Part time CRNA	0.6	129,671
Part time CRNA	0.5	109,783
Part time CRNA	0.4	79,552
Full time staff	1.0	97,202
Part time staff	0.6	60,390
Part time staff	0.5	52,049
Part time staff	0.4	33,364

Financial Realities

MD	% save/(cost) to 1.0 FTE
0.6+0.4	0.8
0.5+0.5	(-1.7)
CRNA	
0.6+0.4	1.6
0.5+0.5	(-3.2)
Admin	
0.6+0.4	3.5
0.5+0.5	(-7.1)

More work hours is associated with reduced productivity

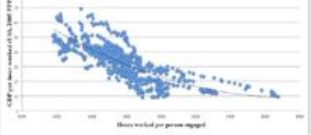
Memo to work martyrs: Long hours make you less productive

Bob Sullivan | @RedTapeChron
Monday, 26 Jan 2015 1 9:39 AM ET

Working hours

Proof that you should get a life

Dec 9th 2014, 16:42 by C.W. LONDON



The Economist

OREGON HEALTH & SCIENCE UNIVERSITY

Is full-time required for academic accomplishment?

- Academic productivity for anesthesiology faculty requires intense mentorship and significant time (Hindman et al., Anest Anal 2013;117:194)
- Would you rather pay a PT salary for a faculty member to be busy while they are at work vs. paying them full time salary for PT accomplishment?

OREGON HEALTH & SCIENCE UNIVERSITY

Survey study:

- Purpose: Determine opinion of practicing academic anesthesiologists in the United States about part time practice.
- IRB approved for waiver of consent
- Distribution through SAAA Newsletter and direct email requests
- Excellent response rate from each US region

OREGON HEALTH & SCIENCE UNIVERSITY

Demographic information (N=886)

- Gender
 - Male (535, 61%)
 - Female (340, 39%)
 - Transgender (2, 0%)
 - Genderqueer (2, 0%)
 - Other (2, 0%)
- Age range
 - 30-35 (154, 17%)
 - 36-40 (163, 18%)
 - 41-45 (112, 13%)
 - 46-50 (89, 10%)
 - 51 or older (368, 42%)

OREGON HEALTH & SCIENCE UNIVERSITY

Demographics (N=886)

- Years of practice
 - Less than 5: 27%
 - 6-10: 18%
 - 11-15: 10%
 - 16-20: 11%
 - 21-25: 12%
 - 26-30: 10%
 - 31 or greater 12%
- Academic Rank
 - Instructor: 8%
 - Assistant Prof: 51%
 - Associate Prof: 22%
 - Professor: 19%
- Do you have children-dependents living at home?
 - Yes: 60%
 - No: 40%
- What is your total FTE
 - 1.0: 74%
 - 0.6-0.9 22%
 - 0.1-0.5 4%

OREGON HEALTH & SCIENCE UNIVERSITY


Top factor in choosing current position

- Practice opportunity (e.g. regional, OB etc) (255, 29%)
- Teaching/research opportunities (190, 21%)
- Close to family/friends (181, 20%)
- Other (74, 8%)
- Job or other opportunities for my partner (51, 6%)
- Opportunity for full time work (53, 6%)
- Opportunity for part time work (45, 5%)
- Prestige of the institution (37, 4%)

OREGON HEALTH & SCIENCE UNIVERSITY


For those who work 1.0 FTE; would you elect to work part time if giving the option

- Overall (n=628):
 - Yes 42%
- Male with less than 5 years of practice
 - Yes 33%
- Female with less than 5 years of practice
 - Yes 53%
- Male with more than 5 years of practice
 - Yes 41%
- Female with more than 5 years of practice
 - Yes 51%

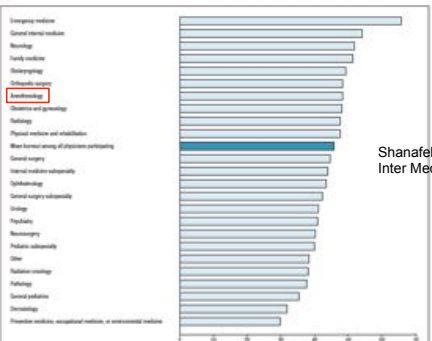


AAMC Evaluation of PT status in academic Medicine 2011 Evaluation


- Affords balance
- Satisfaction with
 - Professional relationships
 - Academic culture of their institutions; and from the
 - Flexibility
- Concerns
 - Negative attitudes from colleagues and administrators
 - Frustration with working over their contractual FTE



Burnout and Satisfaction with work-life balance Among US Physicians Relative to the General US Populations




Shanafelt TD et al., Arch Intern Med, 2012



Burnout, depression and suicidal ideation are common in physicians

- Population-based sample of US physicians (n=27,276)
- Compared with a probability-based sample of 3,442, physicians had:
 - More burnout (38% vs. 28%)
 - More dissatisfied with work-life balance (40% vs. 23%)
 - Significant depression (38%)
 - Significant incidence of suicidal ideation (6%)

Shanafelt TD et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med 172:1377, 2012




Burnout syndrome among critical care healthcare workers

Table 2 Independent risk factors associated with a higher level of burnout in intensivists

	High level of burnout n=455	Moderate level of burnout n=295	Low level of burnout n=228	Univariate	OR (95% CI)	Multivariate
Women (%)	31	29	21	0.02	1.58 (1.09-2.30)	0.02
Night shifts per month, number	5.0 ± 2.0	4.7 ± 2.0	4.6 ± 2.0	1.1	1.12 (1.02-1.25)	0.02
Night shift before the survey (%)	19	16	12	0.08	1.60 (1.08-2.44)	0.03
Period since the last nonworking week (days)	42 (20-90)	35 (17-89)	30 (21-85)	0.004	1.003 (1.001-1.005)	0.02
Conflict with a nurse (%)	18	11	6	0.001	1.70 (1.02-2.83)	0.04
Conflict with a colleague intensivist (%)	21	15	6	0.001	2.73 (1.75-4.25)	0.001
Relationships with nurses (0=10 rating scale)	8.6 ± 1.1	8.1 ± 1.4	7.8 ± 1.7	0.001	0.85 (0.77-0.93)	0.001
Relationships with chief nurses (0=10 rating scale)	8.2 ± 1.6	7.8 ± 1.9	7.1 ± 2.2	0.001	0.77 (0.67-0.87)	0.001

Embrico N et al., Curr Open Crit Care 13:480, 2007




Burnout and Medical Errors Among American Surgeons

Shanafelt TD et al., Ann Surg 2010;251:995

TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis

Characteristic and Associated Factors	Odds Ratio*	P
Positive depression screen	2.217	<0.0001
Burnout	2.016	<0.0001
Age [†]	0.985	0.001
Otolaryngologist	0.614	0.041
>50% time dedicated to nonpatient care (research, administration)	0.597	0.012
Retired	0.296	0.0400
Plastic surgeon	0.263	<0.0001
Gynecologic surgeon	0.243	0.050




Part-Time Physicians...Prevalent, Connected and Satisfied

Table 2. Multivariate Regression Means for Part-Time and Full-Time Physicians, Adjusted by Propensity Score

Variable	Part-time (SE)	Full-time (SE)	p Value
Physician job satisfaction	3.96 (0.10)	3.61 (0.04)	<0.001
Physician job stress	3.24 (0.10)	3.96 (0.05)	0.307
Intention to leave practice	2.00 (0.14)	2.12 (0.06)	0.407
Burnout	1.90 (0.10)	2.25 (0.04)	0.002
Work control	2.70 (0.07)	2.44 (0.03)	<0.001

N=422 Mechaber HF et al., J Gen Intern Med 23:300, 2008


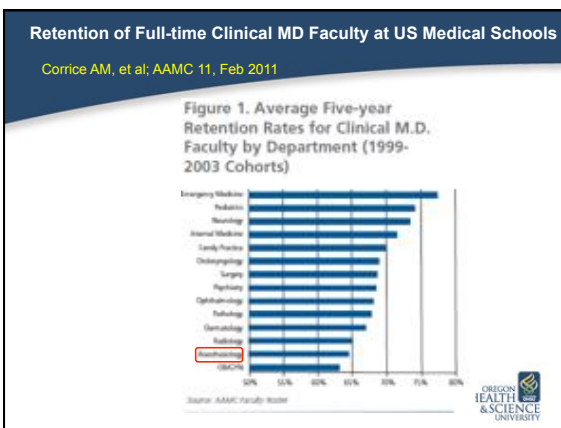


Part time anesthesiologists have better career satisfaction

(Afonso AM et al., J Clin Anesthesia 25:289, 2013)

Table 5 Linear regression model: predictors of career satisfaction among anesthesiologists

Variable	P-value
Board-certified	0.9712
Age	0.0859
Gender	0.4893
U.S. medical school	0.0193 *
Practice type	0.4516
Full-time or part-time	0.0319 *
Region of the country	0.8542
Hours per week	0.2500
Years of experience	0.6321
ASA member	0.7027
Satisfaction with profession in first few yrs of practice	< 0.0001 *
Domain	
Income	0.6092
Practice factor	0.5525
Peer factor	0.0300 *
Personal factor	0.0036 *

- ### Reasons to offer PT employment to your faculty
- The financial cost is low
 - Many desire to work PT
 - Retention will be higher
 - Burn-out will be lower
 - Productivity/FTE may increase
 - Medical Errors may decrease
 - PT will fill gaps when staffing is tight
 - They will still engage with the academic mission
- 