Report on Faculty Focus Groups on Academic Stress

Sponsored by the School of Medicine Faculty Council - February, 2004

In the wake of the suicide of Hugh “Pat” Patterson PhD, Professor in the Department of Anatomy at the University of California at San Francisco this past October, the Faculty Council of the School of Medicine decided to hold focus groups for School of Medicine faculty. Dr. Patterson’s suicide note read: “I was Hugh Patterson. I just can’t face my impending failure in the Metab + Nutrition Block. They say this is a relatively painless way to go. With deepest apologies to Betty, Alex, Karen and Paul and my sisters Betty, Pat and Linda. Pat” Because of the role of academic stress in his suicide, the reason for the faculty groups was multi-purpose: to listen to faculty who had been working with Dr. Patterson up until his suicide and try to understand why he did not reach out to colleagues, to identify potential resources or programs for faculty under academic stress, and to share methods currently used by faculty to decrease academic stress at UCSF.

A total of 6 focus groups for faculty were held for 1.5 hours each in the months of November, December (2003) and January (2004) since the suicide. Although initially the plan was for one group at Parnassus and one group at SFGH, due to faculty requests, the number of groups was expanded. Two groups were held at SFGH (3 faculty each), 2 groups at the Parnassus campus (10 and 8 faculty each), 1 group at the VA Hospital (11 faculty), and 1 group at Laurel Heights (3 faculty) for a total of 38 faculty members. Some of the groups were facilitated by members of the Dept. of Psychiatry (Lowell Tong MD, David Elkind MD, Sarah Knight, PhD) and others by members of the Faculty Council, School of Medicine. Faculty members who attended the groups were aware that a general report of the issues would be made, but that attendance of specific faculty members at the group would be held confidential.

All faculty except one who attended the focus groups reported intense academic stress at UCSF. Several of the members who attended the group at the Parnassus campus had worked with Dr. Patterson up to the time of his suicide, and felt that further work needed to be done with faculty who had been working directly with him (including faculty who were outside the Department of Anatomy, since the teaching blocks are multi-disciplinary). Some junior faculty noted that comments made to them by senior faculty about his suicide “you bring work stress on yourself”, “he shouldn’t have been at UCSF if he couldn’t cut it” made the junior faculty question themselves if the UCSF environment was the right place for them in their careers, if indeed these comments accurately reflected the philosophy of the workplace at UCSF. (Of note, Dr. Patterson was an acclaimed educator at UCSF, including being a Founding Member of the Academy of Medical Educators).

Most of the faculty attending the focus groups reported isolation in times of academic stress: they felt that they could not disclose their stress to the Department Chair due to the potential of being perceived as weak, or not as competent as other faculty members in the Department, or not as professional as their colleagues. Most faculty members at the focus groups also reported that they would be hesitant to disclose academic
stress to their faculty colleagues in their department due to the competition for grants and department resources: “There is no safe place to go when there is stress”, “We are not supposed to complain.”

One member of the faculty reported she was a member of a working peer group set up by the Women’s Resource Center at UCSF. She described that this group of female UCSF faculty (each from different departments) was extremely effective in providing support, and actually assisted each member of the group with problem-solving since all members worked within the UC system. This working peer group currently meets twice monthly, has 7 members, and is seeking to expand its size. In some of the faculty focus groups, the cross-interactions between faculty were extremely positive about how they each dealt with the stress of being between grants, juggling multiple demands on their schedule etc, so that even during the brief 1.5 hour of the faculty focus group, there was a support function. Personal approaches by faculty to decrease the academic stress included exercise, travel, meditation, talking with their spouse, learning to say “no”, or exercising the dog. Specifically, the members of the groups at the VA and SFGH stated that if exercise bikes or other equipment were available on site, that faculty members would most likely use them and that the exercise would likely decrease their stress level. Also mentioned by a faculty member at SFGH, was the desirability to have child-care on-site at SFGH. One faculty member also reported that not having infertility treatment covered by medical insurance provided by UCSF was a stress. One session ended with this question: “Are there any senior faculty who have children/families who are truly happy as opposed to just making it?”

It was noted by multiple faculty members that the medical students at UCSF have available to them an entire program to decrease their stress while in medical school: the UCSF Medical Student Well-Being Program. This program provides short-term therapy free of charge with a psychologist (David Jull-Johnson, PhD) or a psychiatrist (Rachel Goldstone MD) with referrals to the community for those medical students in need, a central phone number for the Medical Student Well-Being Program, a Partners in Medicine Program offering a social and educational program to help address relationship and family issues, “stress rounds” on selected clinical rotations, etc. While all faculty members at UCSF have medical insurance plans, some of which include some coverage with therapy outpatient benefits, it was noted that psychiatric care is difficult to access in the Bay Area, as many therapists are not on the panels which are partially covered by UCSF insurance plans, and many therapy practices are full. In general, there are no resources designed to specifically support faculty well-being at UCSF. There is a Physician Well-Being Committee at Moffitt/Long Hospital which meets about every other month, which deals with specific cases of physician impairment due to substance use.

Junior faculty in all focus groups noted that their stress was greatly mitigated when the faculty mentoring system was actively in place. Having an identified mentor to ask for guidance regarding expectations, resources, and recommendations on time management e.g. which committees on which to serve, was identified as being essential. This was true for both the MDs as well as PhDs. Faculty members with children reported stress related to juggling family and career. Faculty members without children reported increased stress of being expected to be at each early morning meeting or late meeting because they had “no excuse of caring for children”, as well as being expected to cover services for school vacations/holidays out-of-proportion to others with children. One faculty member who attended a focus group reported that even though his children were “out of the nest”, that each morning at 0600 he went to the gym and never let early morning meetings interfere with that exercise, which worked for him in decreasing his stress and enjoying his work. Some focus group members desired more obvious role models of faculty who have a good balance in work life/personal life. Many faculty found that the issues around promotion were very confusing, and added to their stress, especially when advice from their Division Chief or Department Chair was sometimes
not the best regarding promotion. Senior faculty reported being over-loaded with committee work, which limited their time for creativity in investigation, and that they had little or no mentoring. Some senior faculty also reported loneliness with no one to talk with about what they perceived as important issues. “Keep the armor on” was described as a coping mechanism for senior faculty as they moved up the ladder.

Recent organizational change was mentioned as a current stressor, specifically the implementation of the “new curriculum” in the first and second year of medical school, as well as new standards for performance for the core clinical clerkships. Many faculty members have been asked to totally re-write curriculum/cases each year usually without additional resources/time release, with members of other departments since the new blocks in the first and second year curriculum are not intra-departmental. This particular stress was referenced in Dr. Patterson’s suicide note. Impending organizational change was also identified as a stressor e.g. which programs/faculty members will be moving to Mission Bay, etc.

Some faculty members were concerned about the high clinician-educator turn-over, and methods of measuring their productivity as educators. More seminars on the educator portfolios were requested. There was also concern about the potential of over-emphasis on scores by students from the EVAL system in assessing the teaching effectiveness of a faculty member: “EVAL is not 360 degree evaluation”. Some faculty members observed that the limits placed on resident work hours are affecting senior residents and faculty adversely, increasing clinical commitments and limiting time for research and teaching.

Recommendations to consider:

1. Establish a “UCSF Faculty Well-Being Program”. The staff would consist of a psychiatrist, a psychologist and part-time administrative assistant. The psychiatrist or psychologist would be available 24/7 for faculty members. Although an occasional acute emergency would be anticipated, the majority of their time would be

   a) to establish visibility through Division and Department Faculty meetings to all faculty as a resource in times of stress (they would each become acquainted with the lists of the mental health therapists available to UCSF faculty from the different health plans, and refer faculty members appropriately)
   b) to provide seminars for faculty on stress reduction techniques
   c) to initiate voluntary working peer groups for faculty which would be composed of 8 – 12 faculty members from different departments, which would meet once or twice monthly over the year, continuing on for longer if successful
   d) to educate Department Chairs and ORU Directors to recognize signs of stress and depression in faculty and be a resource to them.

   All individual contact between a member of the faculty and the psychiatrist and/or psychologist would be confidential. Once a year, the psychiatrist and psychologist would issue a general report of their activities to the Deans of the Medical School, Nursing School, Pharmacy School and Dental School, as well as to the Executive Committee of the Academic Senate. The report would also include general descriptions of the academic stresses during the past academic year, so that the program could be continually re-assessed.

2. Provide a counselor to work with the faculty who were working with Dr. Patterson at the time of his suicide.
3. Establish senior faculty ombudspersons with whom other faculty could consult re: academic stress. Provide training to these ombudspersons to recognize symptoms of depression, etc. and make sure they are aware of resources at UCSF for faculty.

4. Provide exercise bicycles and other exercise options (gym or recreational facility if funds allow) for faculty at SFGH and the VA as well as other appropriate sites where there are no exercise options.

5. Develop a pamphlet on Faculty Well-Being, once the program is developed, and distribute it yearly to all faculty.

6. Be sure that mentoring programs are in place for faculty members (junior and senior) in all departments or ORUs.

Respectfully Submitted,

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