UCSF Academic Senate

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Clinical Affairs Committee
Steven W. Hetts, MD, Chair

2017-2018 Annual Report

Primary Focus Points for the Year:
- Clinical affiliations
- Faculty leadership development
- Benioff Children's Hospital Oakland faculty engagement

Special Committees:
- Five campus ad-hoc Clinical Affairs Advisory Group (UCSF, UCD, UCLA, UCSD & UCI)

Issues for Next Year (2018-2019)
- Coordinated response to regional disasters
- Clinically Integrated Network
- Parnassus Heights Hospital Replacement
- Faculty leadership alumni program
- Clinical faculty practices

2017-2018 Members

Steven Hetts, Chair
Steven Hays, Vice Chair
Jennifer Cocohoba
Geraldine Collins-Bride
*Lukejohn Day
Timothy Kelly
Kathleen Liu
*Kelley Meade
Nilika Singhal
Chirag Patel

*Ex-Officio representatives

Ex-Officio Members
Sue Carlisle, Vice Dean, *Zuckerberg San Francisco General*
Joel Criste, CEO, *Canopy Health*
Kenneth Feingold, *Veteran's Affairs Medical Center*
Gina Intinarelli, *UCSF Health*
Bertram Lubin, Associate Dean for Children's Health
Benioff Children's Hospital Oakland & Research Institute

Permanent Guests
Joel Dimsdale, Faculty representative
Regents Committee on Health Services

Number of meetings: 10
CAC Landing page

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Systemwide Business

On July 1, the Academic Council appointed Clinical Affairs Committee (CAC) Chair Steven Hetts as the Faculty Representative on the Regents Health Services Committee. Dr. Hetts will serve a 1-year term with an option for renewal. Dr. Hetts' appointment marks an important milestone for faculty in the San Francisco Division and health sciences faculty across the University of California, who currently lack a formal conduit to the Academic Senate and UC Health.

Divisional Business

2017-2018 saw an increase in CAC's activities in shared governance as evidenced by the committee's considerable effort in two areas: fulfilling its advisory role to UCSF Health leadership on clinical affiliations and faculty engagement across the San Francisco Division.

UCSF Health strategy to hire non-faculty clinicians
Vice Dean for Clinical Affairs Josh Adler and Assistant Dean Olivia Herbert presented a joint UCSF Health/School of Medicine strategy that received broad support from UCSF's clinical department chairs.

In response to the challenges of recruiting and hiring physicians exclusively to provide clinical care, UCSF Health proposed a new hiring process for the Management Service Physician (MSP) category modeled after UCLA and UCD. MSPs hired by UCSF Health or the SOM will hold appointments as staff physicians in the SOM and will be eligible for the *Clinical Associate* title.

The SOM and UCSF Health plan to include physicians hired under the new MSP hiring process in all staff and department meetings and activities, to strengthen inclusion and a sense of community. While the primary responsibility of distinguishing the MSP hiring entity (SOM or UCSF Health) rests with department chairs, MSP appointments greater than 50% effort require approval from the Dean King. CAC voted to support the proposed MSP hiring process.

Clinically Integrated Network
CAC spent considerable time discussing ways to support UCSF's affiliated physicians experiencing organizational and clinical programming implications that often surface following the completion of formal affiliation. Members expressed their interest in developing closer, strategic relationships with affiliated physicians and working with UCSF Health to draft guidelines that support clinical programming. Proposed guidelines would formally come from the Senate to UCSF Health with the intention of improving engagement between UCSF faculty and affiliated physicians where appropriate.

Through the Office of Population Health and Accountable Care, the Clinically Integrated Network (CIN) integrates UCSF Health's physician groups throughout UCSF Health's network. Ami Parekh and Gina Intinarelli summarized the CIN's priorities for 2017-2018:

- UCSF Health will be launching the next 5-year strategic plan
- Electronic referrals for John Muir and One Medical will open. The CIN will continue to work through challenges in moving everyone to UCSF's EPIC platform.
- The CIN covers 350,000 lives; 150,000 of these are in UCSF'S Accountable Care Organization (ACO) Canopy Health.
- Challenges associated with managing population health costs for cancer, maternity care, and substance abuse.

CAC and the CIN will explore holding a town hall during the 2018-2019 term, as part of a broader effort to reach all clinicians and disseminate information about the CIN, particularly the Medicare ACO.

UCSF Health affiliations
During the 2017-2018 year, UC Health engaged all medical center campuses with the intention of focusing on best practices concerning quality and brand due diligence. The result of this effort identified the need for each affiliate's medical director to develop a scorecard similar to UCSF's True North Goals. A key component of UCSF Health's affiliations will include adding co-branding provisions to five-year affiliation agreements, allowing new affiliates to correct issues within a sixty-day period. In addition, large affiliations will require consultation with Adrienne Green, the chief medical officer of UCSF Medical Center.

The UCSF Health Leadership Council is expected to publish a list of affiliations, a leadership guide to UCSF Health and establish a health governance committee in 2018-2019. In May, Chief Strategy Officer Shelby Decosta sought CAC's feedback on the Council's Partnership Guidelines, which were a recommendation of the Joint Academic Senate-Administration Review Committee on Campus Affiliation Policy 100-10. Specific affiliate activities include:

Marin General:
UCSF's future investment in Marin General will consider what destination programs it wants to invest in by 2030 and will consist of a more formal alignment with the facility and Prime Medical Group. Marin General's overall concern is maintaining autonomy following its separation from California Pacific Medical Center.

Dignity Health:
As the collaboration between UCSF Health and Dignity Health moves into its second phase, Dignity's leaders expressed a desire to collaborate with UCSF across its nationwide network. Possible investments by UCSF Health include a low-risk obstetrics unit and an adult psychiatric unit in St. Francis Hospital, inpatient rehabilitation programs and an adolescent mental health unit at St. Mary's Hospital. UCSF Health is considering a minority position purchase of Dignity Health's operations. Pressure points with regard to Catholic values, women's health and end of life care will be in scope during the next iteration of the affiliation.

Chancellor's Fund programs
Faculty Leadership Express (FLEX)
CAC and Healthforce Center secured funding from the Academic Senate to build upon its successful Clinical Faculty Leadership Express (CFLEX) program, launched in 2017. The FLEX program expanded programming to non-clinically focused faculty over three sessions during late spring. Alumni programming in late 2018 will bring together faculty from CFLEX and FLEX cohorts for one day. A full report on the program's outcomes and feedback on alumni programming are included in the appendices.

CAFÉ project.
The second proposal to receive support from the Chancellor's Fund was the Clinical Affairs Faculty Engagement (CAFÉ) project. CAC's 2017 CAFÉ project facilitated a successful town hall with faculty at ZSFG, while this year's project supported CAC's February 26 town hall at Benioff Children's Hospital Oakland (BCHO)-*Building Faculty Bridges.* Thirty-five members of BCHO's leadership and medical staff attended the town hall. UCSF Health Chief Integration Officer Pam Hudson and BCHO Chief Medical Officer Stephen Wilson were on hand to provide updates on the integration between UCSF and BCHO, which began in 2014. Town hall attendees raised concerns over UCSF's faculty appointment and advancement process, in addition to the future of Oakland's research enterprise. In response, CAC collaborated with former members of the Committee on Academic Personnel & Chief Integration Officer Hudson to provide technical assistance to BCHO medical and research staff preparing their cv's for a faculty appointment to UCSF.

Ex-officio Kelley Meade's overview of BCHO medical staff and structure included the following points:

- BCHO's medical staff consists of 644 physicians; 20 % are paid UCSF faculty. Most are community-based volunteer physicians.
- Approximately 300 are hospital-based physicians
- Five of BCHO's ten divisions have long-standing clinical affiliations with UCSF, such as cardiology.

Task Forces and Other Committee Service

This year, members of the Clinical Affairs Committee served on the following Academic Senate task forces or other campus committees as representatives of CAC or the Academic Senate.

- Chair Steve Hetts and Vice Chair Steve Hays served on the Clinical Affairs Advisory Group, an ad-hoc clinical faculty advisory group whose members represent faculty at their respective UC medical center campuses (UCSF, UCD, UCLA, UCI, UCSD). The group was formed in 2017 by Professor Emeritus Joel Dimsdale, MD, who served on the Regents Health Services Committee as the faculty representative.

Going Forward

Issues that the Committee will review in 2018-2019:

- A coordinated clinical response to regional disasters
- Integration of tripartite mission for Parnassus Heights Replacement Hospital
- An introduction of the Clinically Integrated Network to UCSF Faculty
- Faculty leadership development alumni programming
- Clinical faculty practices

Appendices

1. Clinical Faculty Leadership Express (CFLEX) Cohort 1: End of Program Summary
2. Faculty Leadership Express (FLEX) Cohort 2: End of Program Summary
3. FLEX evaluation feedback on alumni programming

Clinical Faculty Leadership EXpress – Cohort 1: End of Program Summary

A new approach: Fast-tracked leadership development for time constrained clinical faculty

The Clinical Faculty Leadership EXpress (C-FLEX) program pilot was developed by Healthforce Center at UCSF with guidance from the Clinical Affairs Committee (CAC) of UCSF's Academic Senate. The program addresses a leadership challenge on campus for clinical faculty who must assume responsibility for complex, interprofessional health system initiatives without the benefit of formal leadership training for these roles. While there are some leadership development resources available on campus, access to those opportunities is limited by program capacity and/or the amount of time required to participate.

Launched in fall 2017 for a cohort of 16 clinical faculty from across UCSF, C-FLEX was structured as a three-part pilot series providing foundational leadership skills in a highly accessible format (short time commitment, limited session length, and geographically convenient location). Clinical faculty participating in C-FLEX would be expected to:

- Demonstrate increased self-awareness and self-efficacy in their leadership capabilities;
- Acquire skills that enable them to identify new approaches to understanding and responding to complex issues and challenges;
- Exhibit greater capacity for fostering effective communication with stakeholders; and
- Gain a greater sense of community with colleagues across UCSF.

Results: An accelerated training format that leads to growth and development for faculty

The early impact and success of the pilot program was measured primarily by demand and engagement indicators. As a pilot program, the key questions for the evaluation were:

- Is there demand for this type of leadership development on campus (i.e., do faculty apply and do they attend)?
- Is the structure of the program accessible and convenient (i.e., do faculty attend all or most sessions)?
- Does the accelerated format allow for meaningful learning and development (i.e., are faculty engaged, do faculty use what they have learned, how likely are they to recommend the program to their colleagues)?

The demand for the first cohort exceeded the program capacity. The overall selection rate was 67% (16 participants selected from 24 applications) and participants represented all health professions schools. Given that the program was new (i.e., without existing name recognition or alumni to serve as ambassadors for recruitment) and the short application timeline, these numbers validate that C-FLEX meets a need among campus faculty.

Attendance at sessions (see Exhibit 1) was very high – much higher than a three-part program previously implemented on campus by Healthforce for a similar audience but with a longer session format – and was sustained across the three sessions.

Exhibit 1: Faculty attendance by session, C-FLEX cohort 1

Session	Attendance	Cohort size*	%
1	15	15	100%
2	13	15	87%
3	14	15	93%

**16 faculty accepted; one withdrew due to personal reasons before the first session*

Participants found the logistics to be convenient (see Exhibit 2) and were highly engaged at seminars, as evidenced by the level of preparation (completing assigned pre-work and readings) and observed involvement during the sessions.

Exhibit 2: Logistical convenience of program, C-FLEX cohort 1

Question	Not at all (1)	To a little extent (2)	To some extent (3)	To a great extent (4)	To a very great extent (5)	Mean
The timing of in-person learning sessions (day, time & length) was convenient.	0	0	4	5	5	4.07
The number of in-person learning sessions fit my schedule.	0	0	2	5	7	4.36
The meeting location was convenient.	0	0	2	5	6	4.36

The results demonstrate that there is demand for accelerated leadership development and that the format is logistically accessible for busy faculty. But, does an accelerated format translate into meaningful leadership development for faculty? The results of the early program evaluation – and anecdotal evidence from participants – demonstrate some early success (see Exhibit 3). Participants rated the program highly in terms of expanding their leadership capacity, the relevance of the content, and likelihood of applying learning from the program to their work. With a longer follow-up interval, we expect that participants would have a greater ability to apply what they have learned. The Net Promoter Score (NPS), a measure of how likely participants are to recommend the program to a colleague, was 50 (scale is -100 to +100), which is considered to be an excellent rating.

Exhibit 3: Experience of overall program, C-FLEX cohort 1

Question	Not at all (1)	To a little extent (2)	To some extent (3)	To a great extent (4)	To a very great extent (5)	Mean
I expanded my leadership capacity.	0	0	3	6	5	4.14
The knowledge and skills I gained are relevant to my work.	0	0	1	4	9	4.57
I have applied C-FLEX learnings at work.	0	1	5	4	4	3.79
I am likely to apply C-FLEX learnings at work in the future.	0	0	2	6	6	4.29
I made connections with other clinical faculty at UCSF.	0	0	5	4	5	4.00

Additional learnings from evaluations:

- Notifying participants about trainings further in advance would make scheduling easier for them
- Conflict management/difficult conversations content was particularly helpful
- Opportunities to practice new skills through role-playing was effective
- **Participants express a desire to stay connected and learn how colleagues are using their new skills**

Recommendations: Leverage a successful pilot to provide accelerated leadership development to more faculty at UCSF and its affiliates

C-FLEX proved to be an accessible and accelerated format for providing foundational leadership development to clinical faculty at UCSF. The program fills a gap among campus development opportunities, leads to results for those who participate, and is ripe for scaling to reach many more faculty who desire leadership development.

Healthforce recommends a two-pronged approach for CAC moving forward: continue offering accelerated leadership development in the proven C-FLEX format, and in parallel, explore tactics for scaling the program to reach significantly more faculty at UCSF and its affiliates.

The first approach is already underway, with CAC seeking and securing partial funding for two additional cohorts of an accelerated leadership program. The program will be re-branded Faculty Leadership EXpress (FLEX) and be open to all faculty to increase the number of individuals who may benefit from accelerated leadership training. FLEX will adhere to the core objectives and successful components of the C-FLEX 2017 pilot. Healthforce looks forward to working with the CAC to offer FLEX during 2018 and to continuing the conversation about scaling for greater reach and impact.

Accompanying attachments

Attachment 1 – C-FLEX Seminar 1 Evaluation

Attachment 2 – C-FLEX Seminar 2 Evaluation

Attachment 3 – C-FLEX Seminar 3 Evaluation

Attachment 4 – C-FLEX Overall Program Evaluation

Faculty Leadership EXpress – Cohort 2: End of Program Summary

Expanded faculty participation in fast-tracked leadership development program

The Faculty Leadership EXpress (FLEX) program was developed by Healthforce Center at UCSF with guidance from the Clinical Affairs Committee (CAC) of UCSF's Academic Senate. FLEX was designed to expand upon the successful pilot of the Clinical Faculty Leadership Express (C-FLEX) program, conducted in Fall 2017. Recognizing the leadership challenges faced by many faculty who assume responsibility for complex, interprofessional health system initiatives, FLEX was expanded to include both clinical and non-clinical faculty and the cohort size was increased from 16 to 21 participants.[1]

Conducted in Spring 2018 for a cohort of faculty from across UCSF, the FLEX pilot was structured as a three-part series providing foundational leadership skills in a highly accessible format. Program objectives for participants included:

- Increased self-awareness and self-efficacy in leadership capabilities;
- Acquisition of skills to identify new approaches to understanding and responding to complex issues;
- Greater capacity for fostering effective communication with stakeholders; and
- Gaining an expanded sense of community with colleagues across UCSF.

Results: An accelerated training format that contributes to ongoing development for faculty

Early impact of the first two cohorts was measured primarily by demand and engagement indicators. Similar to cohort 1, demand for a second cohort exceeded program capacity. The overall selection rate was 70% (21 participants selected from 30 applications; final cohort size was 20[1]) with representation from all health professions schools. Three of the participants were non-clinical faculty. Attendance at sessions (Table 1) remained high throughout the program, similar to C-FLEX cohort 1.

Table 1: Faculty attendance by session, FLEX cohort 2

Session	Attendance	Cohort size	%
1	19	20	95%
2	20	20	100%
3	19	20	95%

Evaluations for both cohorts (C-FLEX/FLEX) demonstrate demand for accelerated leadership development for busy faculty. The overall appraisal of how well an accelerated format translates into meaningful professional growth is nuanced. Evaluations from cohort 2 indicate some success and also areas for further refinement (see Table 2). At the end of the program, participants rated the program highly in terms of relevance of content and likelihood of applying learning from the program to their work. Based on our experience with C-FLEX, we expect to see an increase in the percentage of participants who apply the leadership learnings. For example, after a five-month follow-up interval, 100% of cohort 1 participants reported having applied learnings from C-FLEX at work.

Responses to open-ended comments in program evaluations revealed a mix of opinions regarding the effectiveness of learning leadership skills in an accelerated format. This may reflect the impact of increased size of the cohort from 16 to 20 without a change in the program structure (e.g., less time for individuals to practice new skills and to interact with others). Participants in this cohort noted:

- A desire for more opportunities to learn techniques to apply the MBTI assessment in team environments;

[1] The final cohort size was 20 participants as one participant had scheduling conflicts and had to withdraw from the program.

- A need for more time to explore the complexity of difficult conversations;
- The accelerated format was best used for skill acquisition and less suited for time to develop new relationships with colleagues; and
- A desire for additional programming to practice skills and develop relationships with other members of their cohort.

Table 2: Overall program experience, FLEX cohort 2

Question	Not at all	To a little extent	To some extent	To a great extent	To a very great extent	Mean
I expanded my leadership capacity.	0	2	9	3	3	3.41
The knowledge and skills I gained are relevant to my work.	0	0	3	7	7	4.24
I have applied FLEX learnings at work.	1	2	6	7	1	3.29
I am likely to apply FLEX learnings at work in the future.	0	0	5	6	6	4.06
I made connections with other clinical faculty at UCSF.	1	2	3	6	5	3.71

The Net Promoter Score (NPS), a measure of how likely participants are to recommend the program to a colleague, was 23.5 on a scale from -100 to +100. For context, this NPS rating is considered to be “good.”

Recommendations

C-FLEX/FLEX proved to be an accessible format for foundational leadership development for faculty at UCSF. The program fills an unmet need, leads to results, and is ripe for scaling to reach more campus faculty who are seeking to expand their leadership abilities. As previously outlined in the FLEX program proposal, Healthforce is developing an alumni event scheduled for Fall 2018. That programming will reflect evaluation input from both cohorts and focus on reinforcing skills learned during the cohort while also providing an opportunity for participants to expand connections with their UCSF colleagues.

The investment made by the Clinical Affairs Committee (CAC) of UCSF’s Academic Senate will continue to inform Healthforce Center’s future iterations of accelerated programs for faculty. For example, learnings from C-FLEX/FLEX have informed the design of the new Clinical Leadership Accelerator (CLA) program funded by the Chancellor’s Strategic Initiative Fund that will launch in September 2018. CLA will be an opportunity to pilot additional training formats (e.g., the first cohort will consist of two full-day seminars), approaches (e.g., peer coaching), and topics. CLA will provide leadership training opportunities for 80 additional faculty on campus. Given the launch of the CLA in the coming academic year, we recommend that CAC direct its focus to alumni programming to support ongoing leadership development needs for individuals who are alumni of accelerated leadership development on campus. Healthforce looks forward to continuing the conversation about scaling for greater reach and impact.

Accompanying attachments

Attachment 1 – FLEX Seminar 1 Evaluation

Attachment 2 – FLEX Seminar 2 Evaluation

Attachment 3 – FLEX Seminar 3 & Overall Program Evaluation

The following participant comments are from C-FLEX (cohort 1) and FLEX (cohort 2) evaluation summaries.

Programmatic (Content) Feedback:

By far, the role play event on the last day that gave us the opportunity to tackle a tough communication issue of a fellow colleague. It was useful because we all got a chance to get involved and get feedback on our input.
I always find having a set of tools to reach for particularly useful. Humble inquiry, the Ladder of Inference, and the ARTS of conflict engagement all overlap in some ways and will allow me to identify situations that call for using the structured approach towards learning more about the people we work with. Also, understanding your own personality type and your "go-to" approach is helpful for forcing yourself (or having others help you) to step outside your normal comfort zone in order to gain better perspective.
I found the program to be informative as a primer on leadership concepts and skills. It was a good opportunity to get outside of the daily grind and think about bigger picture issues, career planning, etc. I personally found the communication style strategies from the MBTI workshop to be useful as well as the managing conflict role-play.
The challenges that faculty experience such as faculty competition, challenging meetings/discussions, and communication in career development, in light of Myers Briggs discussion, could have been expanded to encompass more of this course's content. The session dedicated to our own personnel lives was not that helpful given our brief interactions together. Consider having a better blending of faculty in different phases of career development.
The first session was so powerful that I wish we could have worked longer with this paradigm (specifically the ways to recognize and work more effectively with those who are different from us). The communication training was well facilitated and useful. Honestly, it felt too short to make a difference.

Suggestions for Improvement:

Additional media based learning e.g. short videos on topics and some short reading material prior to the sessions like there was before the first session.
Incorporate more application into the MBTI session.
Although the content overall was excellent, I might condense the lecture portion each day by about 30 minutes and add more role play and small group work with feedback.
There were references to multiple books throughout the training. Having some reading assignments before the seminar would have allowed the learners to dive even deeper into some of the lessons from each of the weeks (rather than assigning the readings afterwards).
More demos by the expert/speakers utilizing the skills.
Anonymous reflections on how the members of the seminar have applied some of the learnings would be fun and instructive (and would put us on our toes for applying the methods more rigorously and thoughtfully since we would be expected to communicate and reflect with the group).
I would recommend expanding to four sessions to really learn and apply content, particularly for Myers Briggs.
I would add material on how to lead a meeting.

Recommendations for Alumni Convening:

It would be great to have short sessions periodically to cover the topics to help me internalize some of the effective behaviors. I feel like I understood them, but then will forget them as the days pass. There were great tips for running a meeting, having difficult conversations, and negotiating based on Myers Briggs, but it is too much to lock into memory in a short time. These behaviors could be useful for many realms in my practice, interaction, etc. in the hospital.
It would be good to be able to spend more time with the other participants in unstructured activities to better develop working relationships. Obviously, a short course will not generate the same kind of bonds as a more intensive program like CHCF, but I think this is an opportunity for growth. The beginning ice breaker session was a step in the right direction. Following that up with some unstructured time to get to know each other may also be helpful. i.e. dinner with the group once or twice.
It would be valuable for our group to come together again in 4-6 months and have a follow-up session on how we have instituted our newly found leadership skills. What worked and what didn't.
You could periodically provide articles regarding leadership, follow-up courses, and networking events.
Continued outreach for FLEX graduates to continue networking and meeting with other cohorts would be great.

Logistical Feedback:

The key for this was scheduling well-enough in advance that I could block of time on my schedule for this activity. The notification of participation email was cutting it close for blocking off clinic time, but worked out just fine.
The challenge with these things is finding the time to reflect on the learnings and really integrate them into daily work.
I think the three sessions made it really doable and the 1:30 start time made it possible to get there from am clinic or activities.
Have the program scheduled even farther in advance (3 months).