How Do I Make 50:50 Work? Academic Productivity In The Current Environment

Christina L. Roland, MD, MS
Chief, Sarcoma Section
Assistant Professor of Surgical Oncology
The University of Texas MD Anderson Cancer Center
Disclosures

• Sponsored Research: Bristol Myers Squibb
Overview

• Success in Academic Surgery
• What does 50% mean?
• Time Management
• Organization/Email
• Collaborators/Mentors/Support
Success in Academic Surgery

“Unique opportunity to impact patients with our intellect and our hands.”
-Scott LeMaire, MD
Assistant Professor-Surgical Oncology

- Fellows
- Section Chief
- Cancer Network
- Clinical Trials
- Translational
- Cooperative Groups

50% Clinical
35% Research
10% Admin
5% Teach

Sarcoma Surgery
-2 OR block Days
-1 Clinic Day
Success in Academic Surgery

- Personal
- Clinical
- Research
- Teaching
- Admin
Success in Academic Surgery

Sick patient
Call
Success in Academic Surgery

Personal

Clinical

Teaching

Admin

Research

Grant Deadline Protocol Submission
Success in Academic Surgery

It's not about balance, it's about adaptation
Academic Surgeon vs. Surgeon Scientist

Dichotomous

Surgeon Scientist
75-80% research

Academic Surgeon
75-80% Clinical

Continuous

<table>
<thead>
<tr>
<th>Promotion track</th>
<th>Description/focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Triple Threat&quot; clinician-scientist-educator (Tenure accruing)</td>
<td>In addition to excellence in clinical activities, exceptional research (basic science) accomplishments (multiple grants, prolific publication, and mentorship) AND exceptional educational accomplishments (clerkship director, program director, stellar student/resident evaluations, programmatic development, and publication in education field)</td>
</tr>
<tr>
<td>Clinician-scientist (Tenure accruing)</td>
<td>In addition to excellence in clinical activities, exceptional research (basic science) accomplishments (multiple extramural grants, program project involvement, prolific presentations and publication (high impact), research mentorship, and service in college/department research mission)</td>
</tr>
<tr>
<td>Clinician-scholar</td>
<td>In addition to excellence in clinical activities, substantial (but less than above) academic/research activities (may focus on clinical trial or translational research activities, health services/outcomes research, or intramural quality improvement programs)</td>
</tr>
<tr>
<td>Clinician-educator</td>
<td>In addition to excellence in clinical activities, exceptional educational leadership and accomplishments (mentorship, student clerkship director, residency/fellowship program director, stellar student/resident evaluations, programmatic development, service in college/department educational mission, and funding and publication in education field)</td>
</tr>
<tr>
<td>Clinician-administrator</td>
<td>In addition to excellence in clinical activities, some substantial administrative duties at the college (i.e., Dean’s office, committees) or department (i.e., division/section chief, center director) level</td>
</tr>
<tr>
<td>Clinician</td>
<td>Primarily excellence in clinical productivity (recognized expert in field, clinical awards, establishment of a clinical program, RVU goals, mortality/morbidity, quality improvement programs, and other metrics); likely some clinical research</td>
</tr>
<tr>
<td>Research</td>
<td>Generally reserved for a non-clinical, strictly research faculty evaluated for excellence in basic science research (multiple extramural grants, laboratory management, prolific presentations and publication (high impact), and mentorship)</td>
</tr>
</tbody>
</table>

Success in Academic Surgery
A Roadmap for Aspiring Surgeon-Scientists in Today’s Healthcare Environment

Allan M. Goldstein, MD,* Alex B. Blair, MD,† Sundeep G. Keswani, MD,‡ Ankush Gosain, MD, PhD,§ Michael Morowitz, MD,¶ John Kuo, MD, PhD,¶ Matthew Levine, MD, PhD,** Nita Ahuja, MD,†† and David J. Hackam, MD, PhD,‡‡, Basic Science Committee of the Society of University Surgeons

Supportive Environment
- Department with a track record of success
- Available resources, facilities, equipment, and support staff
- Protected time
- Dedicated lab space
- Access to collaborators

Committed Mentors
- Experienced investigator
- Accessible and committed to mentoring
- Network of mentors to provide varied skill sets

Success as a Surgeon-Scientist

Financial Support
- Competitive salary that values academic contributions
- Adequate start-up package
- Achievable benchmarks for renewed institutional support

Social Support
- Supportive family and friends
- Work-life integration
- Realistic expectations

Ann Surg 2018
What does 50% mean?
What does 50% mean?

• “part of a whole expressed in hundredths”

• Need to know **denominator**
  • What is the clinical metric?
    – # of RVU
    – # of cases
    – days per week

• Very hard to get protected time back after you lose it
What does 50% mean?

• What are the “consequences” of not meeting clinical 50%?
  • Does that impact promotion?
  • Bonus?

• Planning for promotion starts when you get hired
  – Can serve as a guide for research
## Appendix C - Table 1

### Research Faculty

Minimum Qualifications and Criteria for Term Tenure Track Appointment or Promotion

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ASSISTANT PROFESSOR</th>
<th>ASSOCIATE PROFESSOR</th>
<th>PROFESSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications</td>
<td>Doctorate-level degree in a field appropriate to • faculty role • department mission</td>
<td>Doctorate-level degree in a field appropriate to • faculty role • department mission</td>
<td>Doctorate-level degree in a field appropriate to • faculty role • department mission</td>
</tr>
<tr>
<td>Experience</td>
<td>At least 2 years postdoctoral experience preferred (please not required for Ph.D. or equivalent time as a basic scientist)</td>
<td>Generally 5 years as Assistant Professor or equivalent</td>
<td>Generally 5 years as Associate Professor or equivalent</td>
</tr>
<tr>
<td>Note: Promotion before 5 years is considered only</td>
<td>Note: Promotion before 5 years is considered only</td>
<td></td>
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</tr>
<tr>
<td>Education</td>
<td>Shows promise as an educator with the ability to educate and instruct in classrooms or one-on-one settings</td>
<td>Has demonstrated considerable ability &amp; meaningful contributions in education &amp; training and successful mentoring of trainees and, preferably, junior faculty or staff</td>
<td>Has received recognition for excellence in education &amp; training and is recognized for consistent record of meaningful contributions and successful mentoring of trainees and faculty or staff</td>
</tr>
<tr>
<td>Note: Quality &amp; relevance of contributions considered, not just quantity</td>
<td>Note: Quality &amp; relevance of contributions considered, not just quantity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Previously participated in a research program with peer-reviewed support</td>
<td>Has demonstrated considerable ability in independent research with consistent record of successful peer-reviewed research funding</td>
<td>Has consistent record of successful, independent, peer-reviewed research funding</td>
</tr>
<tr>
<td>Note: Team science* funding counted if candidate has important role(s)</td>
<td>Note: Team science* funding counted if candidate has important role(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has evidenced originality, initiative, and genius in research and promise for external recognition</td>
<td>Has actively participated in and led original &amp; creative research scholarship and is acknowledged for expertise or peers on local or national level</td>
<td>Recognized nationally or internationally for research expertise and independence and having produced a cohesive body of scholarship demonstrating progress in an important area of science</td>
<td></td>
</tr>
<tr>
<td>Note: Team science* counted if candidate has important role(s)</td>
<td>Note: Team science* counted if candidate has important role(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has senior or co-author (with significant role) publications in peer-reviewed journals</td>
<td>Has demonstrated terminal skill in research leading to continuous production of major-author peer-reviewed publications over preceding 5 years</td>
<td>Has demonstrated terminal skill in research leading to continuous production of major-author peer-reviewed publications over preceding 5 years</td>
<td></td>
</tr>
<tr>
<td>Notes: • Team science* counted if candidate has important role(s) • Innovative intellectual property development counted • Quality &amp; relevance of contributions considered, not just quantity</td>
<td>Notes: • Team science* counted if candidate has important role(s) • Innovative intellectual property development counted • Quality &amp; relevance of contributions considered, not just quantity</td>
<td></td>
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</table>

### Candidate Synopsis for Appointment

**Christina L. Roland, M.D.**

**Candidate Synopsis for Appointment**

As an Assistant Professor in the Department of Surgical Oncology, Section of Sarcoma Surgery at the University of Texas MD Anderson Cancer Center, my position will be focused on providing excellent clinical care to patients with soft tissue sarcomas, and on developing a clinical and translational research program focused on improving treatment for patients with these aggressive soft tissue tumors. My time will be allocated as follows, 70% patient care, 25% research, 3% educational activities, 1% for institutional activities/extra murals service, and 1% for administrative duties.

My contributions to each of the categories above are described in further detail below.

1. **Patient Care/Clinical Activities (70%)**

As a member of the Section of Sarcoma Surgery in the Department of Surgical Oncology, I will provide preoperative, operative and postoperative patient care for our sarcoma patients. As part of my practice as a member of the Sarcoma Center, I will participate in the twice-weekly MD Anderson sarcoma multidisciplinary conferences. In these conferences, sarcoma physicians from different specialties meet to discuss challenging sarcoma cases. This allows the articulation of specific multidisciplinary treatment programs for sarcoma patients while facilitating accrual of patients into active clinical trials. This is a great opportunity where I can contribute to and collaborate in the translation of our scientific findings to the clinic, thereby ensuring that patients with sarcoma will maximally benefit from new research findings.

2. **Research (25%)**

I intend to dedicate significant research time to clinical and translational research.

- Clinical

In regards to clinical research, I plan to lead the Sarcoma Surgical Oncology group in the implementation of clinical trials. To broaden my knowledge in clinical trial design and execution, I plan to attend clinical trial workshops, including the MD Anderson Clinical Trials Workshop and the AACR/ASCO Methods in Clinical Cancer Research Workshop. These types of educational offerings will assist in the implementation of much needed clinical trials in this rare disease site.

My goal is to participate fully within the Sarcoma Research Program in the recruitment of patients for ongoing clinical trials and to explore opportunities for collaborative research within our center, regionally and nationally. MD Anderson is among the top academic centers in the world in terms of the volume of sarcoma patients evaluated and treated. There are relatively few clinical and research protocols available for patients to participate in especially in the arena of local-regional therapy. In addition to clinical trials participation and development, I will work with Dr. Keita Torres to further enhance the sarcoma oncology database. This computer-based
Protect your time!

- Supportive Boss/Department/Institution
- No one will watch out for you as well as you can watch out for yourself.

- Always more patients that need to be seen
  - That’s ok!
“You either need the time to do it yourself or money to pay people to do it for you”
-Jason Fleming, MD
Start-up Package

• How much?
  – Time vs. $$$
  – Will salary be compensated during “start-up”
• How long? When does it start?
• Who? Personnel
• Space & Equipment?
Time Management
Block vs. Sporadic

- **Monday**: OR
  - Res

- **Tuesday**: OR
  - Res

- **Wednesday**: Res

- **Thursday**: Clinic
  - Res

- **Friday**:
  - Clinic
  - Res
Block vs. Sporadic

- **Monday**: OR
  - Tired
- **Tuesday**: OR
  - Tired
- **Wednesday**: Meetings
  - Res
  - Meetings
- **Thursday**: Clinic
  - Tired
- **Friday**: Bad
  - Clinic
  - Res
Before or after work?
Organization/Email
Effort vs Impact

- Quick Wins
- Major Projects
- Fill Ins
- Thankless Tasks
Email

- Average professional spends 28% of time on work email
- Send and receive 124 work email/day
  - I sent 180 last week
  - Check 15x/day; every 37 minutes
  - Can take up to 23 minutes to fully recover after interruption

“If you check your email first thing, you are letting other people dictate your initial priorities”

https://hbr.org/2019/01/how-to-spend-way-less-time-on-email-every-day
Inbox 0: delete, delegate, respond, defer or do.

- Don't leave email open.
- Process email periodically throughout the day
- 1: delete as many new messages as possible.
- 2: forward what can be best answered by someone else.
- 3: Immediately respond messages that can be answered in <2 minutes.
- 4. Move new messages that require >2 minutes to a "requires response" folder.
- 5. Set aside time each day to respond the "requires response" folder
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<th>START DATE</th>
<th>REMINDER TIME</th>
<th>DUE DATE</th>
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<td>2019 Clinical Congress - Invitation</td>
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<td>Mon 10/7/2019</td>
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<td>Travel.</td>
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<td>[EXT] Manuscript now in your Author Center</td>
<td>Tue 10/8/2019</td>
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<tr>
<td>[EXT] JRP Research Service Verification - NCAE</td>
<td>Thu 10/10/2019</td>
<td>None</td>
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<td>Admin.</td>
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<td>Sorry with the primax flow diagram</td>
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<td>[EXT] 2019 ACS Clinical Congress - Present...</td>
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<td>Travel.</td>
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<td>[EXT] Help Shape SSD's Future - Volunteer...</td>
<td>Tue 10/15/2019</td>
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<td>[EXT] AAB Diversity Task Force</td>
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<td>Inbox</td>
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**FEBRUARY**

- [ ] Sarc. MS
- [ ] 30th Annual
- [ ] Ellis family
- [ ] 2019 Bulletin
- [ ] Gastro & Endoscopy
- [ ] Silverman CH
- [ ] Time to TA
- [ ] NOSE AFT

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**ASSOCIATION FOR ACADEMIC SURGERY**
Collaborators, Mentors & Support
Collaborators/Mentors

• Do what works in your institution
• MD Anderson: Clinical Trials
  • “You should run clinical trials in Sarcoma”
  • “Sure, I don’t really know much about clinical trials but I can learn!”
  • “I should probably get my Masters-Clinical Research”
Safety and Efficacy of PD-1 Blockade Using Pembrolizumab in Patients with Advanced Soft Tissue and Bone Sarcomas: Results of SARC028, a Multicenter Phase II Study

**ARM A**
- Soft Tissue Sarcomas
- Pembrolizumab 200 mg IV Q3 weeks

**ARM B**
- Bone Sarcomas
- Pembrolizumab 200 mg IV Q3 weeks

Advanced & metastatic

ASCN annual meeting, 2016
Slide courtesy of Hussein Tawbi, MD
UPS and DDLPS → response to anti-PD1

Tawbi et al, Lancet 2017
Paul Calabresi Career Development Award for Clinical Oncology

- K12 Clinical Scientist Institutional Career Development Program Award
- Held by institution/established investigator, not individual
  - Set # of slots
- Some “flexibility” in time commitment
  - “Protected time can include effort treating patients on clinical trials”
  - Formal research training-Masters degree
Phase II study of checkpoint blockade in retroperitoneal DDLPS and Extremity/trunk UPS

Arm A: Neoadjuvant Nivolumab x 3
Arm B: Neoadjuvant Ipi/Nivo x 1, Nivo x 2
Arm C: Neoadjuvant Nivo x 1, Nivo/XRT x 3
Arm D: Neoadjuvant Ipi/Nivo x 1, Nivo/XRT x 3

Pre  On (wk 3)  Surgery (A/B)  Surgery (C/D)  Health Status Survey, blood 6 weeks & 1 year post-op  Health Status Survey, blood, biopsy at recurrence

Recurrence (when applicable)

Longitudinal tumor & blood sampling during therapy

Downstream analyses being performed

- Genomic analysis (WES)
- Transcriptomic profiling (RNAseq)
- Immune profiling
  - IHC,
  - Flow cytometry, +/- CyTOF
  - TCR sequencing

Blood
- Germline for WES
- Immune profiling
  - Flow cytometry, +/- CyTOF
  - TCR sequencing
- Measurement of serum cytokines
- Microbiome profiling/bacteria

Tumor

C. Roland-PI
Bristol-Myers Squibb
NCT03307616
Support Team

• Administrative Assistant
  • Learn what they can/are supposed to do
• Physician Assistant/Scribe
  • Organize clinic
  • Scheduled meeting weekly to review
  • Have to get approval for clinic overbook
**DR. ROLAND CLINIC**  
**SARCOMA SURGERY PRE-OP CHECKLIST**

<table>
<thead>
<tr>
<th>Info</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient:</td>
<td></td>
</tr>
<tr>
<td>MRN:</td>
<td></td>
</tr>
<tr>
<td>Procedure: Radial resection RP (49205), left nephrectomy, poss. distal pancreatoduodenectomy/splenectomy</td>
<td></td>
</tr>
<tr>
<td>Diagnosis: malignant neoplasm abdomen (c49)</td>
<td></td>
</tr>
<tr>
<td>Surgery Date: 11/19/2019</td>
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<tr>
<td><em>X</em> Case Posted</td>
<td></td>
</tr>
<tr>
<td>Consultants: Matin, Huynh</td>
<td></td>
</tr>
</tbody>
</table>

| Last Chemo Date                          |          |
| Last Radiation Date                      |          |
| Oral Chemo Start Date Determined & Communicated with Patient |          |
| Anticoagulant Start Date Determined & Communicated with Patient |          |
| Pre-op labs completed and checked        | 11/7, 11/18 |
| Pre-op CXR and EKG completed             | 11/7     |
| Sarcoma Imaging within 30 days           | 11/6     |
| Anesthesia Visit completed               | 11/8     |
| IMPAC Clearance obtained if needed        |          |
| Cardiology Clearance obtained if needed  |          |
| Gynecology Consult/Surgeon confirmed if needed |          |
| GI Consult/Surgeon confirmed if needed   |          |
| Urology Consult/Surgeon confirmed if needed | 10/14   |
| Thoracic Consult/Surgeon confirmed if needed | 11/18   |
| Ortho Consult/Surgeon confirmed if needed |          |
| Plastics Consult/Surgeon confirmed if needed |          |
| Ostomy nurse consult if needed           |          |
| Bowel Prep Instructions completed if needed | No     |
| H&P within 30 days completed             | 11/7     |
| Consents signed/witnessed               | 11/7     |

<table>
<thead>
<tr>
<th>ORDERS</th>
<th>Comment</th>
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<tbody>
<tr>
<td>PACU Destination</td>
<td>TPACU</td>
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<tr>
<td>Pre-op Antibiotics</td>
<td>Imvanz</td>
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<tr>
<td>DVT prophylaxis?</td>
<td>Heparin</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>TAP</td>
</tr>
<tr>
<td>Special Equipment ordered for OR</td>
<td>Benchtop Bed</td>
</tr>
<tr>
<td>EXPAREL</td>
<td></td>
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Supportive Family/Take Vacation!!