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The Role of Quality Improvement and Patient Safety in Academic Promotion: Results of a Survey of Chairs of Departments of Internal Medicine in North America

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Academic health centers (AHCs) are devoting substantial and increasing resources to improving quality and safety.¹⁻⁴ Strong physician engagement and leadership in quality improvement (QI) and patient safety (PS) are critical to the success of these efforts.^{1,5-11} Many AHCs face challenges in enlisting faculty to participate in these activities.^{1,12}

Academic infrastructures are currently geared towards physician-scientists and clinician-teachers.^{11,12} Traditionally, research, peer-reviewed publications, grant funding, and regional or national reputation are required for promotion and academic success.^{10,11,13} In response to the changing needs of academic medicine over the past 2 decades, excellence in teaching, clinical care, and medical education have been integrated into the promotions process at many institutions within clinician-educator pathways.^{10,11,14} Similar promotion

pathways for faculty leading QI/PS efforts have not yet been developed.¹

To understand whether faculty are currently being promoted for QI/PS work and to identify what is needed to address the challenge of how to reward faculty for this work, we surveyed leaders of departments of internal medicine.

METHODS

In review of the literature, existing survey questions did not assess opinions about the role of QI/PS in academic promotion so we developed a brief, self-administered 16-item questionnaire. Questions were designed to ascertain the importance of recognition of QI/PS in academic promotion (4 questions) and to determine if physician faculty had been promoted based on QI/PS activities, specifying which activities chairs considered relevant for promotion (7 questions). Additional questions were developed to identify if existing promotion criteria account for QI/PS activities (1 question) and whether guidelines by which these activities could be assessed would be helpful (1 question). For questions related to opinions about the role of QI/PS in academic promotion, responses were categorized on 5-point Likert scales ranging from "not important" to "extremely important." Responses regarding experiences with promotion were either numeric ("In the past 5 years, how

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many of the physician faculty in your department have been appointed or promoted based on formal activities in QI/PS?") or open-ended ("Please briefly describe the type of activity that formed the basis for this promotion").

We pretested the questionnaire with 18 academic physician leaders, none of whom were included in our study sample. The survey was sent to all chairs of the departments of internal medicine in the US and Canada who were Association of Professors of Medicine members in January and February 2009. The Association of Professors of Medicine is the organization of departments of internal medicine represented by chairs and appointed leaders at medical schools and affiliated teaching hospitals in the US and Canada.

The survey was initially sent by e-mail with a link to an electronic survey instrument. Paper copies of the survey and cover letter were sent by US mail approximately 1 week after the initial e-mail request. E-mail reminders with links to the survey were sent weekly for 2 months in early 2009. Reminders were discontinued upon completion of the survey. A reminder at 2 months was e-mailed to the assistants of the chairs for nonresponders.

RESULTS

This survey was sent to 143 department chairs or designees. Seventy-eight chairs or designees responded to the survey for an overall response rate of 55%. The majority of respondents were chairs or chiefs of medicine ($n = 65$, 83%). Other respondents included vice chairs or associate chairs of medicine, physicians who served as chairs of Appointment and Promotions Committees, or assistants to the chair or chief.

Seventy-eight percent ($n = 61$) of respondents agreed that faculty members should be promoted based on their QI/PS work. However, 26% ($n = 20$) of respondents specifically commented that evidence of scholarship or academic products based on QI/PS work should be required as well. Four respondents stated that QI/PS should be considered for promotion of nontenure-track faculty but not for tenure-track faculty. Two indicated that they consider QI/PS activities to be part of the "service" component of activities assessed for

promotion. Eighty-one percent ($n = 63$) of respondents indicated that they had one or more faculty with 20% or greater protected time for QI/PS initiatives. The total number of faculty with 20% or greater protected time for QI/PS initiatives represented <3% of all faculty in responding institutions.

Fifty-one percent ($n = 40$) of respondents felt that their current promotion criteria were not useful or only a little bit useful in assessing quality and safety activities (Figure 1). Ten percent did not have criteria to address this issue and 8% wrote comments but did not select a specific answer. Seventy-eight percent ($n = 61$) of respondents thought that it would be moderately or extremely helpful to have guidelines by which to evaluate QI/PS activities for faculty promotion (Figure 2). Four percent provided comments only.

Eighty-five percent ($n = 66$) of respondents thought that recognition of QI/PS was either moderately or extremely important for enlisting faculty participation in such work. However, only 55% ($n = 43$) felt that recognition was moderately or extremely important or promoting faculty, and fewer (42%;

$n = 33$) thought that it was moderately or extremely important for retaining faculty.

Sixty-two percent ($n = 48$) of respondents noted that they were unaware of any promotions in their institutions based predominantly on formal activities in QI/PS over the prior 5 years. However, 38% ($n = 30$) commented that a small number of individuals had been

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- Top-performing academic institutions have recognized that quality improvement/patient safety (QI/PS) activities, leading to improved and measurable patient outcomes, are imperative for strategic survival.
- Chairs of departments of internal medicine were surveyed to assess whether faculty are currently being promoted for QI/PS work; and to identify what is needed to address the challenge of how to reward faculty for this work, we surveyed leaders of departments of internal medicine.
- A substantial majority of respondents are in favor of promotions based on QI/PS work, particularly if evidence of scholarship or academic products based on this work is required for QI/PS activities to support promotions.

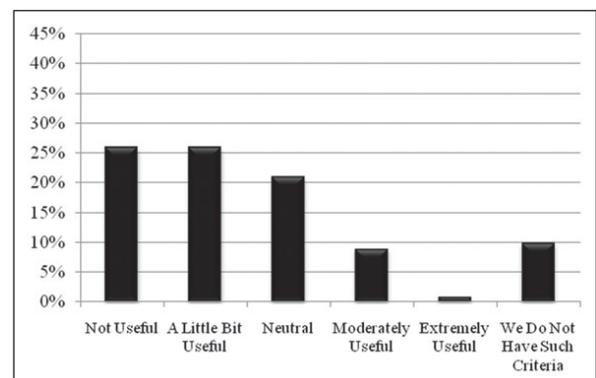


Figure 1 Usefulness of current promotion criteria.

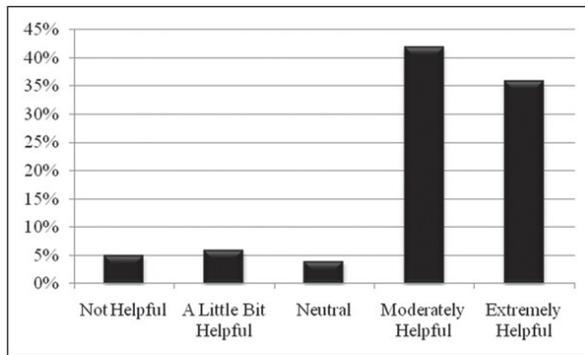


Figure 2 Helpfulness of guidelines for evaluation of faculty for promotion.

promoted on this basis (Table). One respondent stated that QI/PS activities were led by faculty leaders who were already at senior rank and therefore promotion was irrelevant.

Respondents’ comments showed marked variability in activities cited as being potentially worthy of academic recognition. Of those respondents who had considered QI/PS in reviewing faculty for promotion, many commented that associated educational dissemination was important, including teaching local staff and learners, at continuing medical education programs or national conferences. Other respondents identified publications, leadership in new quality initiatives, involvement in Six-Sigma safety projects, participation in infection control activities, and service on national committees on safety, national recognition, and innovation as key factors.

Representative comments follow:

“This is a critical endeavor for the health of Departments of Medicine . . . a national effort would both improve the quality and validate the effort to promote faculty for these contributions.”

“ . . . new protocols that have been developed, initiated and shown to change outcomes – that are then adopted elsewhere . . . ” [are required]

“I wrote a letter detailing . . . how (the faculty member’s) efforts had enhanced patient safety and patient outcomes, and provided a detailed discussion of why it is difficult if not impossible to publish quality improvement results.”

“Peer review may not be needed, but there needs to be a scholarly approach and dissemination”

“A very important area. Key to excellence in medicine. Hard to define exactly. Need to determine how to assess non-published material.”

DISCUSSION

To our knowledge, this article is the first report representing opinions of chairs of departments of internal medicine on the role of QI/PS in academic promotion.

In this survey of chairs and their designees in the US and Canada, we found that a substantial majority of respondents are in favor of promotions based on QI/PS work. Many respondents commented that evidence of scholarship or academic products based on this work should be required for QI/PS activities to support promotions, although there was considerable heterogeneity in respondents’ comments defining which QI/PS activities should support promotions. Most respondents either did not find their existing promotion criteria to be useful in assessing QI/PS or did not have such criteria. A preponderance of respondents thought it would be helpful to have guidelines for assessing the role of QI/PS work for promotions.

Our findings are consistent with the current literature on QI/PS activities in AHCs. AHCs have both clinical and educational mandates to participate in QI/PS work.⁸ Top performing academic institutions have recognized that QI/PS activities, leading to improved and measurable patient outcomes, are imperative for strategic survival.³ Highly successful academic enterprises ensure alignment between clinical executive leaders and academic department leadership to establish accountability throughout the enterprise.^{3,8} In addition, the Accreditation Council on Graduate Medical Education has mandated new core competencies in residency education requiring mastery of nontraditional skills.² Faculty are responsible for mentoring and shaping the next generation of physicians, potentially encouraging them to pursue careers in academic medicine.^{9,11,15} By becoming leaders in the development, implementation, and dissemination of QI/PS, AHCs can support career success by helping learners understand the rationale for these efforts and giving them the skills to further such work.^{1,2,5,11}

Although the role of QI/PS in academic promotion has not yet been clearly defined, there is an increasing awareness of the need to recognize these activities for academic promotion and success. QI/PS projects are often conducted at a single institution. This limitation makes rigorous outcome assessment—necessary for publication in major journals—a challenge, and extra-

Table Academic Medical Centers With Faculty Promoted on Basis of Formal Quality Improvement/Patient Safety Activities

	Acting Instructor to Assistant Professor	Assistant Professor to Associate Professor	Associate Professor to Professor
None	68	54	62
1-5 Faculty	7	22	14
>5 Faculty	2	1	0
No response	1	1	2

mural funding difficult to obtain.^{1,5,10} Better alignment between physician involvement in QI/PS work and promotion criteria could help academic medical centers more effectively lead the national health care quality/safety agenda.^{1,8,13}

Our findings suggest that guidelines for assessment of QI/PS work, and promotion on the basis of such efforts, would be helpful to leaders within academic internal medicine. They also suggest that while most chairs support the principle of promoting and advancing faculty involved in QI/PS activities, considerable variability exists in their perspectives as to how to develop or implement a system for promotion and advancement. As with initiation of clinician-educator pathways, chairs and faculty also may have different perceptions of what is valued in and necessary for promotion.^{14,16} A framework for assessing the role QI/PS work should play in promotion decisions would help to support and encourage faculty engaged in these endeavors and could give clinical departments the tools needed to more formally recognize and align this work with overall academic institutional goals.

Our study is somewhat limited by variability in how respondents may have defined QI/PS. This differentiation may reflect the heterogeneity in how QI/PS is being integrated into academic medicine. Despite this variability, respondents replied based on their definitions and perceptions of what constituted QI/PS at their institutions and seemed to express themselves freely in their open-ended responses. Our study also is somewhat limited by an inability to determine whether respondents' answers were similar to how nonrespondents would have answered. While the response rate for surveys has continued to decrease over the past 2 decades, the response rate for this survey is higher or comparable with those of other physician surveys.^{17,18}

QI/PS activities are important to the future of AHCs. Unless these activities are formally recognized in the promotions process, it is likely to be difficult to enlist faculty to participate in these activities. This limitation could become increasingly challenging as demand for physician involvement in QI/PS grows. Some AHCs have been successful in including assessment of these activities for academic advancement, but most have not. Identifying and disseminating best practices for the role of QI/PS activities in promotions would further AHCs' efforts to achieve excellence in clinical care, medical education, and discovery.

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