




## Optimizing Call Coverage Policies to Optimize Faculty Retention

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# Disclosures



**No Relevant Disclosures**

**Disclosures for Cheryl T. Lee, MD**

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Broad factors driving faculty separation  
Impact of call  
Optimization of the call schedule

## OBJECTIVES

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## Collaborative On Academic Careers in Higher Education (COACHE)



2016: launched 1<sup>st</sup> multi-institutional survey of faculty mobility

Trower, Mathews, and Benson, 2017

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## Collaborative On Academic Careers in Higher Education (COACHE)



**71%: Salary wasn't the primary reason for departure**

Trower, Mathews, and Benson, 2017

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## COACHE: What Institutions Can Do....



**Make Career Discussions Frequent and Intentional**



**Communicate Consistently with Dual-Career Couples**



**Implement Transparent, Fair Processes**



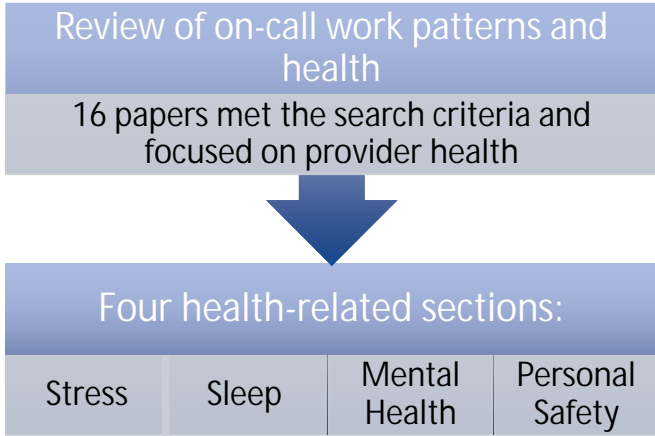
**Encourage a Collegial Environment**

Trower, Mathews, and Benson, 2017

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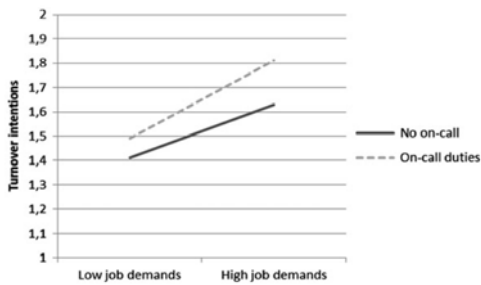
# Health Effects of On-Call Work



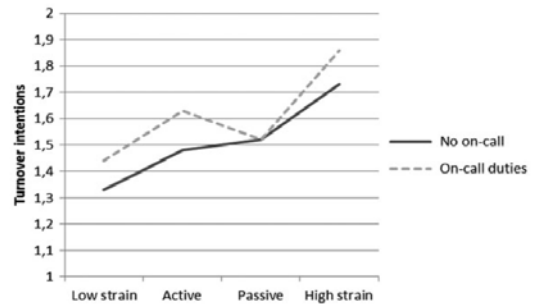
Nicol and Botterill Environmental Health: A Global Access Science Source 2004, 3:15

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## Interactions Impacting Turnover Intention Finnish Study of 3324 Physicians (62% Women)



The interaction between on-call duties and **job demands** for turnover intention.  
Interaction ( $p < .001$ )



The interaction between on-call duties and **job strain** for turnover intention.  
Interaction ( $p = .011$ )

Heponiemi, et al. (2016) : Psychology, Health & Medicine, 21:1, 74-80



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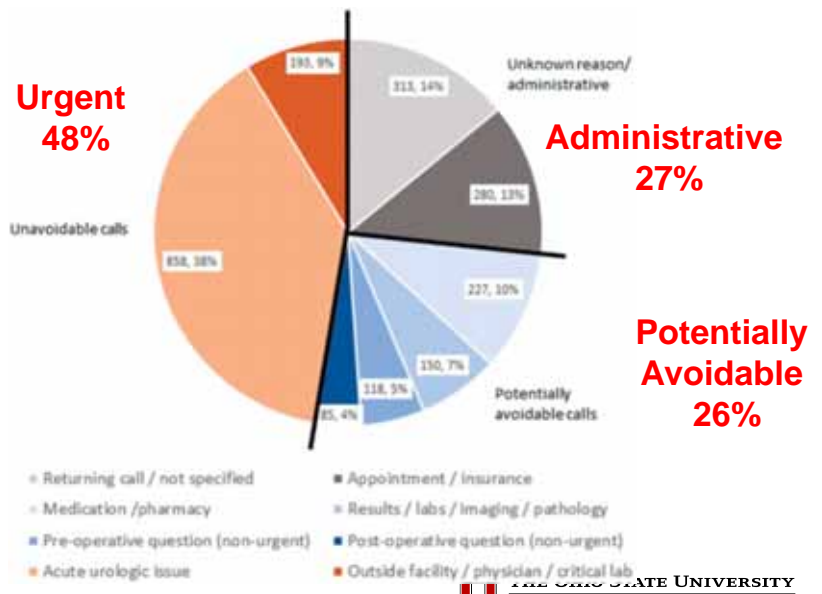
# What Can We Do?



- Anticipate
- Communicate
- Create a positive call culture
  - Focus on camaraderie

## After-Hours / Weekend Urology Calls (n= 2,224)

- Nature and frequency of after-hours phone calls at a tertiary care institution in 2019



Golan et al . Vol. 8, 309-313, March 2021

## After Hours Telephone Calls by Specialty

UROLOGIC SUBSPECIALTY	% TOTAL	% URGENT CALLS	% POTENTIALLY AVOIDABLE CALLS
RECONSTRUCTION	34.8	22.0	12.8
ENDOUROLOGY	17.3	11.0	6.3
ONCOLOGY	13.0	8.9	4.1
VOIDING DYSFXN / FEMALE	7.1	4.9	2.2
MULTISPECIALTY / GENERAL	6.9	4.4	2.6
ANDROLOGY/ SEXUAL MEDICINE	3.8	1.4	2.4

Golan et al . Vol. 8, 309-313, March 2021



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## Optimize Scheduling

Stable coordination of the schedule

Schedule in advance (4-6 months)

Rotating clusters of faculty sign up

Consistent call period (1 week)

- Permit flexibility with subsequent swaps

Process for "joint" cases (stents)

- Reinforce the process with non-urologic surgical colleagues

### Consistency Matters



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## The Center for Healthcare Engineering & Patient Safety (CHEPS)



<https://cheps.engin.umich.edu/projects/provider-scheduling-projects/trauma-call/>

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## Reinforce Call Practices

- Block ½ of the clinical calendar during call
- Avoid long complex cases while on call
- Identify a back up when off-site
- Communicate with your partners
  - Upcoming surgeries
  - Known transfers
  - Consult patients with progressive issues



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## Reduce Call Burden

- Expand the call pool
  - Grow the faculty
  - Share duties with fellows/ APP's
- Split call to 4 and 3 day blocks
- Split up the number of sites
  - Faculty/ residents at ambulatory sites cover local issues
- Urologic hospitalist



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**End of Call : Transition Matters  
Tidy up the Service**

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## Revenue Capture

- Monetize call “shifts”
- Transfer patients
  - eConsults
  - Nighttime Physician Service Agreements



## Take Home Points

- Seek a positive call culture – support global efforts at retention
- Greater efficiency in the clinic and at discharge = fewer after hours calls
- Optimize scheduling processes
- Reduce call burden
- Reduce chaos



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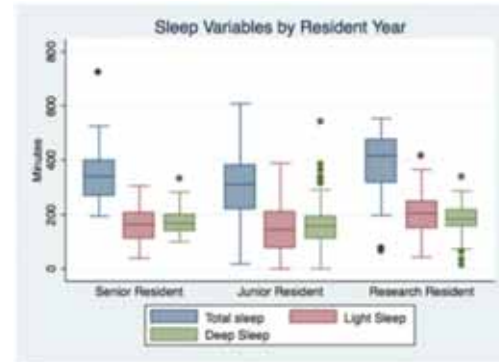
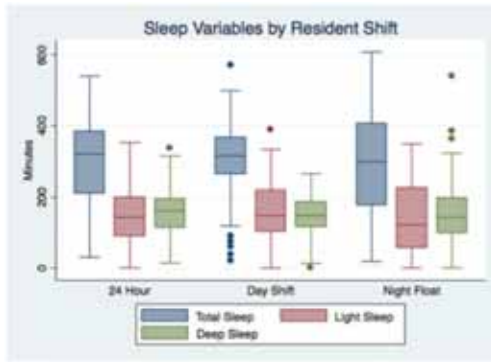
## Health Effects of On Call Work

- Review of on-call work patterns and health
  - 16 papers met the search criteria and focused on provider health
- Four health-related sections:
  - Stress
  - Sleep
  - Mental Health
  - Personal Safety

**Nicol and Botterill Environmental Health:  
A Global Access Science Source 2004, 3:15**

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## Call Schedule and Sleep Patterns of Urology Residents Following the 2011 ACGME Reforms



- 12 residents (day shift/ night float/ 24 hr call + 4 faculty)
- Sleep patterns monitored for 2-wk periods using actigraphy bands

Ko JS, et al.. *Urol Pract.* 2016 Mar;3(2):147-152.



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## On-call Work & Physicians' Turnover Intention

- We investigated whether having on-call duties is associated with physicians' turnover intention and whether job strain variables moderate this association
- High physician turnover has many negative consequences for health care organizations such as substantial financial losses, patient dissatisfaction and lower physician morale
- estimated that the minimum cost of turnover may represent a loss of over 5% of the total annual operating budget due to hiring and training costs and to productivity loss

Heponiemi, et al. (2016) : *Psychology, Health & Medicine*, 21:1, 74-80



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# On-call Work & Physicians' Turnover Intention

	df	F	p	Mean <sup>a</sup>	SE
On-call duties	(1, 3276)	3.36	.067		
Age	(1, 3276)	225.29	<.001		
Gender	(1, 3276)	.24	.625		
Specialization status	(2, 3276)	18.33	<.001		
Employment sector	(2, 3276)	4.40	.012		
Job demands <sup>b</sup>	(1, 3276)	341.9	<.001		
Low (n = 1745)				1.44	.02
High (n = 1579)				1.71	.02
Job control <sup>b</sup>	(1, 3276)	286.9	<.001		
Low (n = 1859)				1.65	.02
High (n = 1465)				1.43	.02
Job strain	(3, 3274)	111.4	<.001		
Low strain (n = 978)				1.38	.02
Active (n = 487)				1.55	.03
Passive (n = 767)				1.51	.02
High strain (n = 1092)				1.79	.02
On-call*job demands interaction	(1, 3274)	16.0	<.001		
On-call*job control interaction	(1, 3274)	1.73	.188		
On-call*job strain interaction	(3, 3270)	3.75	.011		

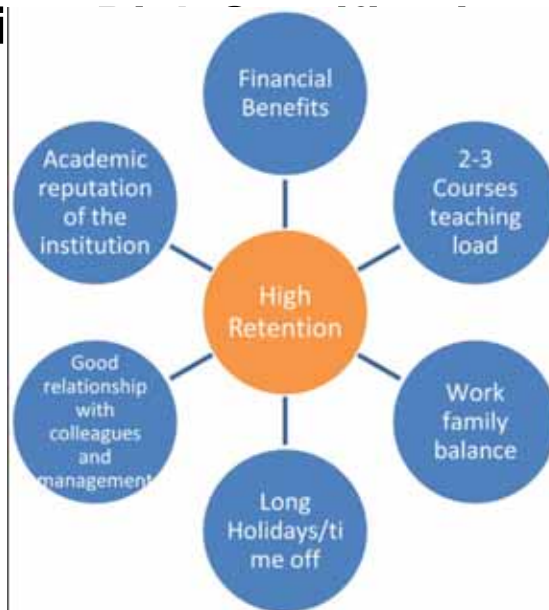
Heponiemi, et al. (2016) : Psychology, Health & Medicine, 21:1, 74-80



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## Intermedi

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Khan et al. Frontiers in education. 6: , 2021



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Trower, Mathews, and Benson, 2017

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## Intermediate Risk Stratification

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Kamat, et al. J Urol. 2014;192:305-15  
Matulay JT and Kamat AM. F1000Research; 2018, 7:1137

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## After-Hours / Weekend Phone Calls by Urological Subspecialty at a Tertiary Care Institution

- Purpose: nature and frequency of after-hours phone calls among urological subspecialties.
- Phone calls after-hours during the week (5 pm -7:59 am), weekends, and federal holidays were captured over 2019.
- There were 2,224 after-hours calls over the 1-year period;
  - 48% were urgent
  - Reconstructive and endourology had the highest number of after-hours calls
    - (34.8 calls and 17.3 calls per 100 patients, respectively).
    - Most urgent overnight phone calls
      - Reconstructive 3 call per 100 patients
      - Oncology 1.55 per 100 patients
      - Endourology (1.35 per 100 patients).

Golan et al . Vol. 8, 309-313, March 2021



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## Collaborative On Academic Careers in Higher Education COACHE

**The Conduct During Negotiations**  
Standardized processes are needed to mitigate the risk of inequitable treatment.



**Counter Offer Culture**

Of the faculty who actively searched for a position, 35% did so for leverage to renegotiate the terms of their employment. Half of those faculty ended up leaving their position.



**The Gender Gap in Negotiation**

The fogginess of the retention and renegotiation process is particularly disadvantageous to women.\* Among those who didn't ask for a counter offer, men were more than two times as likely to receive one.



**Communication is Key**

Department chairs are often the first point of contact when faculty receive an outside offer. Faculty reported being less satisfied with the the negotiation process when communication between chairs and deans was disjointed.

Trower, Mathews, and Benson, 2017

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### What Your Institution Can Do

Many departures are preventable; better practices can decrease faculty exit.

**Make Career Discussions Frequent and Intentional**



Nearly 1 in 4 of all faculty report that they actively sought an outside job offer in the past five years.

Many faculty feel that they need to have an outside offer in order to renegotiate the terms of their employment. Build out a regular cadence of check-ins to promote faculty feedback.

**Communicate Consistently with Dual-Career Couples**



48% of women compared to 21% of men cited this item as a primary factor in their decision-making process.

Institutions that have periodic check-ins with faculty about their satisfaction with spousal employment will be appreciated for their efforts to keep both partners satisfied in their positions.

**Encourage a Collegial Environment**

The more opportunities you create for faculty to engage each other professionally and personally, the stickier the institution becomes. You build social capital that becomes part of the cost equation when leaving.



**Implement Transparent, Fair Processes**

Uniform training for deans and department chairs can ensure that the negotiation and transition processes are smooth and equitable.

Practicing an "ethic of care" can go a long way toward demonstrating goodwill.



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Trower, Mathews, and Benson, 2017



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# Optimize Scheduling

## Consistency Matters

Stable coordination of the schedule

Schedule in advance (4-6 months)

Rotating clusters of faculty sign up

Consistent call period (1 week)

- Permit flexibility with subsequent swaps

Process for "joint" cases (stents)

- Reinforce the process with non-urologic surgical colleagues



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## Scheduling call

Our system has a separate pediatric hospital so this is adult only

- Stable coordination of the call schedule
- Schedule in advance (4-6 months)
- Rotating cluster of faculty access the sign up
- Permit flexibility with subsequent faculty swaps
- Split call to 4 and 3 week blocks rather than 1 week
- Process for minor joint cases (stents)
  - Reinforce the process with non-urologic surgical colleagues

abc

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## Scheduling call

Our system has a separate pediatric hospital so this is adult only

- Stable administrative coordination of the call schedule
- Schedule in advance (4-6 months)
- Rotating cluster of faculty access the sign up
- Consider scheduling
- Permit flexibility with subsequent faculty swaps



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## Objectives

- Broad factors driving faculty separation
- Impact of call
- Optimizing call schedule

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