



## Director's Corner

# Taking a Break: Mini-Sabbaticals in Stressful Times Lead to Flourishing

By Adina Kalet, MD, MPH

*In this week's Director's Corner, Dr. Kalet challenges us to find as many creative ways as possible to take a Sabbath break. "Mini-sabbaticals" may be the answer to our vitality in the long run...*

**Sabbatical:** Late 16th century via late Latin from Greek *sabbatikos* "of the sabbath."

*The meaning of the Sabbath is to celebrate time rather than space. Six days a week we live under the tyranny of things of space; on the Sabbath we try to become attuned to holiness in time.*

— Abraham Joshua Heschel, [\*The Sabbath\*](#)

I fear an impending brain drain. People are reaching their limits.

Over the past week, I have had some disturbingly pessimistic conversations with medical education leaders. These are high energy, optimistic, creative problem solvers who are committed to both their work and family lives. These are educators who love the privilege of working very hard while maintaining accountability to the public, the learners and each other. Now, they are hitting the wall. They are singing very different tunes.

One of my colleagues feels uncharacteristically unmotivated and tired. Another finds herself short tempered and pushed to her wits end by the daily demands of a leadership role she once relished. A third colleague is suddenly and unexpectantly choosing to retire early rather than return to a commute she found tolerable for decades. And still another is seriously considering stepping down from a beloved leadership position because institutional politics have taken the joy out of her daily work life.

Not surprisingly, they have told themselves to engage in self-care but, even as they try to focus on wellness, they learn that personal practices alone are not getting them through these hard

times. The exercises they try when stressed are too small and insufficient. The problems are more than personal. Institutional and cultural creativity is needed.

Their experiences are likely academic medicine's version of [The Great Resignation](#). It is not terribly surprising—given the confluence of the pandemic, racial injustice, and a destabilizing war in Europe—that even the hardiest among us is faltering. These faculty members are experiencing the emotional, physical, and mental exhaustion caused by excessive and prolonged stress. They feel emotionally drained and unable to tackle the challenges they normally handle. The “burnout” epidemic is worrisome.

Since we cannot afford to lose all this talent, it is time for some “outside the box” thinking. Especially if, as seems to be, that this is just the tip of a very deep iceberg.

Our colleagues need support. They need time to rest and recover. As a culture, we need to embrace the concept of “Sabbath.”

### **Sabbaticals are critical, but they are in short supply**

Traditionally, sabbaticals offered rejuvenating rest periods and powerful antidotes to professional burnout. Recipients had extended, protected breaks from their daily routines and responsibilities, allowing them to “sharpen their saws” and intentionally reflect on their accomplishments. They had the time to be circumspect and prioritize the next phases of their lives and careers.

While some institutions still offer the traditional yearlong, paid academic sabbatical to a vanishingly small number of faculty members, many schools have eliminated the practice altogether. In medical schools, where many faculty members are clinicians, paid leaves often require extensive, mysterious, and costly negotiations. As one of the few medical educators who has had the honor of taking a sabbatical, I believe reimaging the sabbatical for the modern moment could be just the transformation we need.

### **Can we revive and improve the concept of the sabbatical?**

There are shorter, flexible sabbatical models that democratize the individual and institutional benefits of a sabbatical while making them pragmatic for more faculty members.

Many health care systems, including the Veteran Health Administration (VHA), already allow directors to offer “leaves of absence” (usually unpaid) to clinicians who procure external funds to engage in formal or informal courses of study, thus bringing value to the clinical setting. It seems straightforward enough but, unfortunately, many clinical educators don't know where to begin. They don't have mentoring networks, encouragement, or proposal writing support to pursue funding.

This problem seems solvable at the institutional level. We can address this by creating a mini-sabbatical opportunity database and attract institutional and philanthropic support from academic partners, foundations, and professional societies.

An institution-wide mini-sabbatical program could enliven the institutional culture by regularly asking faculty to create sensible, ambitious plans with focused goals, structure, and accountability partners. The faculty would then be eligible to apply at regular intervals, e.g., every five to seven years, if they remain in “good standing” with the institution by providing support for their own colleagues who are on sabbatical. This approach encourages healthy team building.

Creating mini-sabbaticals is not a crazy idea. For instance, National Institutes of Health’s Clinical and Translational Science Award (CTSA) programs have developed a variety of “non-traditional” training experiences that allow participants to take short (two week to six month) breaks to acquire new skills and build new collaborations. These mini-sabbaticals can be profoundly impactful and are most effective when they are goal-focused, individualized, and used to promote team and multidisciplinary science. This is good for all of us ([Pillinger, et al.](#)).

### **How we can leverage institutional culture to cast a wider mini-sabbatical net**

Traditionally, administrative leaders—for example, course directors, clerkship directors, program directors, and deans—do not have access to sabbaticals since their day-to-day work is considered irreplaceable. Creating a culture where *all* members of an educational team could each take two to six months to be in residence at another medical school, study a different type of curriculum, take a formal course, plan a scholarly project, or write a time-intensive scholarly work, would change the “ball game.” The faculty member on sabbatical could stay in touch to advise, but daily responsibilities would be assigned to others.

As others “step up” or “cross-cover,” the institution benefits from the flexibility, matrixed knowledge of different components of the organization, and cultivation of potential leaders. This enhances succession planning. With the right attitude and a bit of funding for administrative oversight, we would all benefit.

### **MCW Faculty Vitality Award**

MCW’s version of a sabbatical is the Faculty Vitality Award (FVA). The goal of this annual award is to promote academic vitality and career development in either clinical or research productivity. Eligible faculty must have given six years full time effort at the level of Assistant Professor or higher and must commit to remaining on the faculty for two years after completion of the experience. Funding is shared between the department of origin and the Office of the Dean and can be either full-time for six months or part-time for twelve months.

These coveted awards have been used to bring home new research techniques, develop clinical quality improvements or new research or clinical programs, build databases, or develop educational programs. Testimonials suggest that many awardees have used this mechanism to change the course of their careers.

There is a huge problem, though. Only twenty-seven MCW faculty members have received FVAs over the lifetime of the program. Prior to 2014, three FVAs were given annually, however, in the last five years, a total of only six sabbaticals have been supported. MCW has almost 1500 faculty. This is just not enough.

### **My “brilliant” sabbatical experience at NYU**

My sabbatical proposal included the development and submission of a book manuscript ([\*Remediation in Medical Education: A Midcourse Correction\*](#)) and designing a medical education research plan based on visits to four exemplar programs (one in the US, two in Canada and one in The Netherlands). Because I was a tenured professor, my institution provided me with 50% of my salary for twelve months, which did not include in the denominator any grant funding or my clinical salary. This institutional support along with a “professorship” grant from the Arnold P. Gold Foundation meant I earned about 45% of my base salary. Despite collaborating with far-away programs, I had no support for travel.

As a family, we were able to make do. My kids were teenagers and could tolerate my being away a couple of weeks at a time.

In the midst of my sabbatical, Hurricane Sandy hit NYC and closed our three hospitals and the medical school for six months. Two weeks after I started, the medical school went through a “restructuring,” and cut me out of an educational leadership role I adored (very painful).

Despite these setbacks, the sabbatical was well worth it. Writing the book was a deeply satisfying and surprisingly communal activity (twenty-two chapters and thirty-four authors!). I established many new professional collaborations that continue to enrich my life, spent very “high quality” time with my teenagers and many others, discovered the coffee shops with the best Wi-Fi, and got back to playing the guitar.

Of course, there were some short-run downsides. I missed some big opportunities and strained some work relationships. Oh, and my base salary was significantly reduced for a while even after I returned.

The time to do new and different things was wonderful. The book became my “calling card” to many opportunities I could never have imagined. And the site visits enabled the most remarkable of all opportunities: moving to Milwaukee to direct the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education.

## **Let's explore the development of "mini-sabbaticals" together**

As we emerge from a very difficult period in history, we need to find new ways of doing business if we are to transform medical education. We need to roll out new and innovative ways to create content, support faculty, and train up the next generations of physicians, teachers, and leaders. This transformation will require institutional support and cultural change.

Investing in and supporting our faculty vitality with mini-sabbaticals will have surprising and important dividends, keeping faculty engaged and preserving precious human capital. Our most valued resource, our people, will be refreshed and be ready to move our work to the next level.

### *For further reading:*

Pillinger, M., Lemon, S., Zand, M., Foster, P., Merchant, J., Kimberly, R., . . . Saag, K. (2019). Come from away: Best practices in mini-sabbaticals for the development of young investigators: A White Paper by the SEQUIN (mini-Sabbatical Evaluation and QUality ImprovemeNt) Group. *Journal of Clinical and Translational Science*, 3(1), 37-44. [doi:10.1017/cts.2019.369](https://doi.org/10.1017/cts.2019.369)

*Adina Kalet, MD, MPH, is the Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education and holder of the Stephen and Shelagh Roell Endowed Chair at the Medical College of Wisconsin.*