

## Comment Examples\*

### FY18 Survey on Physician Work Experience at UCSF

Challenge	What's Working? What Has Improved Your Experience?	What is Challenging? What Would Improve Your Experience?
<b>Climate/Culture: The Gender Gap, Inclusion/Diversity, Disruptive Behaviors</b>	<p>“Participating in the diversity committee for surgery and feeling that I'm contributing to making change towards a more inclusive environment.”</p> <p>“Initiatives like differences matter and DEI training have given me hope in the values of the organization but there is work to be done to make them a concrete reality.”</p>	<p>“Gender equality. Unless you are a man, people don't even give you the time of the day. Doesn't matter what you may have done for the university.”</p> <p>“Diversity and decreased microaggressions”</p> <p>“...a pervasive and deep pattern of harassment in the OR...”</p> <p>“Improved efforts around minorities/women in the workplace. Support of junior faculty (vocalized desire to have us depart for other academic institutions due to the division being too large and unsupportable) Improved efforts around sexual, racial, and gender-based harassment”</p> <p>“Women are less valued than men, have less opportunity. People get randomly hired to positions that are not even known to exist as an opportunity to apply. The people hired are men.”</p>
<b>Salary/Cost of Living</b>	<p>“more philanthropy = more discretionary funds to help support programs and partially offset salaries with gaps. This reduces strains on budgets.”</p> <p>“I received a title and FTE support for some of the work I am doing. I am involved in pilots that are attempting to improve ancillary supportive services.”</p>	<p>“The pay:responsibilities ratio remains off. Either improve pay to offset cost of living issues, or assign more credit/protected time/etc for things that don't have either a RVU or grant funding attached to it (e.g. teaching, admin, service, other creative activities)”</p> <p>“The biggest drawback to working at UCSF is the pay differential with other academic and private centers, of course with UCSF salaries typically being lower than these other institutions. This is compounded by the fact that we live in an area with one of the highest costs of living in the nation. To be compensated for much of the extra work we do as</p>

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		physicians such as following up with patients over MyChart, including making significant medical decisions over MyChart, would go along way to improving satisfaction.”
<b>Clinical Inefficiencies (Parnassus OR, EMR, Documentation Burden)</b>	<p>“The addition of a dedicated e case room for acute care surgery made a huge difference in the care that we are able to provide to patients with emergency surgical problems and, therefore, significantly improved the quality of life of the surgeons caring for these patients. Given there are emergency general surgery add on cases nearly everyday, it made sense to dedicate OR time to care for these patients in a prompt fashion, rather than have surgeons waiting all day to operate into the night on patients who need prompt care or having to disrupt the elective OR schedule to operate sooner.”</p> <p>“Some of the more recent e consults are amazing.”</p> <p>“The new Epic training and PEAK team has been very helpful.”</p> <p>“scribe service has been wonderful addition- able to spend more time conversing with patients rather than referring to computer, spend more time on in basket during day compared to end of day, leaving earlier”</p>	<p>“Covering too many campuses.”</p> <p>“Too many patient phone calls to return. Need more AHP help in both the inpatient and outpatient setting. Charting takes too long. APEX has too many buttons to clinic. I shouldn't have to be constantly calling for insurance authorizations as a healthcare provider.”</p> <p>“Attempts should be made to improve efficiency in other areas of the OR as well (decrease turnover time, staffing for emergency cases on the weekends) to show that the surgeons time is valued as is the time of the nursing and anesthesia staff participating in cases.”</p> <p>“Respect for my time. They expect me to be ready for surgery yet turnover, bed availability in pre and postoperative area is awful. Very difficult to arrange research meetings and our ability to get home to be with our families.”</p> <p>“Each clinical day is longer and there is no predictability as to when one can leave the OR even when not on call”</p>
<b>Resource Restraint in a Time of Growth</b>	“After 5 years of requests for reading room coordinators, who do hospital telephone operator work instead of the physicians doing this, one person was hired into a newly created permanent position.”	“Patient care volume continues to increase without increasing staffing, changing team structures, or increasing compensation. It seems like the Medical Center leadership continues to press for increased volume without increased resources and we are constantly being asked to do more. It is too much from the

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		<p>standpoints of patient safety, hospital capacity, and personal well-being.”</p> <p>“Chronically understaffed on clinical side -- pressure from medical center to limit number of phone staff, front desk staff, and nursing personnel is making it more and more difficult to provide care. Department keeps growing, but staff growth isn't keeping up with the patient volume.”</p> <p>“Stop the insane pressure to discuss RVU productivity all the time. Parnassus has become so focused on RVUs, we have lost our way.”</p> <p>“The head lights are outdated and dangerous(neck injury) Our equipment is old, breaks frequently and we are told there is no budget for replacement for our team.”</p>
<p><b>Increasing Virtual Care and Unreimbursed Clinical Work (In Basket, Phone Calls, Follow Up, Documentation time)</b></p>	<p>“Having nurse practitioners help to cover inboxes of people on vacation. It is hard enough to complete my own inbox daily, it is REALLY hard to also cover someone else's inbox when they are on vacation.”</p>	<p>“We spend an inordinate amount of time that is not face to face, thus is not recognized or reimbursed. I estimate this as being equal to face to face time or more.”</p> <p>“Patients want access to their doctor at all times and I do not blame them, but over time the extra 1-3 hours I spend daily doing on this virtual care is feeling burdensome because it is not factored into my day or recognized in any formal way.”</p>
<p><b>Effective Teamwork/Support</b></p>	<p>“Love working with one MA, we are a great team and our efficiency and flow is excellent.”</p> <p>“ MA/LVN/Nurse supervision has become more seamless and responsive.”</p> <p>“Nurse practitioners - they do so much to help with acute visits and indirect patient care”</p>	<p>“Clinical work is incredibly difficult. Faculty and staff are working as hard as they can, but in silos. There is limited collaboration and coordination.</p> <p>“Every year it becomes more difficult to take care of patients, as administrative staffing is cut, physicians are asked to take on increasingly greater administrative roles, and resources are scaled back.”</p>

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	<p>“When I transitioned my calendar management (including doodle polls) to an admin team member, that was a game-changer for me - huge improvement!”</p> <p>“I also practice at DGIM and really appreciate all the hard work they've done as a practice to hire NPs to help with vacation coverage and to help with clinically urgent messages from primary care patients that come in throughout the day.”</p>	<p>“More tools and help to decrease burden of APex work. I spend at least 20 hours per week outside of clinic time doing apex work”</p> <p>“More ancillary support in the outpatient setting -- having an MA/LVN dedicated to each physician who can help offload some basics of Epic in basket and return patient phone calls. The in basket takes up so much of my time. Improving rooming of patients and seeing patients who are new who haven't had their clinical documents scanned in before.”</p>
<p><b>Collaboration/Community/Connection</b></p>	<p>“Continued improvements in web conferencing between campus locations helps to maintain colleague interactions, while minimizing disruptive commute time between sites.”</p> <p>“Part of a group that meets, getting to know my colleagues and solving challenges together”</p> <p>“The dedication and quality of people I work with at UCSF is head and shoulders above other institutions, and I've spent a significant part of my career as a faculty member elsewhere.”</p> <p>“Leadership attempting to instill unit cohesion, open discussions, compassion and a genuine desire to improve and help each other and patients.”</p> <p>“Faculty lunches in cardiology, more socialization among cardiology faculty. Support for quality and safety programs within our division. Improved structure and communication across the heart and vascular center.”</p>	<p>“More collaboration and cooperation between different divisions. Some divisions are adversarial and difficult to work with.”</p> <p>“more collaborations, camaraderie, colleague socialization, less geographic dispersion of campuses”</p> <p>“Seeing my colleagues more often—this is a big change as UCSF has expanded”</p>

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	<p>“The monthly grand rounds/didactics and division meetings helped provide a forum to catch up with the majority of the group and keep us from getting isolated in our work-niche within the Division.”</p>	
<b>Improving Patient Care</b>	<p>“Multiple QI projects showing improvements frequently”</p> <p>“Having a teamlet that understands patient care values and works very hard to achieve our goals to provide excellent care and communication for better outcomes”</p> <p>“I am grateful for the Health System's foresight in supporting the Pediatric Brain Center. Organizing neurology, neurosurgery, rehab, and pain/palliative care into a single clinic was a brilliant concept, loved by providers and patient families alike.”</p> <p>“Increasing efforts to make our clinical operations function more like a health system set up to serve our patients, more than here to serve our research needs...”</p>	<p>“Better supporting the consumer experience of my patients, who I feel like have to often crawl through broken glass to receive care at UCSF.”</p> <p>“Patient boarding, waiting times, anger at waiting times, dangerous deterioration of patients while awaiting inpatient beds. These issues have made our ED unbelievably stressful with added concerns over legal ramifications for bad outcomes - all while UCSF continues to advertise that we are the best in California. Patients expect a better experience and blame us as physicians that we are not able to provide better care.”</p>
<b>Physical Structures (Outdated)/Faculty Offices</b>	<p>“Knowing that UCSF is planning to make a substantial investment in maintaining and updating the Parnassus campus (where my clinical service and research laboratory are located) has bolstered my enthusiasm for continuing at UCSF.”</p> <p>“Getting an office with a window has been huge.”</p>	<p>“Clinical faculty have cubicles instead of offices. This is a disaster when it comes to privacy, HIPAA, and recruitment of the best faculty. This situation really needs to be fixed.”</p> <p>“The physical plant is in disrepair; in the ICU, the computer terminals are inadequate, dirty and often do not work.”</p>

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	<p>“The faculty lounge has been a great addition. Feels like a “safe haven” to be able to work and decompress with colleagues.”</p>	<p>“Better parking: particularly difficult for busy clinician that goes between campuses.”</p>
<p><b>Bureaucracy/Hard to Get Things Taken Care Of</b></p>	<p>“The monthly truth north board has made an impact; there is this central leadership that kind of supervises and I have found this has improved our clinic. Things are being tracked and getting done.”</p>	<p>“Less bureaucracy in order to facilitate hiring staff”</p> <p>“The administrative "org chart" has bloomed over the last decade, with a highly-paid CXO at every level, and the level of bureaucracy that we are now seeing is unprecedented. It is impossible to accomplish anything now without sign-off from a health system CXO or SOM leader even beyond the department chair.”</p> <p>“When it is difficult to obtain up-to-date ultrasounds, or EEG monitors, or fluid warmers, or IV sets, etc, then it feels that our contribution to patient care is not as respected.”</p>
<p><b>Leadership</b></p>	<p>“The new leadership in the ILD clinic under Dr. Rupal Shah has immensely helped this clinic run better.”</p> <p>“New departmental leaders have begun to grow into their roles, leading to improvements in the overall atmosphere and faculty morale.”</p> <p>“Although we sometimes don't see eye to eye, the medical center administration engages faculty and truly listens. UCSF is a tremendous place to work.”</p> <p>“Working with a medical director who shows she really cares and takes interest in each provider’s well-being”</p>	<p>“Timelier response to requests and feedback on the part of UCSF Health leadership, with updates when plans change or are delayed.”</p> <p>“Improved relations with department leadership Improved transparency Greater support and encouragement to do things, develop creative/innovative solutions etc. Being included in decisions that affect me.”</p> <p>“Feeling more supported on a professional level by division leadership, i.e. having a better idea their vision of your future role in the division is and how they can support you to achieve that vision.”</p>

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	<p>“Responsiveness of department leadership to make needed changes in our schedule and how thinly spread we were among multiple hospitals.”</p> <p>“I do like the True North rounds in the ACC -- it allows us to at least have a forum for us to express our views.”</p> <p>“Department Chair who is enthusiastic and committed to faculty development”</p>	
<b>Internal Communications</b>	<p>“Ability to meet with medical center leadership outside of Departmental hierarchy has helped me have a voice but also hear firsthand plans administration has for the future.”</p> <p>“significant improvement in departmental communications; our chair's openness in meeting with faculty, staff, trainees via office hours; vice chairs meeting with faculty regularly”</p>	<p>“Nothing at all changed to enhance my work experience. Was there some effort made to improve the work environment? If so it did not trickle down to the trenches.”</p> <p>“Greater transparency. The SOM and UCSF Health have advertised greater transparency now for several years, and yet there is little if any transparency in far-reaching decisions.”</p> <p>“It is difficult to plan strategically when there is so little communication between the people holding the purse-strings and the end users. More money would clearly help... But improved integration of the stakeholders into the process would go a good distance in improving attitudes toward the perceived lacks.”</p>
<b>Balancing of Academic and Clinical Missions</b>	<p>“Our PEM Division is working to create a more academic and collaborative work environment by creating "double" coverage in the PED. This will give attendings more time to work with learners and even discuss practice styles with one another. UCSF should support this move to improve patient satisfaction, learner needs, and attending productivity.”</p>	<p>“The problem is that at times it can be too much when other tasks such as running educational programs, laboratories etc. are not appreciated for the time they demand and often less time is deducted from service time than is clearly justified. Faculty in these situations often cannot find the time, focus and energy to carry out high quality academic work. They come in with great enthusiasm and do a few promising projects and then often it peters out and they get in trouble when it is time for evaluation and promotion.”</p>

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		<p>“I think that there is an inherent disconnect between the academic productivity that is so highly valued in this institution and delivering clinical care, which seems to be more RVU and volumed based than focusing on delivering excellent care.”</p>
<p><b>Well Being Resources and Culture</b></p>	<p>“effort to expose attendings to mindfulness / stress reducing activities / opportunities.”</p> <p>“12 weeks paid leave has helped me feel comfortable taking maternity leave”</p> <p>“I love the book club I attended”</p> <p>“Attending a communications course also has improved my satisfaction in clinic”</p>	<p>“Maternity leave policy. My husband works in the tech industry and his paternity leave was longer than mine previously. Also I think it's important to not feel that i'm burdening other members of my department by taking maternity leave. expansion of the Mission Bay Child care center. I'm hoping we will now be able to get our son in to preschool there.”</p> <p>“Better support for physicians: eg, flex time for wellness, ability to call in sick (nearly impossible with low faculty staffing”</p> <p>“Computer culture makes it more difficult to "finish work at office", so harder to be "relax after work at home" due to ongoing charting needs after dinner.”</p>

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