Academic Productivity – What Does it Mean and How Do We Measure It?

What comes to mind when you hear the term “academic productivity?” Does it create a nice warm feeling inside, or does it provoke feelings of concern or even anxiety? If you’re like me, you often go back and forth between the two ends of the spectrum. Measuring the academic productivity of a faculty member often focuses on such metrics as published journal articles or abstracts, grant submissions and awards, presentations at various meetings, hours spent in the classroom or lab, or other similar activities. For clinicians, measurement of clinical productivity is a prominent concern often overshadowing these academic activities. Academic productivity has been the subject of research and scrutiny over the years. Within higher education in general, it has been said that people outside the university are often most concerned about the quantity of work, while people inside are most concerned about the quality of work.¹

Academic work is very nuanced and unique in various disciplinary settings. It is important to recognize this fact, and to value academic work at every opportunity. As part of a newer medical school and academic health center, our faculty continues to grow in terms of our productivity and our commitment to the ideals of the professoriate. I hope you feel as privileged as I do to work in our academic setting here at VTCSOM and Carilion Clinic.

How about another question: what do you think about when you
“The more often you share what you’ve learned, the stronger that information will become in your memory.”

-Steve Brunkhorst

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hear the term “Digital Measures?” Several years ago, our medical school decided to invest in a productivity database program and settled on Digital Measures. It took several years to build the system, train “super users” in each department as well as faculty members and discover how to take full advantage of the system itself. For some, using this database has greatly simplified the preparation of a variety of tasks and enabled us to gain insights into the strengths of our faculty. For others, it may be viewed as “a necessary evil.” For those of us who work with the database daily, we are now contemplating how to integrate these functions into the larger systems of the university, no small task when you consider that we now have between 800-1000 individuals in the system. Please keep in mind that Digital Measures is simply a tool. However, it serves several important functions for the school, such as facilitating annual performance evaluations and providing information for reporting and accreditation purposes. More importantly, it is designed to be useful for YOU, our faculty, in keeping track of your work overtime and supporting the advancement of your career. In my view, the database is more than a data repository; I believe it tells a story. The data contained in Digital Measures is, in many ways, a powerful story about the incredible contributions you are making every day to the lives of your patients, colleagues, and the community. It presents a compelling picture of a vibrant group of academic faculty who are dedicated to our common mission!

If you should need assistance in using Digital Measures to tell YOUR story, please contact either the designated Digital Measures specialist in your own department, or call upon our Offices of Faculty Affairs and/or Faculty Development. In this regard, please welcome our new Faculty Affairs staff member Brendle Wolfe! Brendle is our new Digital Measures Administrator. You can reach her by phone at (540) 526-2566 or email her at brendlew@vt.edu. Welcome Brendle, and thanks for being part of our story!

David W. Musick, PhD, Senior Dean, Faculty Affairs

At VTCSOM our mission is to develop physician thought leaders through inquiry, research and discovery. Preparing future leaders in medicine requires knowledge of how health care is delivered and how to optimize the quality of health care for patients and populations. This content draws from multiple different areas of expertise and has been given the name “Health Systems Science (HSS).” Each month this year the Dean’s Corner will highlight one of the 12 domains of HSS.

Population and Public Health is one of the HSS core domains. Included are all issues related to traditional public health and preventive medicine, including the full range of health determinants affecting the entire population rather than just those individuals who are sick. Curricular content includes the organized assessment, monitoring, or measurement to prevent disease and injury, promote health, prolong life, or improve any other health outcome for a group of individuals (e.g. geographic populations such as nations, communities, ethnic groups, or any other defined group), including the access to and distribution of such outcomes within the group. The dynamic interrelationships among various personal, socioeconomic, and environmental factors that relate to health outcomes or prevention are also featured.

Efforts are underway to develop a milestones framework for each HSS domain. Identifying the knowledge and skills that define five levels of achievement, from novice to expert, will help follow each student’s progress and the curriculum’s overall effectiveness. More information.

Population health management (PHM) training for residents is also gathering momentum. Last June the AAMC sponsored the meeting “Population Health Management in Primary Care Residency Training Programs.” Held in the AAMC’s Washington, D.C., offices, the meeting included representatives of the AAMC, University of California, San Francisco Center for Excellence in Primary Care (UCSF CEPC), and Centers for Disease Control and Prevention (CDC) and leaders from seven residency programs in family medicine, internal medicine, and pediatrics that were identified as exemplary in key aspects of PHM. The meeting culminated in a consensus regarding 10 interrelated requirements that comprise a comprehensive PHM system. The seven key activities include panel management, patient risk-stratification, care management, complex care management, self-management support, addressing social determinants of health, and ensuring health equity. These activities rely on three critically important foundational elements: data infrastructure, team-based care, and community engagement. A full report is available here at no charge.

Knowledge about population and public health is essential for helping health professionals identify and improve aspects of care in their communities.
As many of you know, we’re hosting a special Dean’s Forum, February 3 and 4 featuring Dr. Jed Gonzalo, one of the nation’s foremost experts on the subject of HSS. Dr. Gonzalo’s professional appointments are many, including associate dean for health systems education, associate professor of internal and hospital medicine, and associate professor in the Department of Public Health Sciences at Penn State College of Medicine, which is a founding member of the AMA’s Accelerating Change in Medical Education Consortium and an early adopter of HSS in medical education. Dr. Gonzalo co-authored the first book on understanding core HSS fundamentals and many scholarly publications informing HSS curriculum implementation.

I highly encourage you to come to one of the Dean’s Forum sessions. They will stimulate us to envision the many opportunities we have in the clinical learning environment to advance the education of our medical students, residents and allied health professional students. View Dean’s Forum schedule.

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