



Duke University School of Medicine

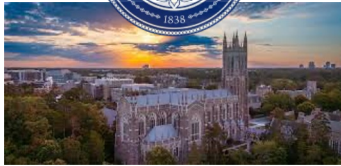


Department of Pediatrics  
Duke University School of Medicine

# Staffing Strategy: Where to Start?



# Background



<b>48K</b> Employees across Univ and DUHS	<b>#2</b> Private Employer in NC	<b>20</b> College, Schools & Institutes
<b>8,693</b> acres		
<b>1,398</b> faculty + <b>9,323</b> staff		
<b>13,670</b> students		
<b>\$1.13B</b> sponsored awards		

## Duke University School of Medicine



<b>18</b> Clinical Departments	<b>4</b> Basic Science Departments	<b>14</b> Centers & Institutes
<b>57</b> Degree/Cert + <b>160</b> GME		
<b>2,809</b> faculty + <b>6,030</b> staff		
<b>3,622</b> students/trainees		
<b>5M</b> outpatient visits annually		

## Department of Pediatrics Duke University School of Medicine



<b>18</b> Primary Care & Specialty Divisions	<b>14</b> GME Programs	<b>#5</b> NIH Rank (\$49.7M)
<b>12</b> Clinical Sites		
<b>270</b> faculty + <b>239</b> staff (exc. clinical)		
<b>~160</b> PGY1 and up		
<b>~140K</b> outpatient visits annually		

# Clinical Department – Administrative Scope



How do you create a staffing model **AND**:

- Meet **financial** expectations/constraints
  - Anticipate **centralization** at a higher level (SOM, practice plan, health system, etc.)
    - Ensure staff **satisfaction**
- Meet **expectations** of all stakeholders (SOM, practice plan, faculty, trainees, patients, sponsors, etc.)
  - Plus more!

U  
C  
E  
Education Management

**Research Administration**  
Stats, Scientific and Project Support

Operation Administration (HR, Finance, Department/Division Administration)

# Staffing Strategy & Approach



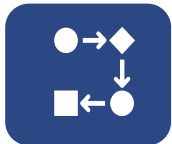
## WHAT IS THE WORK?

- Map core functions then quantify workload by:
  - Transaction volumes (e.g., number of hires, HR transactions, appointments), research metrics (grant submissions, awards per PI), number of faculty or student/trainee, etc.
- Identify seasonal patterns (academic cycles, grant deadlines).



## WHAT IS THE STAFFING?

- Role clarity, succession planning, and retention
  - Tier 1: Transactional/Operational
  - Tier 2: Specialists
  - Tier 3: Strategic/Leadership



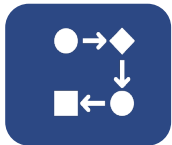
## WHAT IS THE PROCESS?

- Don't staff broken or inefficient processes - fix the process first!
- Standard work, streamline, automate, digital forms, leverage AI, best practices



## WHAT CAN BE CENTRALIZED?

- SOM/Health System/Practice Plan vs Department
  - What work must be standardized across units?
  - What can be decentralized for high-touch service?



## WHAT IS THE PRIORITY?

- Align with priorities, compliance, stability vs growth
- Understand service-level expectations – realistic based on workload and staffing



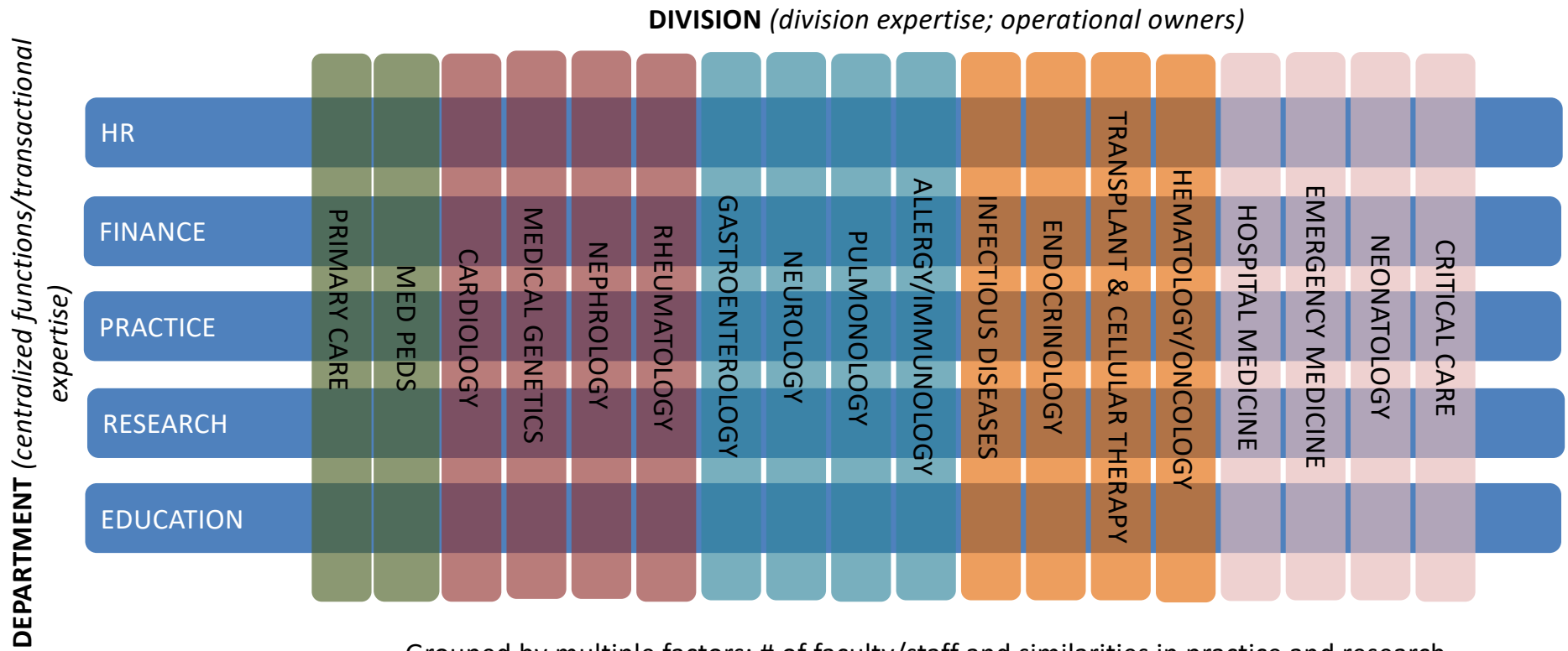
## WHAT IS BEING MEASURED?

- To ensure right staffing to workload, measure!
- Look for benchmarks (used in other areas or make your own!) and monitor.

# Staffing-to-Workload Process and Data

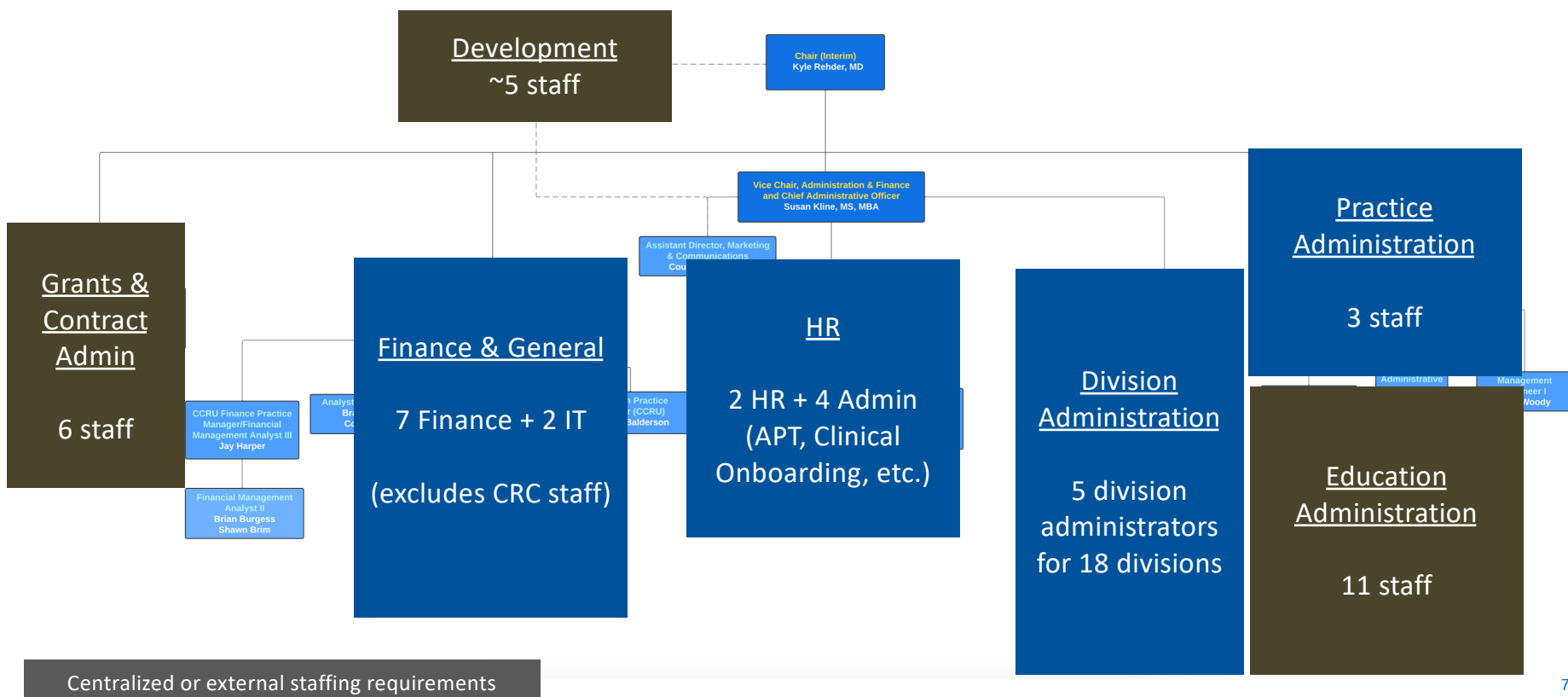
Function Area	Detailed Tasks	Mandatory? (Y/N)	Volume Driver (e.g., faculty FTE, grants, students)		
HR					
Finance					
Research Administration					
1	<b>Task Category</b>	<b>Metric</b>	<b>Annual Volume</b>	<b>Peak Periods</b>	<b>Notes</b>
General Adm	Hiring & Onboarding	# of hires / year			
IT Coordina	HR Transactions	# per month			
Facilities/S	Purchase Orders	# / month			
	Grants	# / month			
	Grant Submissions	# / year			
	Active Grants	# of awards			
	Student/Postdoc Support	# of awards			
<b>Task</b>	<b>Avg Time per Task (minutes)</b>	<b>Frequency (annual count)</b>	<b>Annual Hours (=AvgMin*Freq/60)</b>	<b>Notes</b>	
Onboarding				0	
Offer Letter Processing				0	
Travel Reimbursement				0	
2	<b>Category</b>	<b>Total Annual Hours</b>	<b>FTE Needed (Annual Hours ÷ 2,080)</b>		
3	Supporting (finan	HR		0	0
Event Coordinat	Finance			0	0
Scheduling	Research			0	0
	Education			0	0
	Operations/Admin			0	
	Total	0		0	

# Framework



Grouped by multiple factors: # of faculty/staff and similarities in practice and research  
*Share* divisional administrative staff (administrator, coordinator, staff assistants, CRCs, etc.)

# Administrative Structure



## 3 Key Lessons Learned

- **Form Follows Function**
  - Understand the work and purpose before who and how tasks should be done
- **The Multi-Mission Workforce**
  - There is overlap across the academic and clinical mission (plus divisions and departments) so leverage it for efficiency and staff development or consider centralization.
- **Progress Over Perfection**
  - Chasing 100% perfection can prevent you from finishing at all or make you less flexible to try and then improve later

# Breakout Session – Learning from Each Other

Academic medical centers are **complex** environments where roles, funding, and compliance requirements vary across centers as well as entities within a center (department, center/institutes, etc.)

Internal and external factors add **additional pressure** – grow but no incremental resources, which relies heavily on staff who have limited capacity to absorb new work.

## Breakout Question 1:

What ratios and benchmarks do you use for staffing?

## Breakout Question 2:

What have you centralized at a School level vs Department level? What are lessons learned?