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Best size for a team

Dear Jill,

I am putting together a project team. Part of my first step is deciding how many people should be on the team. Do you have any guidelines for the optimal number of people that should be on a project team?

ASK JILL

— B



JILL MCGILLEN

Dear B,

My own experience tells me that five is an optimal number. Due to the smaller size, accountability is greater and efficient and timely decision making is likelier to occur.

Larger groups can get bogged down trying to reach consensus, and personality clashes can get in the

way of productive results.

Barry Gibbons, in his book *This Indecision is Final*, agrees and tells the following story:

“At a major corporation I worked for, I looked forward with excitement to the first meeting of a task team in which I was to be included.

The boardroom had been booked for the meeting and when I got there 22 people were crowded around the table with backups sitting against the walls. (Due to the size) we got nowhere.

Effective teams need to debate quickly (and objectively), make decisions fast, and communicate constantly among themselves.”

The author also recommends five as the optimal number for project teams and mentions that communication among project team members is critical.

Since an important mode of communication on project teams is team meetings, you may also consider how to prepare and conduct meetings check out this website for other helpful tips on project team meetings: <http://www.washington.edu/computing/pm/meetings.html>.

In order to maximize the effectiveness of your team, I recommend having everyone discuss and commit to the concept of “team” before beginning any project work. Consider these ideas while composing your team: “What sets apart high-performance teams ... is the degree of commitment, particularly how deeply committed the members are to one another.” and “Teams do not seek consensus; they seek the best answer.”

Both from Jon R. Katzenbach & Douglas K. Smith, *The Wisdom of Teams*, another good resource for developing a solid project team and anticipating issues that arise within teams. Good luck!

— Ask Jill, Continued on page 2

At Work With: Gretchen Rothrock

Health program manager

By Linnea Smith Jessup



PHOTO BY JIM CHAPMAN

GRETCHEN ROTHROCK holds a Master's in Public Health and interacts with many organizations.

WHILE health is a concern for most of us, we may not think beyond our own family and how diseases may affect our communities and the world. This public health professional, however, focuses on health issues every day which impact us. Here she relates some of the aspects of her complex job.

Tell us about the organization you work for and how it benefits all of us.

I work for the California Emerging Infections Program, a special public health surveillance and research program co-directed by the University of California Berkeley School of Public Health and the California Department of Public Health (CDPH). It is funded primarily by the U.S. Centers for Disease Control and Prevention.

The way that it benefits all of us is that specific diseases and the people that acquire them are identified and studied to help understand them more so that we can make recommendations to assist in reducing the occurrence of these diseases. Everyone can benefit from the information gained in our studies since it can be applied to the overall population.

We have our finger on the pulse of a selected group of infectious diseases. Many of them are food-borne and vaccine-preventable diseases. Since we know how much is usually out there, we can see unusual increases or outbreaks. We conduct active surveillance — which means we are always receiving

information about all cases [in this geographic area] as they are being diagnosed and confirmed by clinical laboratories. We do additional studies on these organisms — for example E. coli 0157:H7i — Right now we are studying patient outcomes for those who contract that specific disease and hope to eventually be able to make recommendations for how this disease is treated. We can save millions of dollars if we can prevent disease, especially compared to the cost of treating it. For example, we know that washing our hands can prevent transmission of many diseases.

What training and education was needed to take on your position at CEIP?

I have a bachelor's degree in biology from Cal State East Bay and a Masters in Public Health from UC Berkeley. My emphasis at Berkeley was what is now called the Infectious Disease Division. I received extensive training in laboratory work like culture techniques (for both bacteria and viruses). I also did a lot of study of epidemiology — that's the study of disease and health in the

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PHOTOS BY JIM CHAPMAN

GRETCHEN ROTHROCK interacts with colleagues as well as compiles data and educates others.



Gretchen Rothrock

Job title:
Health program manager

Place of employment:
California Emerging Infections Program

Years on the job: 19 years
in the public health field

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population. That's what I love to do. That's where being a medical detective comes in. I've attended many seminars and continue to attend international and regional conferences on infectious diseases. CDC sponsors an international conference every two years, for instance, where we learn more about what diseases may need further study and which ones will be the highest priority to study.

In addition to protecting the public, what are your specific duties?

A huge part of my work is protecting human subjects. This is the area of medical ethics. Any time you do a study on humans there are committees who review and reject or approve the protocols we develop to make sure we are in compliance with protecting human subjects. I'm responsible for many projects, which means I'm responsible for making sure we are complying with all laws and regulations. Along with that is HIPAA (Health Insurance Portability and Accountability Act), which strengthened individuals' rights to privacy in 2003. Much of my job is spent letting institutions know that we are legally authorized to obtain the information we are seeking. As a public health professional as well as an agent of the state department of public health, all of our staff has authority to investigate diseases that are reportable by law or of public health importance. I also manage budgets, write contracts, handle personnel issues and am responsible for making sure our annual project renewals are completed and submitted on time to the CDC.

What are the most important skills you have in this position?

Communication skills, along with having a degree in the field I'm working in. One of my best skills is study implementation, which involves figuring out what we need to look for [based on CDC protocols] and how we will get the information that we'll need. I need to be pro-active. For example,

I might hear about a project we need to start — a project might be suggested by CDC and the money might be here, but first we will need to translate the questionnaire into Spanish or other languages, because we have to reach all parts of the community if we are going to represent the true community.

The Emerging Infections Program (EIP) is funded in 10 states, each overseeing a group of about 3 million, so the program sites study about 10 percent of the total population of the U.S. Therefore, our data give us a snapshot of about 10 percent of the total population. CDC often uses this snapshot to extrapolate what they believe may be occurring in the remainder of the U.S. Our 10 sites are chosen to be diverse enough to be able to generalize our data and apply it to the entire U.S.

How do you organize research or study projects when an outbreak occurs?

First, CEIP conducts baseline surveillance — we are assigned to track specific diseases on an on-going basis. Additionally, CEIP is not responsible for responding to most disease outbreaks. The local health departments are still the primary responders to outbreaks. CEIP provides assistance with outbreak investigation to local health departments only when asked. If we notice that the disease rates are higher than usual, this might indicate an outbreak is occurring. We often rely on our local health departments to let us know when an outbreak occurs. If and only if that health department requests our assistance, we may help them by developing study instruments, interviewing cases who have become ill, and/or analyzing data.

We always have to be ready to take on other duties. Our "surge capacity" is like an emergency response team but works for as long as it takes to complete an investigation, and may result in a publication. Once we have been asked to assist then we focus intently on a specific disease or outbreak — we pretty much have to drop everything we're doing and run with it [the

outbreak or public health emergency].

A lot of what drives what we do is pressure from the government, and sometimes the media spurs the government to action. For example, reports of the "flesh-eating disease" grabbed a lot of attention a few years ago. It received a lot of publicity which raised concerns with public that it was a major problem. This then generated the need to address just how much of a problem it really was. Since the outcomes are so severe and debilitating (sometimes deadly), it was the kind of problem that drove CDC's priorities, so we added it to the diseases that we regularly follow and conducted some special studies about it.

The Emerging Infections Program is a high priority for the government. It came on the heels of the AIDS epidemic and challenged us to improve our public health infrastructure to avoid other epidemics through quicker response and studies before outbreaks become larger, more severe epidemics.

We have one foot in the university (UC Berkeley, School of Public Health) and one in the state department of public health (CDPH, Center for Infectious Disease). We form a collaboration between multiple agencies so that we can train health professionals and work with our state public health partners simultaneously.

The principle investigators and staff such as me gather annually at the CDC and prioritize what public health issues should be addressed in the coming year. In the last few years, one of the newer emerging problems has been Methicillin-Resistant Staphylococcus aureus. It used to be something you only saw in hospital patients, but now we're starting to see that it's appearing in the community — so we need to assess which cases are coming from the hospital and which are contracting the disease outside the hospital and characteristics of both. What are the similarities and differences? Do the PFGE [genetic] patterns show the same strain and are they coming from the same source or are they coming from different sources? We can also

compare strains from people in other states to identify commonalities and or whether they are from related sources or outbreaks.

What are some of the jobs that people with your education do?

I can't practice medicine but I can conduct research and oversee studies. If I had more statistics training I could do data analysis and write papers on that analysis.

If you have an MD with an M.P.H. you can conduct research and treat patients. An RN with an M.P.H. can do research and administer care. A person with my background could do research at Kaiser or other health programs, for the CDC, a state health department or even an insurance company looking at questions about patients' health care or health care utilization. Or, a person could work for a drug company or a biotechnology firm. In addition to project management, a person could become an assistant branch chief for a state or local health department.

My passion is public health. I like being able to contribute to a making a healthier and safer world.

I started in 1988 as surveillance officer, became a project coordinator in 1992, a program coordinator for California EIP in 1994 — with many projects under one topic: Emerging (and re-emerging) Infections. I'm now a health program manager.

Between 1994 and 1998, the Emerging Infections Program in California quadrupled in the number of projects, number of personnel and amount of budget. The funding has stayed fairly level for the last several years.

What salary levels can a person with a MPH expect to attain?

Salary levels vary by public and private sector, as well as by state or geographic location. Starting salaries for a MPH are in the \$40,000s, but with experience and additional skills salary can go up to the \$70,000s.

For more information, visit the website www.CEIP.US.

ASK JILL

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Dear Jill,

I remember you wrote some tips about e-mail etiquette. I am getting comments from staff about overly lengthy e-mails from their peers. Would you re-publish those tips?

— N

Dear N,

Here are some general tips:

1. Keep it short and sweet — one screen or less. Edit ruthlessly and be professional in your tone.
2. Use bullet points rather than long dense sentences to make your points focused and brief.
3. Give the essence of your message in the subject line. For example: September 17 meeting rescheduled to Sept. 20.
4. Spell-check your e-mails. For (32) additional rules for e-mail etiquette, check out this helpful website: www.emailreplies.com. And since Instant Messaging (IM) has become another option for many, here are a few etiquette rules for using IM (many are similar to e-mail considerations):
 1. Knock before you enter: IM's are great for finding out if someone is available. "Some people like to use IM to ask if they can call," says etiquette expert Noe Spaemme. "That way, if someone is in your office, or you're busy, you can say it's not a good time and you'll call back in 20 minutes."
 2. Be brief: Enough said.
 3. Be appropriate — particularly with business relationships. Use IM the same way that you would write an e-mail or a typed letter.
 4. Keep it informal — instant messages are not replacements for serious, face-to-face communications.
 5. Don't overuse jargon — Don't overuse acronyms or abbreviations.
 6. Express yourself — Consider use of emoticons — where appropriate. For more on acronyms and emoticons, check out LOL :) — A Guide to Internet Lingo and Emoticons.

Jill McGillen is president of NEXT TURN Consulting. Send questions to askjill@nextturnconsulting.com. For additional work advice go to www.nextturnconsulting.com.