

# University of Massachusetts Medical School



**A Culture that Supports Flexibility  
and Promotes Success**

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# Faculty may follow different paths to success

## *Requires:*

- Support: academic & personal
- Individual attention
- Options & choices: ***flexibility***
- Good data: checking vital signs of your academic medical center & culture
- ***Empowerment*** of faculty to “take charge of their careers”



# Faculty success requires *flexibility* in sculpting a career path

## Options in appointment and promotion

- traditional track or modified track

## Options in work effort

- full-time or part-time

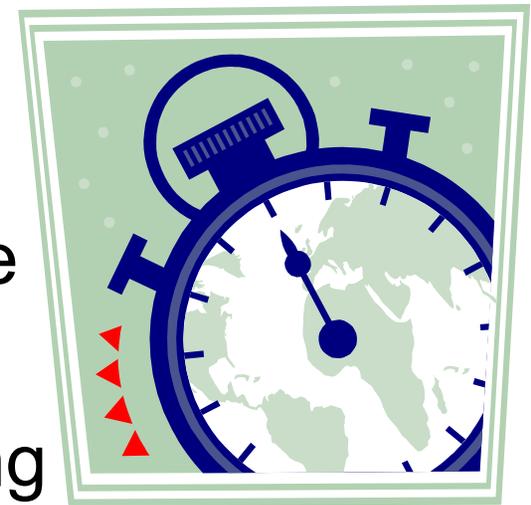
## Options in tenure policies

- delay of tenure
- change of tenure track



# Faculty have compelling circumstances: “Reasons to Delay Tenure Decision Year”

- Approved personal leave with extended absence
- Assignment of substantial clinical duties during tenure probationary period
- New administrative position
- Temporary transfer from full-time to less effort
- Challenges in NIH budget/funding
- Other compelling circumstances



# Faculty success requires *individual attention*

**Mentoring programs**

**Faculty Scholar Award**

**Annual Performance Review**

**FADL**



- **Faculty Advancement Departmental Liaisons**

# Faculty success requires *institutional support* for professional development

## Support for advancement of women faculty

- ELAM/AAMC conferences

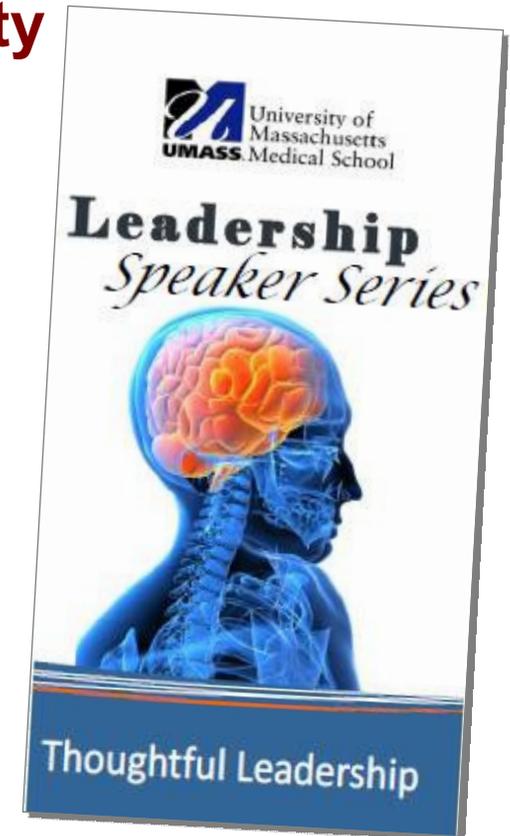
## Development of minority faculty

- Faculty Diversity Scholars Program

## Leadership skills development

## Faculty [support] groups

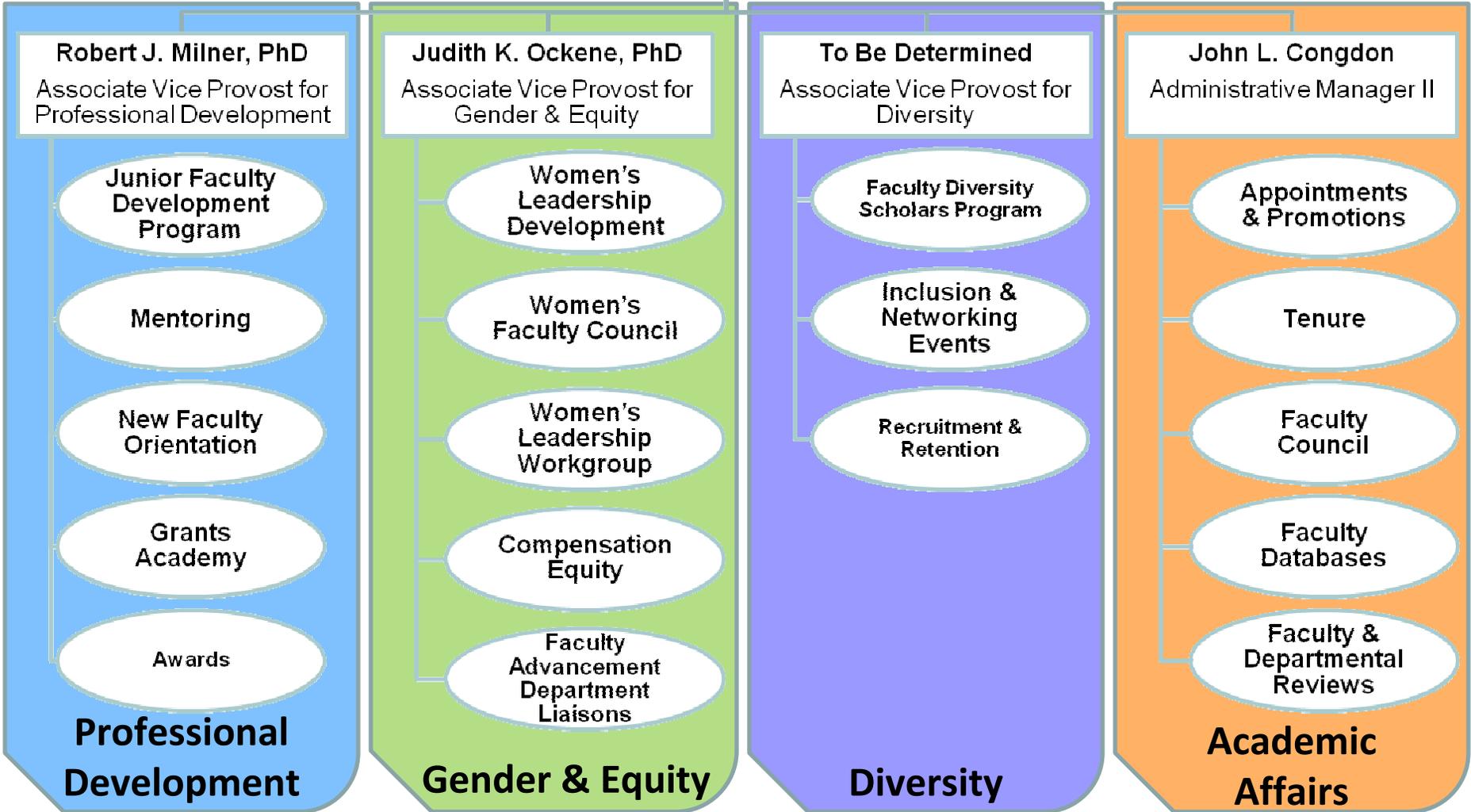
- Women's Faculty Committee;  
Women Leaders Work Group



# Office of Faculty Affairs



**Luanne E. Thorndyke, MD**  
Vice Provost for Faculty Affairs



# Faculty success requires *personal support*

## Work-Life Balance

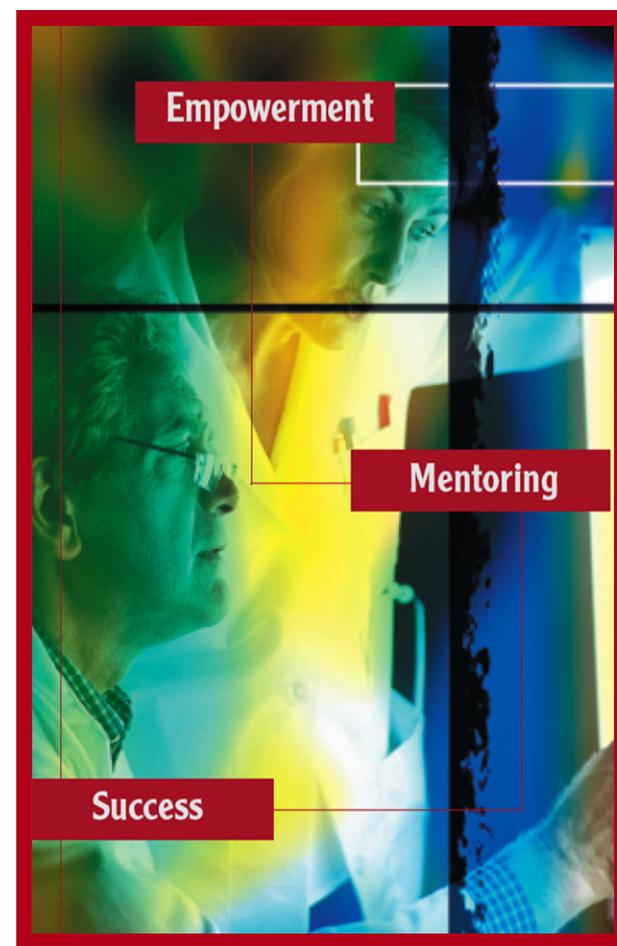
- Wellness Programs
- Child Care; Elder Care
- Physical and mental health
- Nutrition; Meals-to-Go
- Other (on-site banking, cleaning, etc.)



# Faculty success requires *empowerment & mentoring*

## The Junior Faculty Development Program

- an intensive professional development program tailored to junior faculty and designed to facilitate their success in academic medicine

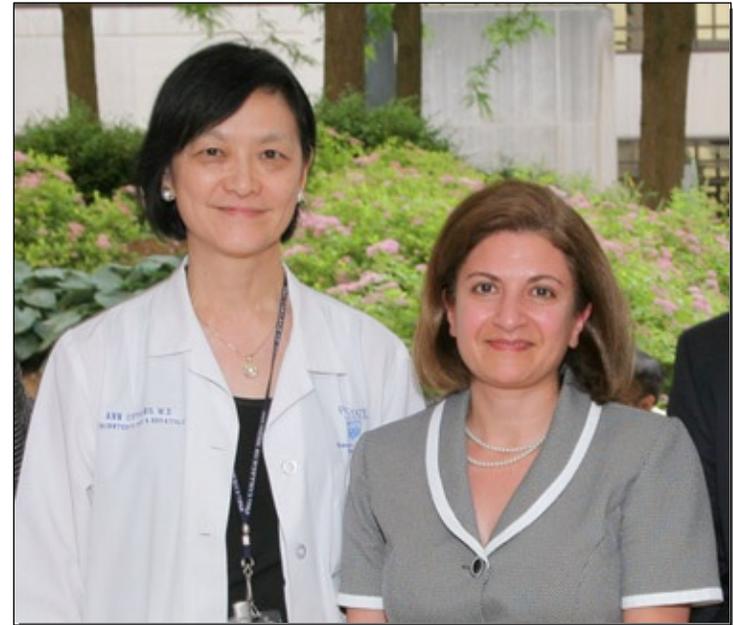


# The JFDP consists of two components:

a **classroom course** in academic development

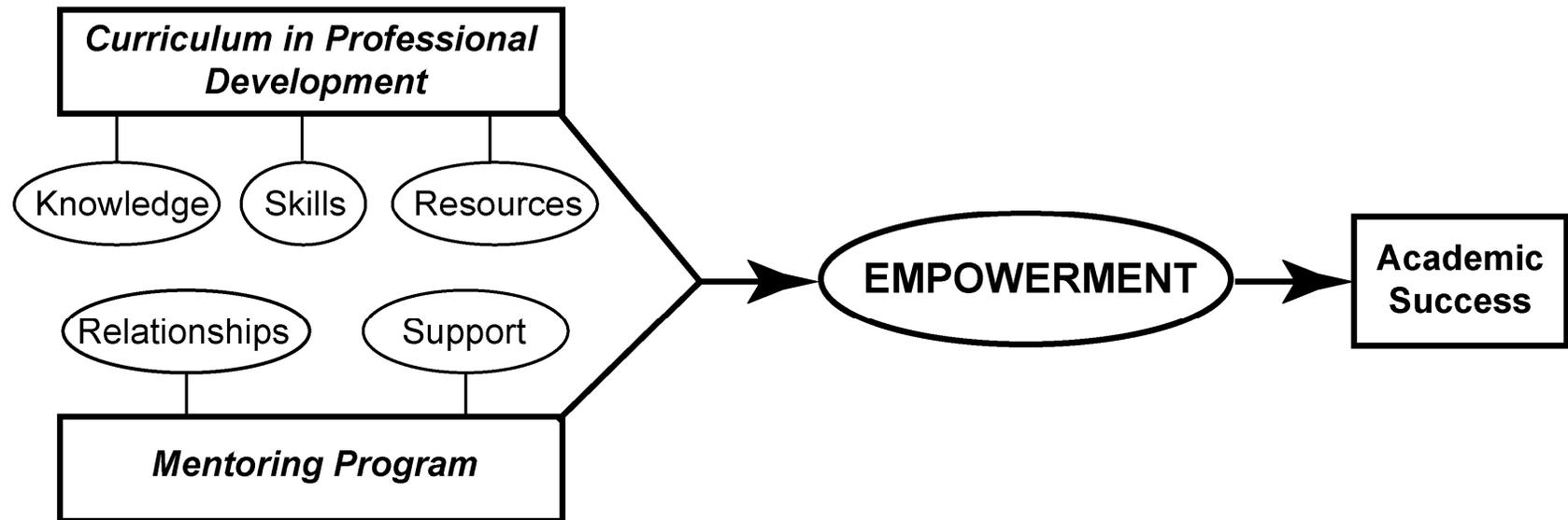


a mentored **project**



# Both elements are essential for faculty development

The **curriculum** provides practical resources

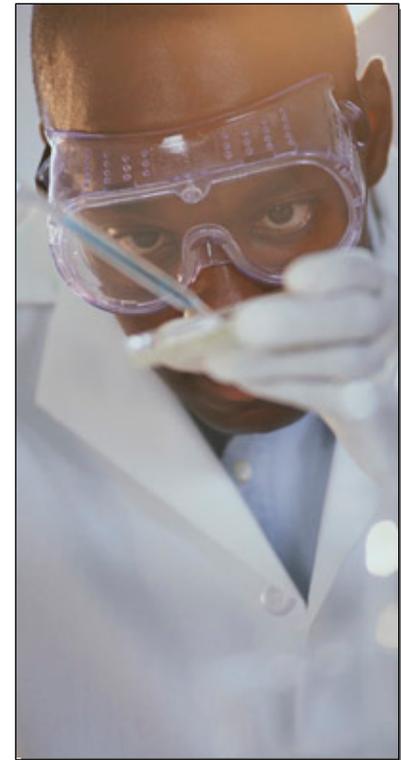


The mentored **project** provides a learning experience under the guidance of senior faculty

Thorndyke, Gusic, Quillen, George & Milner *Acad. Med.* 81: 668–673 (2006)

# The Project is a keystone of the JFDP

- results in a tangible product with benefits for the junior faculty participant
  - contributes to the academic dossier
  - is an opportunity for scholarship
- provides the focus for mentoring
- the projects benefit the institution
  - return on investment for protected time



# Projects may involve research, education, clinical practice, or service

- research grant applications
- basic or clinical research projects
- outcomes or health services research
- new courses or curricula
- development of novel educational tools
- multi-disciplinary clinical service lines
- new techniques in patient care

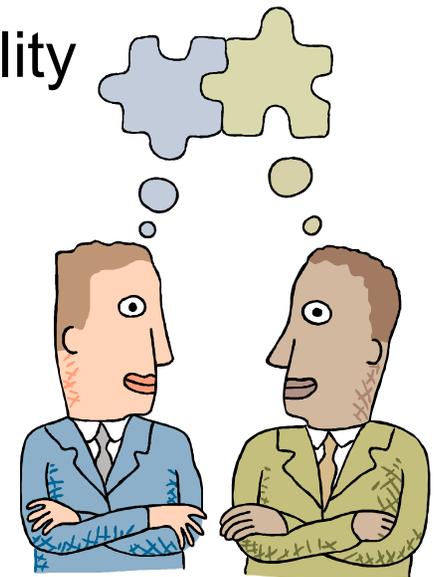


# ***Functional Mentoring: matching needs of mentee with expertise of mentor***

1. Jr. faculty define their needs for guidance on their project
2. The planning team helps identify a senior faculty member with the appropriate expertise
3. Once the pairs are set up, it is the responsibility of the mentee to manage the relationship

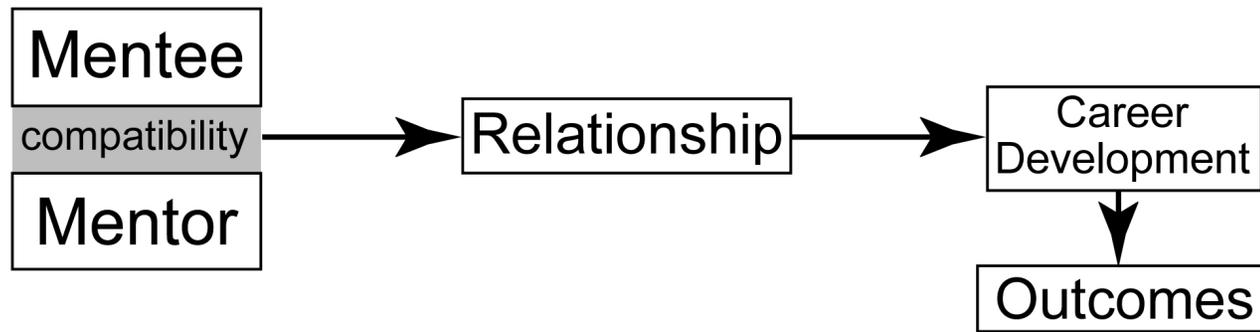
## ***We select mentors who are:***

- a new mentor for the mentee
- from a different department

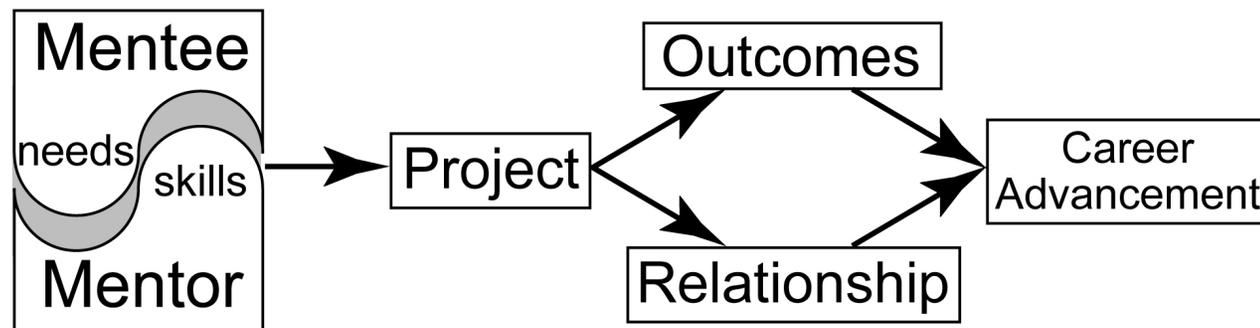


# Functional Mentoring: matching needs of mentee with expertise of mentor

## “Traditional” Mentoring



## Functional Mentoring

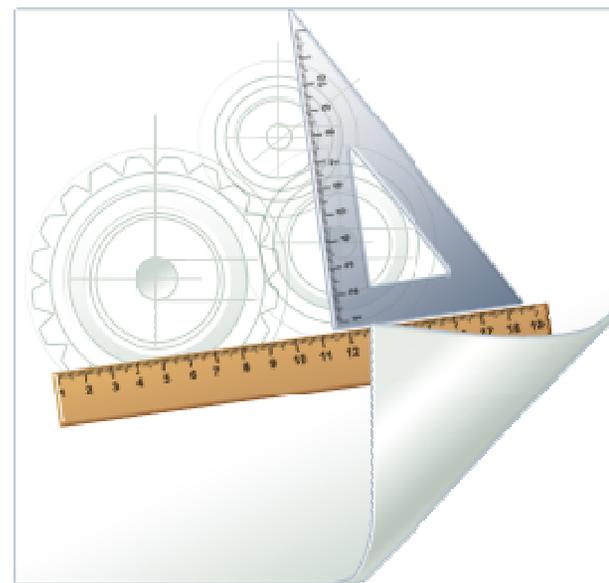


Thorndyke, Gusic & Milner *J. Cont. Educ. Health Prof.* 28: 157–64 (2008).

# Faculty success requires institutional monitoring

## *Measurement of*

- Salary equity across gender/racial lines
- Salary parity across geographic, academic lines
- Promotion/tenure rates
- Retention rates
- Recruitment success
- Faculty satisfaction



# Assessing the Vital Signs of an institution requires *data gathering!*

## Faculty Forward:

- measurement of faculty satisfaction

—> *collaborative, collegial culture with high degree of faculty satisfaction*



*The Alliance for  
Advancing the  
Academic Medicine  
Workplace*

## Gender & Equity Initiative:

- salary equity across gender & race



# Challenges for making *FLEXIBILITY* a real option for faculty

- The academic culture of ‘rugged individualism’
- Academic tradition and recognition
  - Independent investigator vs. team science
  - Physician leader vs. health care team
- The “hidden curriculum” for faculty effort:
  - What does ‘part time’ really mean?
- Cultural differences across institutions
  - Programs/models must be adapted to fit the culture

# Lessons Learned: Pearls of Advice

- Commitment of top leadership is essential to provide vision, support, and resources
- Programs should be tailored to specific needs of a targeted audience
- Programmatic models must be adapted to 'fit' your institutional culture
- Evaluation, benchmarking, data collection and analysis are critical to the process

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**Questions?**

