Career Flexibility for Biomedical Faculty of Today and Tomorrow

Boston *March 14–15, 2015*

A NATIONAL CONFERENCE

EXECUTIVE SUMMARY

GOAL

To conduct a national conference to identify and disseminate generalizable principles, strategies, interventions, and tools that can be used to advance career flexibility in medical schools throughout the career lifecycle from recruitment through retirement.

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I.   Introduction

Conference Goal: *To identify and disseminate generalizable principles, strategies, interventions, and tools that can be used to promote faculty career flexibility from recruitment to retirement.*

A. **Background:** Since the creation of academic medical centers, both faculty and the nature of faculty work have changed dramatically and continuously. Technological innovations, changes in clinical reimbursement, a more competitive research funding climate, and changes in expectations of balance between work and outside life have greatly affected faculty work and satisfaction. Today's faculty expect more flexible work environments and diverse career paths from inception through retirement. Yet, many institutions continue to operate under work definitions, policies, and programs of the past. The challenges facing academic medical centers and their faculty require a portfolio of new strategies to continue to attract and retain highly talented faculty. Institutions that fail to address faculty flexibility risk failing to recruit or retain the faculty they need for the future in the tight and competitive market for the faculty of the future.

The *Career Flexibility for Biomedical Faculty of Today and Tomorrow* conference grew out of the ACE/Sloan proposal from the University of Massachusetts Medical School. The seven medical schools receiving Alfred P. Sloan Awards for Faculty Career Flexibility, working in collaboration with the American Council on Education (ACE) and the New England Network for Faculty Affairs (NENFA), shared this passion and together developed and organized the conference to disseminate and expand the work being done in this area.

B. **Structure**: This conference offered a unique opportunity to explore programs, policies, and tools that have been developed in various medical centers to improve faculty career flexibility throughout the career life cycle. During the event, speakers and panels addressed three underlying themes:
   1) Flexible pathways for faculty success, engagement, and retention;
   2) Mentoring models to foster faculty development throughout the career life cycle;
   3) Mid/late-career vitality and transition to retirement.

C. **Conference Agenda**: The conference agenda (Appendix A) was designed to foster discussion, interchange, and networking within thematic sessions. Each session highlighted initiatives by ACE/Sloan awardees and NENFA member schools, as well as providing opportunities for attendees to bring forward their experiences. The format of the conference moved beyond delivering information to sharing tools that may be brought back to attendee's home institutions and fostering the creation of learning networks, with reports placed on the NENFA website as a further dissemination and implementation strategy.

II.   Summary of Conference and Key Opportunities

Over 100 leaders from 23 academic medical centers from every region of the country convened at the Boston University School of Medicine (Appendix B). These leaders hold positions as diverse as Deans, Chairs, Directors, and administrative leaders from multiple disciplines and professions throughout academic medical centers. Through the plenary sessions and discussion of the themes of the Conference, participants conveyed a picture of the present state of faculty flexibility within academic medical centers throughout the country that reflects areas of success and failure, and areas of opportunity for continuing development. Most notably, the group stressed **the importance of faculty career flexibility programs, policies, and procedures as an urgent need to recruit and retain the faculty necessary for the present and the future.**

Key challenges and opportunities emerged from the conference: (Appendices C and D)

1. **Challenge**:   **The culture in academic medical centers and the current system of career advancement is not conducive to career flexibility.**

    Opportunity: **Innovation and culture change is necessary to address faculty flexibility needs.**

    a. Deliberate changes are needed in the way faculty are recognized for scholarly activities, compensated, and promoted to create a climate that supports career flexibility.
    b. Unspoken expectations (dated ideas of the "ideal worker," for example), face time bias (availability expectations), and financial incentive and reward structures inhibit use of flexibility options because of perceived sigma and financial barriers. Innovations such as career customization, revised attendance expectations at key events, increased visibility of contributions that are not face to face, recognition of team science, distance work, leaves of absence, alternative work/research supports, and removal of marginalized career "tracks" need dissemination and evaluation.

2. **Challenge**: **The linkage between achieving a diverse faculty and advancing career flexibility is poorly understood, yet critical to achieving both.**

    Opportunity: **Research and programs focused on the role of career flexibility to attract diverse faculty of the future are needed.**

    a. Key questions need to be answered: Are successful diversity initiatives integral to work/life integration, and vice versa?   Do organizational outcomes associated with flexibility options facilitate organizational goals in the area of diversity?
    b. Deeper examination of policies, structures, and practices needed to attract, retain, develop and sustain a diverse faculty is needed.
    c. Identification of different needs of unique populations is required to attract diverse populations (e.g., women, LGBT, disabled, veterans, URM).

3. **Challenge: Mentoring to achieve developmental and functional outcomes should be--but is not presently--an integral part of all stages of academic career life cycles.**

   Opportunity: Expanding successful and efficient models to advance mentoring throughout career life cycles is needed.

   a. Both institutional and departmental mentoring programs are necessary to meet the need.
   b. Mentoring that is focused on outcomes (functional mentoring) is a successful strategy to augment many faculty development programs, particularly those targeting midcareer vitality, work life integration, and research skill development.
   c. Multiple strategies need to be adopted to leverage resources within institutions to support mentoring. Strategies discussed included individualized consultation or dyadic mentoring, group or peer mentoring, and an online portal with centralized resources for mentoring. More options are needed.
   d. Mentoring agreements and assessment plans need implementation and integration across academic medical centers to document broader outcomes.
   e. Recognition for mentors (including time for mentoring) and expansion of the pool of available mentors needs to be addressed by institutions.

4. **Challenge: Mid-Career vitality has risen to the top of important faculty issues, as this demographic range has the highest burn out and most job dissatisfaction of any age cohort.**

   Opportunity: Programs focused on flexibility, vitality and career development of Mid-Career faculty are needed.

   a. Mid-Career faculty may need a jump start for the next phase of their career. Longitudinal programs with a peer cohort, off site experiential modules, and individual coaching were identified as important elements in program design. More research and development of innovative program models is needed.
   b. Mid-Career revitalization options, such as sabbaticals, are important to rejuvenate the individual; the investment promises to enhance institutional vitality. This is particularly true for clinical faculty who may need to refresh their skills or gain new skills in other paths such as education that can restore their excitement about their work. The impact of new programs (beyond the traditional sabbatical leave of absence) needs exploration.
   c. Further attention to and design of programs for Mid-Career faculty are important to improve faculty morale and to retain this important group of experienced faculty.

5. **Challenge: Consistent with national trends, faculty are aging, creating a new frontier for faculty development in the transition through retirement.**

Opportunity: Programs that address issues of late career development, succession planning and retirement are needed.

a.   Retirement discussions have been seen as taboo and retirement as a major career passage has been neglected. Faculty are retiring later and desire an ongoing engagement with their institution after retirement; thus, further work is needed to transition the energy and talents of these faculty to encore careers and provide for ongoing engagement if desired.

b.   Lack of succession planning in academic medical centers is seen as a critical gap that results in lost productivity, leadership. Discussion of transition and succession planning without stigmatization or "lame duck" syndrome was identified as a key need. Development of flexible work policies and alternatives to full time appointments for faculty considering retirement was a key recommendation for ongoing work.

c.   Pre-retirement, retirement and post retirement periods are developmentally distinct; programs to support faculty development in each arena were presented. Further development and testing is needed.

d.   Gaps exist in our capacity to engage in retirement discussions, including financial issues and options for phasing into retirement.   Opportunities exist to develop peer support, succession planning, retirement guidance, strategies for recognition/celebration (of retiring faculty), longitudinal connection, and new titles for retirees (in addition to emeritus).

6.   **Challenge: Sustainability of faculty flexibility options and faculty development programs is an ongoing challenge. Continual surveillance, support and creativity are necessary, especially during this time of funding contraction.**

Opportunities: Novel mechanisms are needed to leverage and protect current resources, and to document economic value as well as individual benefits of faculty flexibility. New funding sources are also needed.

a.   A key issue raised at the conference was scalability; identifying ways in which existing programs and initiatives could be leveraged to expand and sustain the opportunities for a greater number of faculty. Low cost or no cost opportunities to expand flexibility options need to be explored.

b.   Assessment of outcomes and development of meaningful methods to assess the return on investment for faculty flexibility programs needs to be expanded and communicated for sustainability.

c.   Making the case for the benefits of faculty flexibility for health systems is critical. Efforts to document outcomes will be needed.

d.   Additional funding streams focused on the research, outcomes, and innovations identified in the Conference will be important to move these opportunities forward.

III. Conference Evaluation

A survey of the attendees revealed high satisfaction with the conference (Appendix E), and a number of important observations were noted. The conference resulted in attendees planning to initiate change (89%), with the highest number of comments involving retirement (use of checklist, stigma reduction, workshops, emphasis on career transitions and retirement, programs for women and retirees, provide information), followed by mentoring (tools, improvements, structured assessment, formalize mentor system), and midcareer development (implement programs, assess revitalization programs).

Barriers listed by the attendees consistently included financing/funding, organizational complexity, resistance to change, and time. The vast majority of respondents (84%) noted that they had enlisted in a learning network.

IV.   Next Steps

A. **Learning Networks**: Throughout the conference, areas for potential ongoing focus were identified. These areas were consolidated into eight self-regulating groups — Learning Networks — that are intended to provide a peer network for brainstorming solutions in their identified areas   (Appendix F). To date, two of the networks have had session abstracts accepted and are planning to present at the upcoming Association of American Medical Colleges (AAMC) Group on Faculty Affairs/Group on Diversity & Inclusion (GFA/GDI) annual meeting in June 2015. These sessions involve two key areas: flexibility and faculty diversity; and leadership succession planning.

   A survey of members of the Learning Networks will be conducted at 6 months post-conference to assess whether ongoing meetings and exchange of ideas have occurred and whether there are tools, policies or processes that have been shared or developed that are of value to the members of the network.

B. **Dissemination on website**:   In partnership with NENFA, a new website has been created which provides a portal for sharing information from the conference, as well as ongoing information from the Learning Networks. The website will include: PDF versions of the PowerPoint presentations from the Conference; Conference proceedings; tools made available by institutions and attendees, and pictures of the event. Materials developed by the Learning Networks will also be shared on this site. See: www.***nenfa.org/biomedicalflex***

C. **Dissemination with media**: Articles about the conference have been published in the AAMC Group on Faculty Affairs newsletter and other institutional reports: (http://www.umassmed.edu/news/news-archives/2015/03/umms-advances-a-national-model-for-faculty-development-across-the-career-life-cycle/)

D. **Dissemination through publication**: We anticipate that several publications will result from the opportunities that evolved from the conference or from the work of the Learning Networks. The accepted proposals which will become presentations at the GFA Conference will be a stepping stone to publication in peer reviewed journals.

E. **Future Funding: Exploration of future funding opportunities** will be needed **to continue work on Faculty Flexibility** throughout the career life cycle.   Financial exigencies within academic health centers results in restricted funding at the time it is needed most to keep a vital, active faculty for the future.   Advocates--including Deans, Department Chairs, faculty leaders, foundations, and NIH officers—need to be engaged in these efforts.

V.   Appendices

A. **Conference Agenda**

B. **List of Attendees**

C. **Conference Transcripts**

D. **Abstracts of Posters**

E. **Conference Evaluation Survey**

F. **Learning Networks**

G. **Photographs from the Conference**

AGENDA

Saturday, March 14, 2015

7:15–8:15 a.m.	Registration, Networking Breakfast
8:15–9:30 a.m.	Welcome and Opening Keynote Address **Why Do We Need Faculty Career Flexibility?** *Hannah Valantine, Chief Officer for Scientific Workforce Diversity, National Institutes of Health*
9:30–11:30 a.m.	Thematic Session 1 **Creating Flexible Pathways for Faculty Success, Engagement, and Retention** *Moderated presentations and small group work, including role-playing*
11:30 a.m.–1:00 p.m.	Lunch and Blue Ribbon Panel Discussion **Keys to Assuring a Vibrant Faculty of the Future** *Karen Antman, Provost, Boston University Medical Campus, and Dean, School of Medicine, Boston University* *Terry Flotte, Dean, School of Medicine, and Provost and Executive Deputy Chancellor, University of Massachusetts Medical School* *Philip Pizzo, Former Dean, School of Medicine, Stanford University (CA)*
1:00–1:30 p.m.	Networking Break
1:30–3:15 p.m.	Thematic Session 2 **Mentoring Options to Foster Faculty Development Throughout a Career** *Moderated presentations and small group breakouts*
3:30–4:30 p.m.	Day 1 Summary: **What Have We Learned?** *Report out from small group discussions*
4:30–5:30 p.m.	Transfer to World Trade Center/Seaport for Poster Reception Dinner
5:30–7:00 p.m.	Poster Reception: **Innovations That Foster Faculty Career Flexibility** *World Trade Center, Boston Seaport*
7:00–9:30 p.m.	Networking Dinner: **Building Learning Networks**

Sunday, March 15, 2015

7:30–8:30 a.m.	Networking Breakfast
8:30–10:30 a.m.	Thematic Session 3 **Mid/Late Career Vitality and Transition to Retirement** *Panel, moderated presentations, and small group work*
10:30–11:00 a.m.	Networking Break

11:00–11:45 a.m.   Network Development

                                   Dissemination Strategies, Toolkits, and Next Steps for Sustainability
                                   Moderated

11:45 a.m.–12:15 p.m.   Lunch Buffet

12:15–1:00 p.m.   Closing Keynote Address

                                   Successful Strategies for Overcoming Barriers to Culture Change: A Call to Action
                                   Kathleen Christensen, Program Director, Alfred P. Sloan Foundation

1:00–1:30 p.m.   Next Steps

Appendix B. List of Attendees

FIRSTNAME	LASTNAME	DEGREE	INSTITUTION	TITLE
Mary	Ahn	MD	University of Massachusetts Medical School	Director, Career Development and Research Office
Raed	Alharbi	PHD	Rutger's University	Phd candidate
Jennifer	Allie	PHD, MPA	UA College of Medicine - Phoenix	Assistant Dean
Saleh	Aloyuni	PHD	Rutgers University	
Lillian	Andrews	MSW	Washington University School of Medicine	Project Manager, Sloan Award
Karen	Antman	MD	Boston University School of Medicine	Dean and Provost
Judith	Arnetz	PHD, MPH, PT	Wayne State University School of Medicine	Professor
Ashley	Ayers	BA	University of Virginia	Coordinator for Faculty Development
Julie	Bates	PHD	University of Massachusetts Medical School	Asst, Dir. Career Dev & Research Office
Emelia	Benjamin	MD, SCM	Boston University School of Medicine	Professor of Medicine and Epidemiology
Robina	Bhasin	EDM	Boston University School of Medicine	Director, Faculty Development & Diversity, Dept of Medicine
Rishitha	Bollam			
Christine	Boswick		Eastern Virginia Medical School	Associate Director for Faculty Affairs & Professional Development
Erika	Brown	PHD	Morehouse School of Medicine	Associate Dean, Faculty Affairs and Development; Associate Professor, Pathology and Anatomy
Troy	Buer	PHD	University of Virginia	Director of Faculty Development
Sarah	Bunton	PHD	AAMC	Research Director
Joanna	Cain	MD, FACOG	University of Massachusetts Medical School	Director, Faculty Talent Management
Edward	Callahan	PHD	University of California,Davis School of Medicine	Associate Dean for Academic Personnel
Maryann	Campion	MS	Boston University School of Medicine	Director, Master's Program in Genetic Counseling
Lucy	Candib	MD	UMass-Family Health Center of Worcester	Faculty Family Physician
Kathleen	Christensen	PhD	Alfred P. Sloan Foundation	Program Director
Susan	Chubinskaya	PHD	Rush University	Associate Provost, Academic Affairs; Professor of Biochemistry
Valarie	Clark		AAMC	Director
John	Congdon		University of Massachusetts Medical School	Administrative Manager
Maureen	Connelly	MD, MPH	Harvard Medical School	Dean for Faculty Affairs
Richard J.	Cote	MD, FRCPATH, FCAP	University of Miami Miller School of Medicine	Professor and Chair
William	Creevy	MD		
Ann C.	Crouter	PHD	The Pennsylvania State University	Dean, College of Health and Human Development
Valerie	Dandar	MA	Association of American Medical Colleges	
Marie	Dent	PHD	Mercer University School of Medicine	Associate Dean Faculty Affairs and Faculty Development
Stephen	Dewhurst	PHD	University of Rochester Medical Center	Vice Dean for Research
Amelia	Drake	MD	UNC-CH School of Medicine	Executive Associate Dean of Academic Programs
Dianne	Durham	PHD	University of Kansas School of Medicine	Associate Dean for Faculty Affairs and Development
Christina	Estrada		TIAA-CREF	SVP
Magali	Fassiotto	PHD	Stanford Medicine	Research and Program Officer
Robin	Fisher	MS, PHR, SHRM-CP	University of Virginia, School of Medicine	Manager of Human Resources
Terence	Flotte	MD	University of Massachusetts Medical School	Dean, Provost, and Executive Deputy Chancellor
Zoe	Fonseca-Kelly	PHD	Harvard Medical School	Program Director for Faculty Appointments
Ann	Freedman		TIAA-CREF	Director
Carol	Freer	MD, FACP	Penn State Hershey Medical Center	Chief Medical Officer
Tina	Gelsomino	MSW	Brigham and Women's Hospital	Admin Director, Center for Faculty Development & Diveristy
Diana	Gray	MD	Washington University School of Medicine	Associate Dean for Faculty Affairs
Audrey	Haas		Brigham and Women's Hospital	Executive Director, Center for Faculty Development & Diversity
Leslie	Henderson	PHD	Geisel Schl of Med at Dartmouth	Senior Assoc Dean FAculty Affairs
Krista	Hoffman-Longtin	PHD	Indiana University Purdue University	Assistant Dean, Faculty Affairs and Profrssional Development
Zsuzsa	Horvath	PhD	University Of Pittsburgh School of Dental Medicine	Director of Faculty Development
Lydia	Howell	MD	UC Davis Health System	Professor & Chair
Lily	Hsu	EDD	MCPHS University	Associate Provost for Academic and Professional Affairs
Chino	Igwebuike			
Tina	Ipe	MD, MPH	Houston Methodist Hospital	Associate Medical Director of Transfusion Medicine
Charles	Irvin	PhD	University of Vermont	Professor
Swati	Jain-Goel	MD	Howard University College of Medicine	Assistant Dean Office of Faculty Development
Jean	King	PHD	University of Massachusetts Medical School	Associate Provost for Biomedical Science Research
Ted	Kremer	MD	UMass Memorial Medical Center	Vice Chair, Academic Affairs Pediatrics

FIRSTNAME	LASTNAME	DEGREE	INSTITUTION	TITLE
Felicitas	Lacbawan	MD	Cleveland Clinic	Section Head
Donna	Lawton	MS	Massachusetts General Hospital	Executive Director, Center for Faculty Development
Christine	Liu	PHD	Association of American Medical Colleges	Senior Research Analyst
Howard	Liu	MD	University of Nebraska Medical Center	
Sana	Loue	JD, PHD, MPH, MSSA, MA	Case Western Reserve University School of Medicine	Vice Dean, Faculty Development and Diversity
Kathleen	Lowney	MHS	Tufts University School of Medicine	Assistant Dean for Faculty Affairs
Jeffrey	Lyness	MD	University of Rochester	Senior Associate Dean for Academic Affairs
Peter	Mahoney	MBA	Fidelity Investments	
Yvonne	Maldonado	MD	Stanford University	Senior Associate Dean, Faculty Development & Diversity
Jonathan	Matsui	PHD	Harvard University	Program Director, Faculty Appointments
Sarah	Mcghee	PHD		
Karen	McHenry	MBA		Analyst
Jean	Mclaughlin		American Council on Education	Associate Director
Kerri	Miller		University of Minnesota Medical School	Administrative Director
Robert	Milner	PhD	University of Massachusetts Medical School	Associate Vice Provost for Professional Development
Pamela	Murray	MD, MHP	WVU	Professor
David	Musick	PHD	Virginia Tech Carilion School of Medicine	Assistant Dean, Faculty & Professional Development
Elza	Mylona	PHD	Eastern Virginia Medical School	Vice Dean for Faculty Affairs and Professional Development
Elizabeth	Nigh	PHD		
Gayle	Nunley	PHD	University of Vermont	Associate Provost for Faculty Affairs
Judith	Ockene	PhD, MEd, MA	University of Massachusetts Medical School	Associate Vice Provost for Gender & Equity
Ann	Ouyang	MD	Penn State Hershey Medical Center	Associate Dean for Faculty and Professional Development
Nick	Pettet	MPP	American Council on Education	Associate Program Specialist
Colin	Pierce		TIAA-CREF	Director
Kathy	Pipitone	MS	The University of Mississippi Medical Center	Director of Faculty Services
Philip	Pizzo	MD	Stanford University School of Medicine	Former Dean
Susan	Pollart	MD, MS	University of Virginia	Senior Associate Dean for Faculty Affairs and Faculty Development; Ruth E. Murdaugh Professor of Family Medicine
Suzanne	Powell	MD	Houston Methodist Hospital	Chief, Neuropathology; Vice Chair, Education; Director, AP/CP Residency Program; Co-Director, Neuropathology Fellowship Program
Christine	Power	MS	Dana-Farber Cancer Institute	Program Director
Mariana	Rosca	MD	Central Michigan University College of Medicine	
Ann	Salerno	MD	University of Massachusetts Medical School	Clinical Associate Professor of Pediatrics
Darshana	Shah	PHD	Marshall University Joan C. Edwards School of Medicine	Associate Dean, Faculty Affairs and Professional Development / Professor of Pathology
Vickie	Skinner	MA	University of Mississippi Medical Center	Project Manager III
Benjamin	Suratt	MD	University of Vermont College of Medicine	Vice Chair of Medicine for Academic Affairs
Luanne	Thorndyke	MD	University of Massachusetts Medical School	Vice Provost for Faculty Affairs
Paula	Trief	PHD	Upstate Medical Center	Senior Associate Dean for Faculty Affairs and Faculty Development
Hannah	Valantine	MD, MRCP	National Institutes of Health	Chief Officer for Scientific Workforce Diversity
Claire	Van Ummersen	PhD	American Council on Education	Senior Advisor
Thomas	Viggiano	MD	Mayo Clinic	
Anne	Walling	MD	University of Kansas School of Medicine - Wichita	Associate Dean
Julie	Welch	MD	Indiana University Purdue University	Assistant Dean for Faculty Affairs and Professional Development
Lari	Wenzel	PHD	University of California, Irvine	Associate Dean
Bethany	Westlund	PHD	Harvard Medical School	Assistant Dean for Faculty Affairs
Rachel	Wheeler	MD	Cambridge Health Alliance	
Shari	Whicker	EDD	Virginia Tech Carilion School of Medicine	Medical Education & Faculty Development Specialist
Peter	Whittaker	PHD	Wayne State University	Professor
Gail	Williams	BA	Harvard Medical School	Director of Administration
Jessica	Womack		Duke University School of Medicine	Faculty Development Program Coordinator
Paul	Yakoboski	PHD	TIAA-CREF Institute	Senior Economist
Helen	Yin	PHD	UT Southwestern Medical Center	Professor, Associate Dean Office of Women's Careers
Douglas	Ziedonis	MD, MPH	UMass Memorial Health Care/UMass Medical School	Professor and Chair

This transcript was produced by   and edited by the thematic session leaders to assure fidelity to the presentations and discussions.

Thematic Session 1:
Creating Flexible Pathways for Faculty Success, Engagement, and Retention

Presenters:
Lydia P. Howell, MD, Professor & Chair, Pathology & Lab Medicine, UC Davis Health System
Magali Fassiotto, PhD, Research & Program Officer, Faculty Development & Diversity, Stanford University School of Medicine
Paula Trief, PhD, Senior Associate Dean for Faculty Affairs and Faculty Development, SUNY Upstate Medical University

Overview

Various factors contribute to faculty career flexibility challenges at medical schools, ranging from cultural issues to compensation and promotion systems that reinforce flexibility stigma, face time bias, and financial barriers. Without deliberate changes to the way faculty are recognized, rewarded, and promoted, however, it is unlikely that faculty will be able to embrace flexibility policies in any meaningful way.

Programs instituted by SUNY Upstate Medical University, Stanford University School of Medicine, and UC Davis Health System demonstrate that career flexibility is possible. Success, sustainability, and scalability require buy-in among key stakeholders at the medical school, as well as throughout the university.

Context

Lydia P. Howell, Magali Fassiotto, and Paula Trief shared the innovative programs their institutions have implemented to address faculty career flexibility. Conference participants then brainstormed ways to solve common flexibility challenges and shared their findings with the group.

Key Takeaways

Work/life balance programs alone are not enough to promote faculty career flexibility. Initiatives that address underlying cultural issues and unspoken expectations are essential.

Most medical schools developed programs to support work/life balance many years ago. Yet, few faculty members have taken advantage of distance work, leaves of absence, or other initiatives. All three of the institutions that offered case studies in this session recognized that faculty career flexibility would not become a reality unless underlying cultural issues were addressed and greater transparency was introduced into their systems.

Both Stanford University and UC Davis Health System are increasing the visibility of faculty contributions through revisions of reward systems. Activities that traditionally have not been linked to career advancement, such as volunteering for clinical service, participating on committees, or mentoring, are now quantified. The value associated with this work is considered during evaluations, and in the Stanford pilot program, credits accrued from these activities can be traded for work or home-related services.

Institutions are also realizing that rigid systems that worked well in the past may be the source of flexibility stigma and face-time bias. SUNY Upstate Medical Center, for instance, revamped its promotion system so faculty can change their area of excellence over time and without penalty, as new opportunities arise and circumstance change. Similarly, UC Davis Health System removed the unspoken expectation that faculty should attend every event. Clear requirements have now been articulated about what qualifies as a key event and what percentage of key events require attendance.

SUNY Upstate Medical University's trackless system offers faculty career flexibility through individualized areas of excellence.

Rather than limiting faculty to a particular career track, SUNY Upstate asks all new faculty to identify an "area of excellence" upon hire. There are three options: research, clinical service, and education. The selected area of excellence is not determined by the percentage of effort spent in each of the three domains. Since faculty members are not restricted to a certain track, when interesting career opportunities arise in different areas they feel they can pursue them.

Each year, faculty members meet with their chair and affirm their area of excellence in an "Annual Agreement of Academic Expectations." At the time of promotion, faculty select the area of excellence that the promotions committee is to consider. For each area of excellence, promotions require accomplishments in three domains:

1. *A leadership role*. This is demonstrated through a title and major responsibility. In the clinical area, an example of a leadership role would be a clinical care program director. In the education area, a course director would be considered a leadership role, while a research leader would be an individual who manages an independent research lab and has obtained federal funding.

2. *Innovation*. An innovative clinician may have initiated program changes that led to improved patient care. On the education side, innovation could be defined by developing a new curriculum that generated better learner outcomes. Researchers could be studying an innovative research question.

3. *Emerging regional reputation*. A regional reputation for a clinician would be measured by the number of speaking invitations and wider referral streams. Reputation for educators would be evaluated by dissemination of new ideas, while researchers would be measured on their volume of publications and presentations. To be promoted to full professor, national recognition is required.

To illustrate how individualized areas of excellence contribute to career flexibility, Dr. Trief offered two examples of faculty members whose area of excellence evolved over time.

- *Example 1: Shifting from clinical excellence to education excellence*. Over a six-year period, a cardiologist evolved to a focus on education excellence.

   Year 1: The faculty member's area of excellence was clinical service. He spent 75% of his time on clinical activities, building a new pediatric cardiology practice.
   Year 3: He became assistant director of the residency training program.
   Year 4: The faculty member completely revamped the program, developing a new curriculum, evaluation tools, schedules, and models of supervision that were consistent with the new ACGME requirements.
   Year 5: The faculty member became director of the residency program.
   Year 6: The faculty member sought promotion based on educational excellence.

- *Example 2: Shifting from research excellence to clinical excellence*. An MD/PhD psychiatrist started her career as a faculty member with a research focus, initially spending one day a week in the clinic. Over a six-year period, she transitioned to a focus on clinical excellence.

   Year 1: The faculty member was hired with an R21 grant, focusing on the study of smoking cessation in persistently mentally ill patients. Her goal was to win an R01 grant in three years.
   Year 3: She made her first submission of an R01 application, which was triaged. She expanded her time in the clinic to three days per week.
   Year 4: The faculty member made a second R01 grant submission.
   Year 5: The R01 grant remained unfunded.
   Year 6: The faculty member sought promotion based on clinical excellence criteria.

One of the major benefits of the individualized areas of excellence is that faculty members can pursue their passions without jeopardizing promotion opportunities.

"Individualized areas of excellence mean that our faculty aren't stuck in a particular career path. When interesting opportunities come along, they feel they can say 'yes,' without jeopardizing their chances for promotion."
– Paula Trief

Stanford's Academic Biomedical Career Customization pilot program generated impressive returns in terms of improved work/life fit.

With a grant from ACE and the Alfred P. Sloan Foundation, Stanford School of Medicine developed its Academic Biomedical Career Customization (ABCC) pilot program. The initiative was shaped by a data-driven needs assessment which included focus groups and faculty interviews. The objective was to identify what factors drove faculty members' careers. The assessment uncovered many positives, but the top two frustrations were work/life conflict and work/work conflict. Work/life conflict was

particularly troubling for Stanford. Many work/life policies are offered, but they are vastly underused due to flexibility stigma and a lack of understanding about how to use them. Work/work conflict stems from managing the multiple demands that compete for faculty members' time. The academic workweek consists of many different types of activities demanding one's attention, which can lead to a feeling of not being able to complete them all adequately.

The mission of the ABCC pilot was twofold: the medical school wanted to motivate a cultural mind shift about how faculty think about work and flexibility and it also wanted to attract the top people in the biomedical sciences. The guiding principles were to recognize that all participants have different needs and that transparency is essential. The pilot program had two primary components:

1. *Career customization.* The goal was to include flexibility policies in faculty advancement discussions. Program participants were asked to complete a self-reflection guide that explored faculty members' career and work/life goals now and three to five years from now. This guide focused on five dimensions: pace, workload, schedule, role, and work/life. Over half of faculty were looking for change on the workload dimension (68%) and work/life dimension (61%).
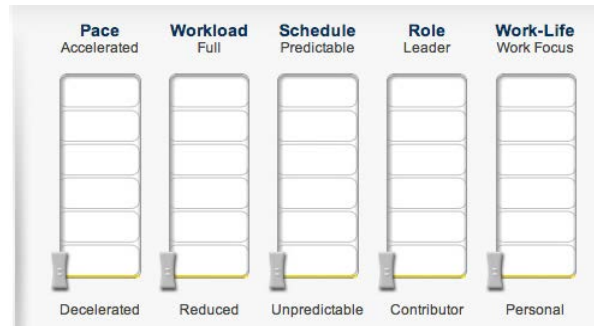
   Faculty members then met with a flexibility specialist to review the policies that could help them realize their vision. They were provided with a toolkit for how to have a follow-up conversation with their division chiefs. Both faculty and division chiefs were trained on how to incorporate work/life conversations into career discussions.

2. *Customized support.* A credit banking system was developed to reinforce a culture of work/life fit amidst the realities of work/work conflict. A challenge for medical faculty is that research leads directly to career advancement, but other important activities like clinical work, teaching and mentoring, and service and admin work are not linked to advancement. The banking system offered credit for those activities that could be used for either work or home support services.
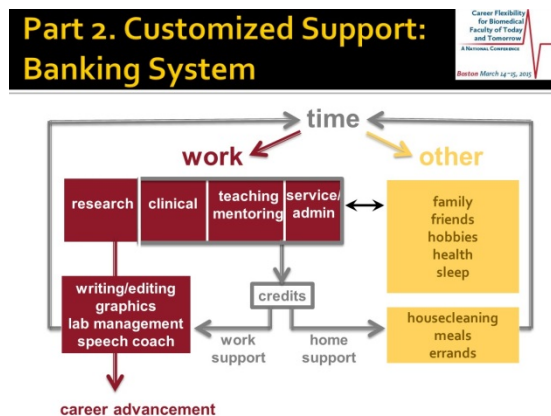
The pilot program generated demonstrable improvements in work/life fit and work productivity for participating faculty members. Dr. Fassiotto reviewed the results:

- *Interesting differences emerged in the types of credits earned by clinical and basic science faculty.* Among clinical faculty, men were focused heavily on mentoring activities, while women spent considerable time on clinical shifts. Among the basic science faculty, women tended to engage in more service and mentoring activities than their male peers.

Average Number of Monthly Credits Earned by Clinical Faculty

Average Number of Monthly Credits Earned by Basic Science Faculty
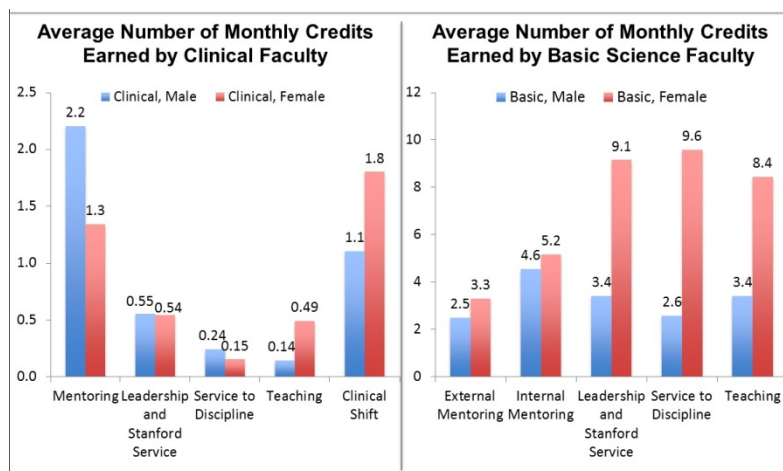
- *Male basic science faculty members were far more likely to use credits for work support services than their male peers on the clinical faculty.* Women faculty members in both the basic sciences and clinical disciplines tended to split their credits fairly evenly across home and work support services. Male basic science faculty members used their credits almost exclusively for work support services, while male clinical faculty members spent their credits almost entirely on home support services.

Thematic Session 2:
Mentoring Options to Foster Faculty Development Throughout a Career

Presenters:
Diana Gray, MD, Associate Dean, Washington University School of Medicine
Robert Milner, PhD, Associate Vice Provost, Faculty Affairs, University of Massachusetts Medical School
Julie Welch, MD, Assistant Dean for Faculty Affairs and Professional Development, Indiana University School of Medicine
Yvonne (Bonnie) Maldonado, MD, Senior Associate Dean for Faculty Development and Diversity, Stanford University School of Medicine

Moderator: Charles Irvin, PhD, Assistant Dean for Faculty, University of Vermont College of Medicine

Overview

As medical schools strive to increase levels of career mentoring, shifts often have to occur in the organizational culture and faculty mindsets. The value of mentoring is in the outcomes that are generated, and mentoring should be incorporated into as many programs and activities as possible. While centralized mentoring programs are helpful, department-level mentoring is very valuable for faculty members. Many institutions have found that providing department chairs with the resources and incentives necessary to promote mentoring is effective. At the grassroots level, mentees must take ownership of their relationships with mentors. Mentoring agreements are also a good way to keep mentor/mentee interactions on track.

Context

The panelists offered advice about faculty mentoring programs, including best practices, common problems to avoid, and gaining buy-in within the institution. Conference participants also shared their ideas about mentoring.

Key Takeaways

Although mentoring occurs at the local level at medical schools, departments often need assistance and resources to ensure that mentoring is as effective as possible.

Mentoring is an important aspect of faculty career development, yet few institutions have found ways to ensure that effective mentoring occurs across the organization. Since mentoring happens at the departmental level, it can be difficult to determine whether faculty members are receiving adequate support. All of the organizations that offered case studies in this session used a needs assessment to gather baseline data about mentoring.

The University of Massachusetts Medical School (UMMS), Stanford University, and Indiana University School of Medicine have all taken steps to strengthen the mentoring-related support given to departments. Both UMMS and Stanford faculty development teams have reached out to department chairs and developed programs that address the unique departmental cultures. Indiana University School of Medicine has created an online portal with centralized resources that department chairs can utilize to guide their mentoring efforts.

Although mentoring is essential at all career stages, programs tailored to different faculty groups can be helpful. UMMS has developed the Faculty Vitality Award which includes mentoring for mid-career and senior faculty, while Washington University has targeted junior faculty raising families with its Family-Wise Mentor Program.

The University of Massachusetts Medical School has developed a multifaceted approach to promoting mentoring.

The University of Massachusetts Medical School recently surveyed its faculty. One third indicated they weren't receiving guidance and would like mentoring. In response, the school implemented a three-pronged strategy to stimulate more mentoring:

1. *Reframe the conversation around mentoring.* Mentoring itself is not a goal. Mentoring needs to be framed around the outcomes that be achieved. For example, mentoring can help faculty gain new knowledge about educational techniques or promote learning about how to advance in the institution. As part of the Junior Faculty Development Program, UMMS faculty complete a scholarly project with the guidance of a more senior faculty member. The key outcome of this "functional mentoring" is whether or not the project is completed.

2. *Insinuate mentoring in activities and programs.* Mentoring is a required component in UMMS programs, such as the Peers for Promotion initiative. This facilitated peer mentoring group supports faculty seeking promotion to associate professor. Mentoring is also an important element in the Faculty Vitality Award. This program provides support for mid-career or senior faculty members to pursue a career objective in a new area of research, education, or clinical practice. A mentor is required to support the activities of the awardee.

3. *Adopt multiple strategies to leverage resources.* Across departments, there is broad variation in approaches to mentoring. The Office of Faculty Affairs works with different departments to design, implement, and evaluate mentoring programs that fit each group's unique culture.

"Mentoring itself is not a goal. Mentoring should be viewed as a tool to achieve specific outcomes for faculty members."
-- Robert Milner

Stanford University has found that both centralized and local mentorship programs are needed.

Mentorship should occur at the highest levels of leadership. However, it is most effective at the local culture level. Most mentorship programs must be tailored to individuals, which suggests that they should be hyper-local. Specific mentoring programs based on career tracks, for example, will have their own unique outcomes.

Bonnie Maldonado offered four best practices for developing mentorship programs, based on her experience at Stanford:

1. *Begin with a needs assessment.* Determine what the community needs at the highest level, as well as at local levels.

2. *Identify available resources.* Dedicated partners are essential for successful mentorship programs. When mentoring is recognized as a real job, it increases engagement and ownership at the local level. Examples of recognition include service offsets and FTEs.

3. *Develop a rapport with department chairs.* Share best practices with them and identify a point person in each department for mentoring activities.

4. *Identify mentors.* In many cases, mentors will self-identify. If that does not occur, department chairs often know which people would be good mentors. Mentors should be passionate about the work, but they should not be junior faculty members.

"Most department chairs support mentoring. They want motivated and happy faculty members. Losing faculty is a problem that everyone wants to avoid."
– Yvonne (Bonnie) Maldonado

Given its vast size, Indiana University School of Medicine created an online portal with centralized resources to support localized mentoring activities.

Indiana University School of Medicine is the second largest medical school in the United States, with nine campuses, heterogeneous faculty, and a decentralized structure. A needs assessment revealed that one quarter of the faculty felt they didn't receive effective mentoring. In response, the dean instituted a Mentoring Task Force. This was an inexpensive way to engage faculty and key stakeholders. The Task Force's charge was to examine the state of faculty mentoring and provide recommendations about how to move forward.

The group recognized that mentoring occurred on a local level, but departments needed guidance. The Task Force recommended creating a Faculty Mentoring Portal with resources to support local practices. The medical school used the following tactics to develop the online portal:

-   *Creating a Faculty Fellow in Mentoring position.* Julie Welch was given this two-year appointment, which was funded by the dean's office and Dr. Welch's department chair. To support the fellow position, the dean created a subcommittee of the Faculty Development Coordinating Committee. This group helped with research to develop mentoring best practices.

- *Usability testing.* To ensure that the portal was user friendly, the medical school engaged graduate students from IU's communication and IT schools to conduct usability testing. This approach minimized costs.
- *Open access.* To reduce barriers, the [mentoring portal](#) is open access and not password protected.

"Developing the Mentoring Task Force was a free way to engage stakeholders and get recommendations about how to move forward with faculty mentoring."
– Julie Welch

Washington University School of Medicine's Family-Wise Mentor Program targets junior faculty who often struggle to balance work and child rearing.

The Family-Wise Mentor Program, supported by the Alfred P. Sloan Foundation, is designed to help junior faculty navigate the professional world of academic medicine, while managing their personal lives. Diana Gray highlighted the key aspects of this initiative:

- *Finding and matching mentors and mentees.* The Office of Faculty Affairs recruited 28 senior faculty who were willing to volunteer for the program. The program was then advertised to all faculty and junior faculty were invited to contact the Office of Faculty Affairs to gain access to a dedicated, password-protected website. Junior faculty selected their top three mentors online; the Office of Faculty Affairs matched 25 mentees with mentors.
- *Mentor training.* The mentors participated in a half day of training with an external consultant. The consultant had expertise in mentorship in academic medical settings, including policies, support systems, and benefits specific to Washington University School of Medicine.
- *Six-month survey results.* A two-year trial of the program was started in April 2014. Participants received an initial survey at six months. The satisfaction rate was over 50%. Around two thirds of mentees were satisfied or very satisfied, and around two thirds would recommend the program to others.
- *Opportunities for improvement.* Based on the initial survey results, the Office of Faculty Affairs is exploring new ways to pair mentors and mentees. The initial meetings usually go well, but inertia often sets in. Possible solutions include a more formal structure, including guidelines and goal setting, as well as a workshop and networking reception to reengage participants. The Office of Faculty Affairs would also like to underwrite lunches and dinners for the mentoring dyads. In the next few months, a fair is planned to highlight all of the mentoring programs at Washington University School of Medicine.

"Early reactions to the Family-Wise Mentor Program have been positive. In a survey conducted at six months, around two thirds of mentees were satisfied or very satisfied and around two thirds would recommend the program to others."
– Diana Gray

In small groups, conference participants discussed different mentoring options to foster faculty development.

During an open mike session, a wide range of ideas were shared to facilitate mentoring throughout the faculty career life cycle.

- *Gaining buy-in for mentoring programs begins with a needs assessment.* Once the needs assessment is done, it is essential to gain buy-in from leaders. Support for mentoring starts at the top, but needs to be disseminated throughout the institution. One participant noted that the things that are valued in an organization are measured, so implementing mentoring-related metrics is important.
- *Despite the importance of measurement, many institutions struggle to determine the success of mentoring activities.* One option is to include mentorship in department chairs' evaluations. At one institution, one third of a chair's evaluation is based on whether he or she has established a Mentoring Committee. At a more grassroots level, institutions want to gain insight into bad mentor/mentee pairings earlier. It may be helpful to send a quick email survey to mentors and mentees soon after they meet for the first time to gauge compatibility. Mentors should also recognize that success may look different for their mentee than it did for them. This realization often requires a change of mindset.
- *Given how busy faculty are, it may be useful to try several approaches for recruiting mentors.* One institution has established a Faculty Development Council that liaises with departments. In addition to relying on the chair to identify mentors, it is often effective to make mentorship something to which faculty aspire. This can be accomplished by creating faculty mentor awards. A creative suggestion was to hold "speed mentoring" events that introduce mentees to potential mentors.
- *Mentees must take ownership of the relationship, but mentoring agreements can also keep mentoring relationships active.* Several people noted that mentees must take the lead in mentoring relationships, reaching out to mentors and scheduling meetings. At the same time, many felt that mentoring agreements help keep mentoring dyads on track. A

productive approach is for the mentee and mentor to have a conversation at the beginning of their relationship and to articulate their mutual expectations. That information can be recorded in a written mentoring agreement.

- *Group mentoring may be a good addition to mentoring dyads.* In the world of medicine, group medical visits have been effective for patients. Perhaps a similar approach could be taken to mentoring and peer support groups for junior faculty could be established. As the participants progress through their careers, the group's focus would evolve to address changing concerns.

Mentoring Models: Related Posters

During the poster session, five posters were presented related to the theme of mentoring models to foster faculty development throughout a career. Full text of the poster abstracts are available on the web site.

- *Development of a Multilevel, Multidimensional Mentoring Initiative (Case Western).* This poster reviewed a new mentoring initiative that offers a menu of diverse mentoring formats for faculty members.

- *Mentoring Models to Foster Faculty Development Throughout a Career (Harvard Medical School and School of Public Health, School of Business, Quinnipiac University).* This poster explored the mentor characteristics desired by women faculty. Significant differences were found across 13 medical institutions which point to a need to revisit mentoring models for female faculty.

- *The Faculty Mentoring Institute (Massachusetts College of Pharmacy and Health Sciences).* This poster reviewed the Faculty Mentoring Institute and faculty response to the program. Challenges that have been identified include conflicts in scheduling and teaching schedules and technology.

- *Assessment of Junior Faculty Attitudes Toward Mentoring (University of Vermont College of Medicine).* This poster discussed a survey of junior faculty which found that nearly 40% do not have an established mentor. In addition, the survey revealed that faculty mentors either do not understand the importance of or feel comfortable with mentoring in many aspects of career development.

- *NENFA: A Regional Network (New England Network on Faculty Affairs).* The goal of the New England Network on Faculty Affairs is to develop a structure to share best practices in faculty development and faculty affairs, foster collegiality, and encourage scholarship and collaboration. This poster discussed NENFA activities and how it could serve as a model for similar collaborations in other regions.

Thematic Session 3: Mid/Late Career Vitality and Transition to Retirement

Presenters:
Emilia Benjamin, MD, Vice Chair, Faculty Development & Diversity, Boston University School of Medicine
Joanna Cain, MD, Director, Faculty Talent Management, University of Massachusetts Medical School
Magali Fassiotto, PhD, Research & Program Officer, Faculty Development & Diversity, Stanford University School of Medicine
Paula Trief, PhD, Senior Associate Dean for Faculty Affairs and Faculty Development, SUNY Upstate Medical University

Overview

Faculty development needs associated with mid-career and retirement are new frontiers for faculty career development teams. Many medical schools have realized that faculty are facing "mid-life crises" as research funding opportunities diminish and promotion opportunities aren't within reach. Programs are needed to support faculty through these transitions, enhance their scholarly and clinical productivity, and reduce the risk of turnover. Older faculty can be reluctant to discuss retirement and may want to remain involved with their institutions for as long as possible. Incentives, creating a meaningful set of options for staying connected and involved for retirees, and other initiatives are essential to get the dialogue started and smooth the path to retirement in a respectful way.

Context

The presenters discussed the needs and challenges facing faculty at the mid-point of their careers, as well as for faculty approaching retirement. They described programs created by their institutions to target these groups, and session participants brainstormed ways to design new programs.

Key Takeaways

For mid-career faculty, burnout is common and can lead to turnover and personal and patient harm.

The level of burnout among physicians at all career stages is profound. However, the highest degree of burnout is seen among mid-career physicians, across all specialties. Mid-career is the longest and most productive phase of academic life, when demands for teaching, scholarship, publications, and institutional service are high. While mid-career faculty are the largest segment of the academic profession, they are also the most dissatisfied.

The reality of mid-career

Dyrbye et al., 2013
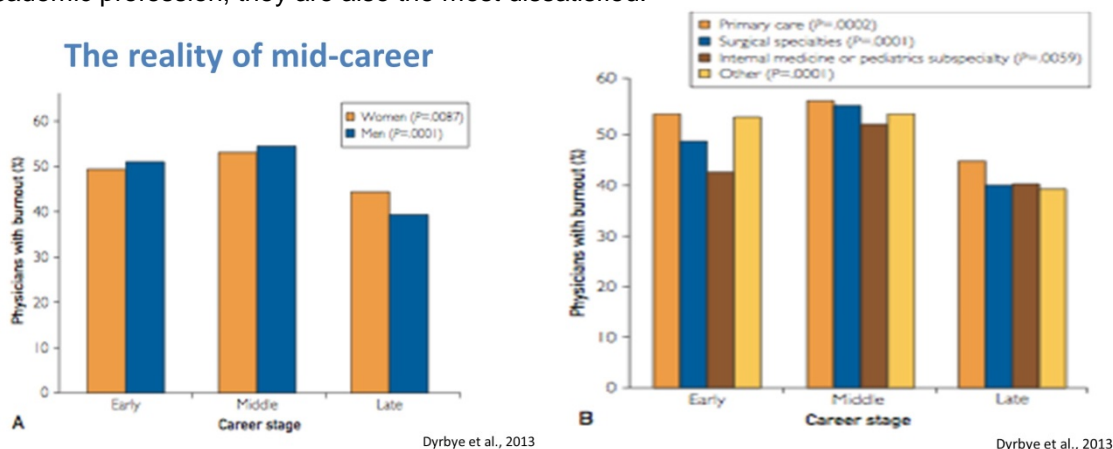
Dissatisfaction often leads to mid-career faculty attrition, which has a negative impact on medical schools.

- *Faculty turnover is costly.* Losses of mid-career faculty have a large financial impact on institutions. Arizona College of Medicine estimates annual turnover costs for the departments of medicine and surgery at over $400,000 each.

- *Productivity suffers.* Productivity decreases as departing faculty ramp down and new faculty members come on board or are delayed in coming on board. Medical schools report that it can take up to two years for new faculty to ramp up to the same level of productivity as departing faculty members.

- *Morale decreases.* When mid-career faculty leave an institution, it has a negative effect on patient and student satisfaction.

Faculty development programs are one way to increase retention and improve mid-career satisfaction.

"Mid-career is the longest and often the most productive phase of academic life. Unfortunately, mid-career faculty may be the most dissatisfied segment of the faculty population."
– Emilia Benjamin

Mid-career faculty members often need support to jump-start the next phase of their career.

Mid-career faculty members face challenges associated with being the "sandwich generation." At home, they are caring for children and/or aging parents. At work, they may feel they are losing mentoring support and research funding, while facing a promotion ceiling as older faculty decide not to retire. The issues confronting mid-career faculty members give institutions a new opportunity to think about faculty development. Boston University Medical School and University of Massachusetts Medical School have taken unique approaches to support individuals in this phase of the career life cycle.

Boston University: The Academy for Collaborative Innovation and Transformation

Boston University Medical School leveraged resources from the ACE/Sloan Foundation Grant to develop a pilot program called the Academy for Collaborative Innovation and Transformation (ACIT). This is a 10- month program for late assistant and all associate professors.

The first step in program development was formation of the Mid-Career Faculty Development (MCFD) Task Force. This group conducted a literature review, as well as focus groups to identify the institution's specific needs related to mid-career revitalization. The Task Force identified two competing forces that affect mid-career faculty members:

1. *Dissatisfaction, burnout, and attrition.* These are driven by a sense of isolation, as well as the pressure of personal responsibilities, tenure policies, clinical demands, and decreased opportunities for grant funding.

2. *Vitality, productivity, and retention.* The Faculty Development & Diversity Committee felt it could promote these positive outcomes through programs that encourage reflection, career planning, collaboration, and engagement.

As the team developed ACIT, they established participant and institutional goals.

To support these goals, ACIT has five core elements:

1. *Experiential Modules*. Participants were invited to six modules: Envisioning Your Role in Tomorrow's Health Care, Meeting the Needs of Stakeholders, Working Across Boundaries, Working Efficiently and Effectively, Creating New Value, and Envisioning the Future And Getting to It. Each two-day module was held off-site.

2. *Conversation Cafes*. These promoted dialogue around issues like dealing with setbacks.

3. *Learning Communities*. These helped mid-career faculty feel less isolated.

4. *Team Projects*. The goal of these year-long projects was for participants to practice their skills. This element of the program has been challenging to implement.

5. *Ongoing feedback and development*. Participant input helped shape the program.

After the program's completion the team conducted a rigorous quantitative and qualitative evaluation focused on ACIT's ability to achieve stated learning goals, as well as the curricular content, pedagogical effectiveness, and impact on the participants' and institution's work. The evaluation found the most impactful core elements of the program were:

- *The program's longitudinal nature*. This allowed mid-career faculty to develop a cohort for support over time.

- *An off-site location for the experiential modules.* It was valuable for faculty to have the opportunity to "unplug" for 12 days over the year.

- *Individual coaching and self-reflection*. Participants felt this was transformative.

- *Peer mentorship*. This enabled mid-career faculty to share information more effectively.

Looking ahead, sustainability is the major challenge facing ACIT. Key questions include how to scale the program beyond the 16 beta test participants, how to maintain cohort intimacy and connectivity as the program grows, resource intensiveness, and support for participants.

University of Massachusetts: The Faculty Vitality Award

Mid-career and senior faculty members often reach a stage where their expertise is no longer competitive or they wish to move their career in a new and different direction. In response, the University of Massachusetts Medical School created the Faculty Vitality Award with support from the ACE/Sloan award to the institution. The Faculty Vitality award is designed to help individuals acquire new skills and knowledge, and pursue changes in career goals. The competitive application process is open to faculty members who have been at the institution for at least six years. All applications must include a mentoring component. Awards range between $5,000 and $40,000. The awards are not salary and cannot be used for bridge funding. In the first year, 6 awards have been given varying from taking a drug to market to a team working on simulation.

Many older faculty members haven't planned for retirement, but view phased retirements as a way to remain involved with their institutions.

Retirement is a major career passage that has been largely neglected in faculty development. One reason is because retirement discussions are often seen as taboo. However nationwide, medical school faculty members are aging. In 2013, on

average 22.3% of faculty members were over the age of 60. More work is needed on how to address transition planning in a respectful way, as well as how to engage faculty beyond retirement.

Over the last five years, the University of Massachusetts Medical School (UMMS) has seen increasing numbers of faculty reaching retirement age. The demographics by department vary, but on average 20% of faculty are 60 years old or older. In some departments, retirement planning and succession planning is a more urgent issue than in others.

UMMS faculty are aging . . . with increased numbers at retirement age

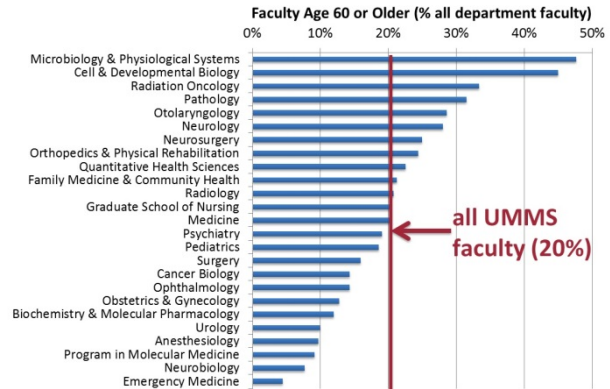Faculty age distributions for UMMS are close to national averages
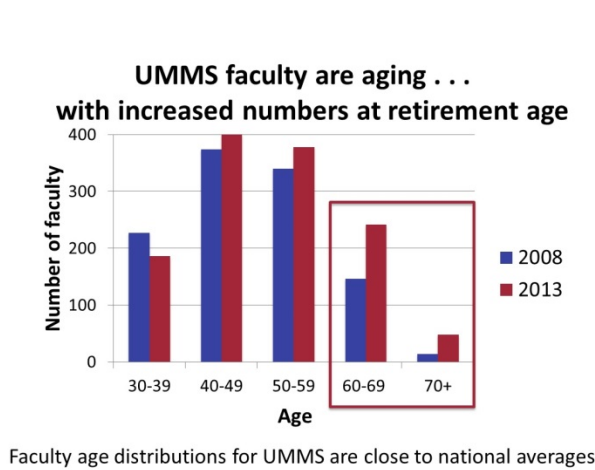
Departmental age ranges vary (UMMS example)

Faculty Age 60 or Older (% all department faculty)

all UMMS faculty (20%)

To plan programs, UMMS recognized it needed to understand faculty needs. In October 2013, the Office of Faculty Affairs surveyed 746 faculty members who were 50 years old and older. Key findings included:

- Over half of faculty (58%) ages 60 to 64 did not have a plan for retirement.

- The majority (80%) wanted to stay engaged and connected with the institution through activities ranging from tutoring and mentoring to assisting the Development Office.

- Virtually all faculty (92.4%) wanted online resources.

"Retirement has often been neglected in faculty development because retirement discussions are seen as taboo. We need to find ways to conduct transition planning in a respectful manner."
– Joanna Cain

In response to the issue of retirement, Stanford University School of Medicine convened a Senior Faculty Transitions Task Force. The first initiative for this group was surveying all faculty over 50, including active faculty and emeritus (active and inactive) faculty members. The survey revealed seven takeaways about faculty attitudes toward retirement:

1. *Faculty expect to retire later.* The majority (84%) anticipate retiring at age 65 or later, over one third (43%) expect to retire at 70 or later, and more than 10% indicated they would retire after 75.

2. *Most faculty don't discuss retirement plans with administrators or in their departments.* Faculty members are most likely to engage with retirement funds personnel and the benefits office. However, men were much more likely than women to have a dialogue with their department chair.

With whom of the following would you be most likely to discuss your retirement plans?

Stanford MEDICINE
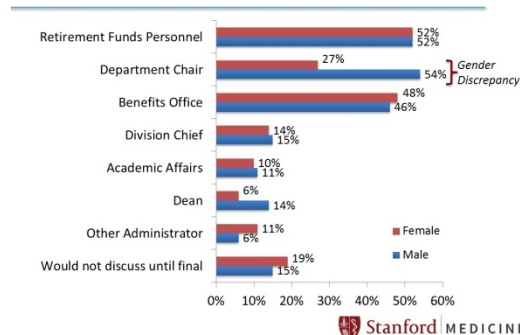
3. *The most important factors affecting retirement decisions relate to colleagues and family, rather than personal considerations.* The top factors influencing faculty retirement decisions include the presence of a successor, the willingness of the department to continue support for individuals who depend on the faculty member, and spouses' plans and opinions.

4. *Retirement is more complex than financial planning.* Succession and personal planning are key concerns. Money in the short term is not a retirement incentive.

5. *Faculty are unsure of where to find retirement information.* Over half of faculty surveyed had not done any retirement planning.

6. *Over half of faculty want a phased retirement.* Retaining a connection with the institution is important. This is often achieved by recalling emeriti.

7. *When developing retirement planning initiatives, consider gender.* Women faculty members are less likely to discuss retirement with their department chairs and less likely to perceive funding support for retirement.
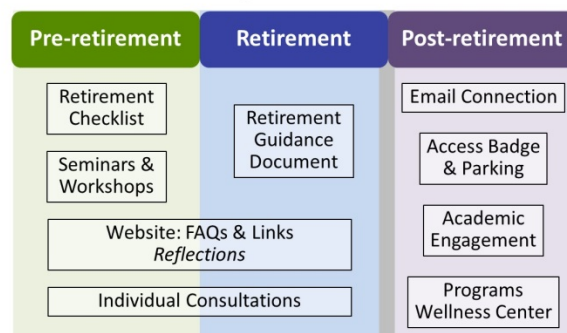
As faculty transition to retirement, institutions must engage individuals with communication, incentives, and compelling programs.

As the University of Massachusetts Medical School turned its attention to faculty retirement, the Office of Faculty Affairs recognized that this stage of life has three phases: pre-retirement, retirement, and post-retirement. The institution's efforts have focused on engaging individuals through these three phases.

Planning must engage both individual and institution across the **three stages of retirement**

	Pre-retirement	Retirement	Post-retirement
Individual	Planning finance, timing, and activities after retirement	Human resources regarding individual pensions/ retirement	Identity (appointment, access, email), options to contribute to academic medicine
Institution & Individual	Succession planning, transition	Appointment status; potential for rehiring; written expectations and timing	Need to retain referral network; development opportunities
Institution	Ability to make longer term plans for positions, FINANCIAL	Assure continuity, fair treatment for all retirees; clarity about expectations	Need for volunteer and part time support

University of Massachusetts UMASS Medical School

To meet the needs of faculty the Program has components across the three phases of retirement

Pre-retirement	Retirement	Post-retirement
Retirement Checklist	Retirement Guidance Document	Email Connection
Seminars & Workshops		Access Badge & Parking
Website: FAQs & Links *Reflections*		Academic Engagement
Individual Consultations		Programs Wellness Center

Useful tools include the Retirement Checklist and Retirement Guidance Document. Looking ahead, the Office of Faculty Affairs wants to work next on the institutional needs associated with the different phases of faculty retirement, with a focus on transition and succession planning as well as peer mentoring for peri retirement faculty.

Both SUNY Upstate Medical University and Stanford University School of Medicine have developed communication and incentive programs to promote faculty retirement. Since SUNY Upstate Medical University is a unionized campus, people are almost prohibited from mentioning retirement to employees. Despite these limitations, the University has developed several programs to promote retirement conversations among faculty members.

The Human Resources department and the Office of Faculty Affairs hold an annual a workshop called "Upstate Faculty Retirement: What You Should Know." The workshop has three components:

1. *A Human Resources presentation.* This covers retirement criteria and processes, sick leave, pensions and Social Security, and other key issues.

2. *A Faculty Affairs presentation.* This session addresses the challenges of retirement. Topics include retirement-related psychosocial challenges, retirement self-assessment and planning, and different approaches to retirement.

3. *A panel with retired faculty members.* This was the most compelling portion of the workshop for the audience. The three panelists retired in their early 60s from the Medical University's faculty. They discussed the factors that influenced their retirement decisions, what they are doing now, and the advantages and disadvantages of retirement.

Another initiative is the Distinguished Faculty Recognition Program. This retirement incentive program has been offered twice. It has resulted in cost savings for the institution and it has opened new leadership opportunities for younger faculty members. Paula Trief discussed the key elements of the program:

- *Eligibility.* The first time the program was offered, faculty members with 25 years of experience or more were eligible. This excluded chairs and M/C positions. The second time, faculty and chairs with 20 years of experience or more were included. Individuals could not be on leave or have previously agreed to retire. In addition, individuals were required to irrevocably agree to retire if they elected to participate in the program.

- *Retirement options.* Program participants could leave immediately with six months of full paid leave. Alternatively, individuals who preferred a phased retirement would work 50% for one year and then retire. A third option was eliminated which allowed faculty to reduce their effort over a one to three year period. This alternative required chair approval.

- *Incentives.* As part of the program, faculty were offered three incentives. They received $25,000, paid over the leave period. In addition, they were awarded emeritus status upon retirement and recognized at an annual "Celebration of the Faculty" event.

- *Adoption and cost savings.* The first time the program was offered, 61 faculty members were eligible and 15 participated. The second time, 121 were eligible and 10 participated. The estimated one-year savings for these 25 faculty members is approximately $2.2 million.

"The Distinguished Faculty Recognition Program enabled us to save money, but as faculty retired, we were also able to remove barriers to leadership positions for younger faculty members."
– Paula Trief

As Stanford University School of Medicine engaged in retirement program design, it focused on three areas: improving communication, developing retirement options, and involving emeritus faculty.

1. *Communication: Bridging the information gap.* Since Stanford's faculty survey suggested that individuals lack retirement information, communication improvements were made in this area. The Senior Faculty Transitions website was launched and monthly retirement workshops have been more widely advertised. In addition, the Stanford University Benefits Office offers one-on-one retirement planning and the Office of Academic Affairs has a counselor who meets with faculty, as well as makes presentations about retirement at department meetings.

2. *Options*: *Individual retirement planning and counseling.* The Office of the Provost offers a $1,000 incentive for individuals who engage in retirement-related financial planning. Faculty can take two possible paths for retirement. Both paths result in emeritus status:

   - *Faculty Retirement Incentive Program (FRIP).* Faculty retire and are recalled on 50% FTE for one to two years. The retirement benefit plus 50% FTE results in compensation that equates to 100% salary. Salary is calculated as base salary plus the average of the last three years of variable compensation.

   - *Phased, active retirement without FRIP.* Faculty are eligible if they meet the "rule of 75"; that is: 10 years of service + age = 75. Emeritus faculty can be recalled to see patients or become consulting faculty.

3. *Engagement: Involving emeritus faculty in faculty development activities.* Since many faculty want to stay involved with the university, Stanford is exploring ways that emeritus faculty can assist with faculty development. A pilot program is underway in which a recently retired faculty member with 40 years of experience serves as a grant advisor for junior faculty. She provides one-on-one consultations and works closely with grant writers for one to three months before the submission deadline. To date, grants that have received this level of support have had an 85% success rate.

"Developing faculty of the future through activities like grant writing support is a promising way to engage retired faculty. We know that many faculty members want to remain connected to the university after retirement."
– Magali Fassiotto

In small groups, conference participants analyzed high priority mid-career and peri-retiring faculty needs, as well as potential solutions.

The groups shared their ideas during rapid report-out sessions.

Mid-Career Faculty Needs and Solutions

Need: Departments must do better at recognizing mid-career faculty burnout and faculty members themselves must admit when they are feeling burned out.

- *Potential solutions*: Both chairs and faculty need education about burnout. In cultures that view burnout as a sign of weakness, initiatives should be launched to enhance education and change the culture. Training for new leader roles could be helpful. Flexible work policies such as partial leaves of absence are another possible solution.

- *Expected barriers*: Culture change is difficult. Cultivating buy-in for greater flexibility may be a challenge.

Need: Mid-career faculty often hit career plateaus and don't know how to gain promotion to the next level, such as moving from associate professor to full professor.

- *Potential solutions*: It may be useful for faculty to engage in a self-awareness process. One suggested model was SWAG: identify **S**trengths and passions, **W**eaknesses, and **A**ddress the **G**ap. Other recommended approaches include mid-career evaluations and centralized resources.

- *Expected barriers*: Institutions may lack guidance for mid-career faculty. As a result, it is difficult for individuals to "address the gap," even if they identify it. Time constraints may prevent faculty from taking necessary steps to gain promotion. This problem is compounded when institutions don't support flexibility.

Need: Mid-career faculty face various personal and professional transitions and often need help navigating these changes.

- *Potential solutions*: An institutional roadmap that identifies different resources and sources of support would be helpful.

- *Expected barriers*: Faculty often feel there is a stigma associated with asking for help. Changing this aspect of the culture can be difficult.

Need: Women and minority faculty often don't feel comfortable self-promoting in the workplace.

- *Potential solutions*: Mentoring can be an effective way to overcome this issue. Including individual development plans in faculty members' annual reviews is also useful.

Need: Mid-career faculty frequently find that they are in danger of losing research funding.

- *Potential solutions*: Emeritus faculty may be a good resource to offer advice and guidance. A centralized "concierge office" could help address life cycle issues. Creating a database of faculty CVs with research information could also motivate faculty to speak with colleagues and seek assistance.

Peri-Retiring Faculty Needs and Solutions

Need: Peri-retiring faculty are uncertain how to approach succession planning without feeling stigmatized.

- *Potential solutions*: Department chairs should raise succession planning as a routine part of strategic planning activities. Discussing succession planning when faculty are at mid-career could set expectations that this sort of planning is expected. Phased retirement programs, such as the two-year program at the University of Virginia, are a good solution, since faculty members can engage in succession planning during the ramp-down period.

- *Expected barriers*: Faculty members will be reluctant to discuss succession planning because they may feel there is no "safe" space to talk and that the discussion will not be held in confidentiality. Additionally they worry that they will be "lame ducks" or not taken seriously.

Need: Peri-retiring faculty should consider retirement issues earlier in their careers.

- *Potential solutions*: Retirement should be embedded in faculty development programs throughout the career life cycle.

- *Expected barriers*: There is a stigma associated with retirement. If retirement is more pervasive in faculty development programs, it may seem irrelevant to younger faculty members.

Need: Peri-retiring faculty need ways to maintain connections to the university community.

- *Potential solutions*: There are many ways to address this issue from giving retirees a university ID to free parking, office space, and access to university events.

- *Expected barriers*: All of these programs have costs and risks, so institutional buy-in is necessary.

Need: Peri-retiring faculty may feel a sense of loss associated with retirement.

- *Potential solutions*: Institutions must celebrate career accomplishments and find ways to promote longitudinal connection. If retired professors are not eligible for emeritus status, it may be helpful to create new titles for these retirees which recognize their contributions.

Other Important Points

- **Stanford Distinguished Careers Institute.** This new, innovative program is designed for individuals who are 50 years old and above. Institute fellows focus on designing their plans for retirement which will be personally fulfilling and help their communities.

Mid/Late Career Vitality & Retirement: Related Posters

During the poster session, six posters were presented that related to the theme of mid and late career vitality and transition to retirement. Full text of the poster abstracts can be accessed on the website.

- *How Does a Mid-Career Faculty Development Program in Academic Medicine Impact Faculty and Institutional Vitality? (Boston University School of Medicine and School of Education).* This poster explored the Academy for Collaborative Innovation and Transformation (ACIT). A mixed methods evaluation of the program has been completed and results were discussed.

- *Vital Signs: Engagement Among Faculty Considering Retirement (AAMC).* This poster explored the analysis of data from the AAMC Faculty Forward Engagement Survey. To support retention and engagement among senior faculty, institutional leaders should consider development of flexible work policies and alternatives to full-time appointments for faculty considering retirement.

- *Aging of Faculty in Basic Science and Clinical Departments, 1981-2011 (AAMC).* The AAMC Faculty Roster was used for this descriptive study. The poster reviewed how the average age of faculty increased steadily, regardless of department. The high proportion of faculty approaching retirement is important for policy issues related to succession planning and retirement.

- *Predictors of Mid to Late Career Publication Productivity: A Retrospective Cohort Study. (Wayne State University).* This poster explored the publications of 35 current Medical School faculty members at a research university with very high research activity. The results suggest that active work in multiple research areas is associated with maintained productivity.

- *Career Flexibility at the University of Virginia: Implications for Faculty Engagement (University of Virginia School of Medicine).* This poster explored career flexibility options available to University of Virginia School of Medicine faculty, as well as how many faculty members have taken advantage of these options and the level of engagement by leave type.

- *Transition Through Retirement: The Next Faculty Development Frontier (University of Massachusetts Medical School).* UMMS surveyed faculty 50 and over to identify areas of need and priorities related to retirement. This poster explored the key findings including key fears related to retirement planning, the need for an institutional/departmental approach to transition planning, the development of retirement-related programs, and more.

Key Themes

Overview

Key Conference Themes

Better alignment is needed between the culture of academic medicine and work/life integration programs.

Workplace culture in the United States has not kept pace with the changing demographics of the workforce, and academic medicine is no exception. Organizational culture can be a major source of bias and expectations about behaviors and hours that impact career flexibility. Many medical schools find that their cultures create barriers to flexibility through stigma and face time bias. Although work/life integration programs may exist, many faculty are reluctant to use them, for fear of their culture interpreting this as uncommitted to their work or by burdening their colleagues. These programs can only succeed when there is alignment with the culture and creativity about flexibility in schedules. Medical schools need to recognize that culture change is often a necessary first step to greater career flexibility. Reinventing the workplace culture means normalizing flexibility, shifting the focus of power to the team, sanctioning bias-resistant behaviors, and promoting continuous innovation.

Links exist between diversity and flexibility, but the connections are not well understood.

In academic medicine, the numbers of women and under-represented minority faculty drop off steeply as faculty progress through the career life cycle. Research suggests that a lack of career flexibility is a major contributor. Many departments are receiving less grant money and are under increasing fiscal constraints. Faculty are suffering from a time and funding famine that leads to dissatisfaction, burnout, and attrition. More work must be done to understand how greater career flexibility could enhance greater diversity progressing through the career life cycle.

The current system of career advancement in academic medicine is not conducive to flexibility.

At many medical schools, a faculty member's research work is tied directly to career advancement. Yet, other activities that are important to the health of the institution, like education, mentoring, and clinical innovation and service, may not hold that same weight at promotion time. Institutions need to recognize, quantify, and give credit for these types of scholarly activities as part of the learned community of medicine.

When systems require faculty to commit early in their careers to a single track, such as research, clinical service, or education, it limits their ability to pursue evolving interests or changes in the field. Trackless systems of promotion prevent people from getting locked into paths that aren't easily changed as opportunities arise or professional circumstances change. This has a direct impact on faculty flexibility.

Mentoring should be an integral part of careers in academic medicine, just like flexibility.

Today, many medical schools still view mentoring as a stand-alone activity. A better approach is to insinuate mentoring into all activities and programs. It is important to remember, however, that departments have "hyper-local cultures" and take different approaches to mentoring. Faculty Affairs should work with departments to identify which mentoring approaches will work best for them and offer centralized resources that all departments can utilize. Regardless of department, best practices include encouraging mentees to take ownership of the mentor/mentee relationship and identifying bad mentor/mentee pairings early, so new dyads can be formed. Finally, the idea of functional mentorship focused on objectives rather than diffuse expectations for mentorship advance the success of the mentor/ mentee relationship and outcomes.

If not addressed, mid-career dissatisfaction can lead to high and costly faculty turnover.

Programs are needed to break through the isolation that many mid-career faculty experiences as they deal with the stresses associated with a more competitive grant environment, promotion challenges, and demands at home and work. Mid-career development is underserved, yet this faculty cohort is the most productive and most subject to burn out in all academic medical institutions. Programs that address this have high satisfaction ratings, and the potential to revitalize entire institutions.

How a transition through retirement is addressed can have profound effects on individual faculty, their mentees, their program and their institution both short and long term.

Retirement is considered a taboo topic at many medical schools, yet faculty members are aging and the need for transition planning is a reality. Surveys have found that faculty want to retire later and even after retirement they want to remain connected to their institutions. Institutions have a need to retain the networks created by this faculty clinically and academically, as well as benefit from the accumulated knowledge and experience of senior members, while developing and promoting the

next generation of leaders. Phased retirements can be beneficial for both faculty and medical schools, providing a runway for completing transition and succession plans. Post-retirement engagement can also be beneficial for both faculty and institutions. Stanford, for example, is running a successful pilot program in which a retired faculty member is providing one-on-one consultation for faculty who are writing grants.

Ongoing sustainability is a concern for career flexibility programs.

Medical schools often use pilot programs to demonstrate the effectiveness of innovative career flexibility programs. Yet, a persistent concern for leaders is how to sustain these initiatives over time even when the benefits of the program are clear. Scaling programs to larger numbers of faculty members can be a challenge from a tactical perspective and the associated costs are always top of mind. Different approaches can be taken to fund career flexibility initiatives, including a dean's tax, health system or indemnity funding, or grant support for initial phases. However, competition with other institutional needs requires making the economic and resilience case for the flexibility programs a requirement in continuing to expand the effectiveness and achieving an appropriate scale for these programs.

Future Directions

Overview

Advancing faculty career flexibility in academic medicine is important across the entire timeline of faculty careers and critical to recruiting, retaining, and advancing the work of the faculty. In an effort to continue the momentum generated at this conference, participants shared ideas and best practices and joined learning network groups focused on a variety of topics related to faculty career flexibility. In the coming months, these teams will work together and disseminate their findings.

Key Takeaways

Additional research is needed to better understand the intersection between work/life integration and faculty diversity.

Hannah Valantine recommended undertaking new research to explore aspects of work/life issues and diversity, including:

- Are successful diversity initiatives integral to work/life integration, and vice versa?
- Do faculty members' diverse work/life experiences affect their interest in, support of, and benefits derived from diversity programs, and vice versa?
- Are the participants in (or beneficiaries of) work/life programs also supporters and participants in diversity programs?
- Do organizational outcomes associated with work/life experiences facilitate the organizational outcomes with diversity?

Engagement of department chairs and institutional leadership is essential, since culture change is an integral part of developing effective career flexibility programs.

At every career stage in academic medicine, cultural issues often overshadow flexibility programs. Department chairs must be engaged to overcome problems like flexibility stigma and face-time bias. Specific areas for future action include:

- *Training department chairs.* Leaders must be educated about the impact of culture on workforce diversity and attrition, as well as on succession planning and retirement.
- *New performance assessment methods.* As work environments become more flexible, new and innovative approaches for performance assessment will be required.

To continue the dialogue about faculty career flexibility, conference attendees are creating learning network groups.

Learning community networks will further explore and develop topic areas that emerged from the conference. These networks will provide mutual support, resources, and perspectives to help design, implement, and evaluate faculty flexibility initiatives. Six months following the conference, an email survey of all network members will be conducted to assess the learning networks' status and outcomes of value.

SECTION: Creating Flexible Pathways for Faculty Success, Engagement, and Retention

A New Physician Leadership Academy Program: An Outcomes-Based Follow Up Survey

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This poster addresses the **conference theme** of "creating flexible pathways for faculty success, engagement and retention."

Hypothesis/Goal: There is a critical need for preparing healthcare professionals, particularly physicians, for health system leadership roles and responsibilities.[1] As a newer academic medical center, our health system desired to create a new leadership program focused on physician role leaders and junior faculty who exhibited leadership potential.

We hypothesized that Physician Leadership Academy (PLA) participants would positively perceive the overall impact of this experience on their professional development.

Methods/Approach: The purpose of our study was to analyze the impact of a physician leadership training program involving 122 participants over a five year period (2008-2013). The program, known as the Physician Leadership Academy (PLA), was launched in 2008 and consisted of a single-year cohort-based experience. Most participants were relatively junior faculty members and were either self-nominated or nominated by departmental leadership. The program consisted of 10-12 sessions covering a variety of leadership skills taught by senior leadership including: administrative, business/financial management, career development, strategic planning, communication, people management, decision-making, change management, team leadership, and patient safety/care quality.

In August 2014, previous PLA participants completed an online, 16-item anonymous survey. A Likert-type rating scale was used wherein participants were asked to rate the PLA's impact on selected aspects of their leadership skills, if they would be interested in participating in a second level of physician training in the future, and for comments about the most and least worthwhile aspects of the PLA and general recommendations.

Outcomes/Results: Participants represented eight different physician specialties, with the largest group being Internal Medicine physicians (23%). Of the 122 participants who completed the PLA, 107 (88%) remain employed by our medical center. The PLA experience was labor intensive and involved 22 hours of instruction, assigned readings between sessions and submission of a capstone project. 48% of previous participants completed the survey. Respondents were 64% male; 56% assistant professor, 31% associate professor; 32% were affiliated with Internal Medicine. Demographics did not impact overall themes of responses.

80% of all respondents strongly agreed or agreed that participation in the PLA was worthwhile. 57% of all respondents strongly agreed or agreed that self-confidence in their leadership abilities was positively impacted by the PLA program. The PLA program impacted the "people management" skills of participants the most (77% agreement); and impacted "decision-making" skills the least (43% agreement). 52% stated that they would participate in a more advanced program on leadership, whereas

41% indicated they would need additional details about such a program before committing to participation. Useful comments concerning the most and least worthwhile aspects of the program were received.

Lessons Learned & Significance: Overall, participants seemed to positively perceive the PLA's impact on their professional development. Selected aspects of the program, most notably the emphases on financial management and teamwork, were lauded. Further emphases on practical, "real world" application of skills and mentoring were requested as part of a future, more in-depth physician leadership program. This valuable input from previous PLA participants will help guide future development of future programming on leadership.

[1]Steinert Y, Naismith L, Mann K. "Faculty Development Initiatives Designed to Promote Leadership in Medical Education: A BEME Systematic Review (BEME Guide No. 19)." Medical Teacher 2012; 34: 483-503.

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Rcv 12/2/2014

Optimizing Faculty Careers on a Regional Campus: Challenges and Opportunities

Poster Abstract: Career Flexibility for Biomedical Faculty of Today and Tomorrow

Applicability to conference themes:

This poster applies the conference goal and all three themes to regional campuses. The number of such campuses has rapidly expanded and significant numbers of faculty members are now based outside academic medical centers. This poster summarizes over 35 years' experience serving approximately 170 paid and over 1,000 volunteer faculty members of a regional campus located approximately 200 miles from the academic medical center. These faculty members represent all specialties and are located in communities across a large geographical area. In 2014, the LCME recognized faculty development programs as a strength of the institution.

Goal/Problem: How are the professional development needs of a large, diverse and dispersed faculty best met through a community-based regional campus?

Methods/Approach: The poster will illustrate how current operations have evolved to meet needs of an expanding and changing faculty including:

Needs assessment: routine data (incorporated into annual faculty review) plus ad hoc assessments targeting specific areas/groups

Programs, Services and Resources: Matrix of programs, resources and services coordinated through Office of Faculty Affairs and Professional Development (FAPD) principally

1. Campus-wide: seminars/workshops, teaching Bootcamp, standardized learner
2. Departmentally-based: various programs, including HRSA funded activities
3. Special groups; including preceptors & educational leadership development
4. Co-sponsored programs; esp. with GME, Research Office, Human Resources

5. Individual services; orientation, academic development plans, mentoring
6. Collaborative programs with other campuses
7. Webinars and connection to external programs
8. External groups, conferences, programs (AAMC, specialty-specific, other)
9. Website and office/staff support
10. Promotion and Tenure process, including applicant support, Committee training.

Administrative:

1. Collaboration with faculty and administrative leaders to represent needs of regional campus-based faculty members in development of schoolwide policies and procedures
2. Input to administrative leaders, faculty governance and others on innovations and "best practices" in faculty affairs and professional development.
3. Ensuring appropriate procedures on regional campus: faculty appointments, promotions, terminations etc

Outcomes: Data on faculty retention, satisfaction, promotion, academic productivity

Lessons Learned:

1. Regional campus faculty members are supportive but often cautious about faculty affairs requirements and the desirability of professional development, especially if originating from a remote institution.
2. Associate dean and staff must be able to articulate policies, practices, and requirements in terms that reflect local perspectives and priorities and help navigate individuals through systems.
3. Services and resources must be flexible, adaptable, accessible. Multiple small "niche" programs and individual services are now more important than traditional workshop formats.
4. Co-sponsoring and collaborating with external and internal groups enhances scope and local ownership of services
5. Investing in key faculty members provides a network of resource individuals
6. Building an academic culture takes time and effort

Submission title: The Part-time Faculty Member Perspective: Improving the Workplace

Authors: Sarah A. Bunton, PhD, and Valerie M. Dandar, MA
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Conference theme: Creating flexible pathways for faculty success, engagement and retention

Session objectives:
Part-time faculty members represent a sizeable component of the faculty workforce at U.S. medical schools. Estimates suggest that they comprise approximately 17% of the total faculty population. Academic medicine has used part-time work schedules as a mechanism to recruit and retain high-quality faculty members. Supporting faculty with part-time appointments can help yield high-functioning health care teams. Yet, scholars have a limited understanding of part-time faculty perspectives. This research explores, from the part-time faculty member perspective, what can be done to improve the medical school workplace.

Methods/Approach:
Data are from open-ended responses from 632 faculty at 21 institutions that participated in the AAMC Faculty Forward Engagement Survey—a survey that assesses satisfaction and engagement in the academic workplace—between 2011 and 2014. Faculty were asked to describe the top thing their medical school could do to improve the workplace. The authors performed theme identification and concept mapping of the responses with the aim of describing, understanding, and illuminating the part-time faculty perspective. Both authors generated themes independently to ensure inter-rater reliability, and then the concept map was developed to represent the themes and their interconnections reflected within the responses.

Results:
Several salient themes emerged from the analysis and concept mapping of these responses around improving the workplace. These included communication and transparency and faculty; access to resources and benefits; value and recognition of part-time work; clear institutional goals and mission, institutional support of work/life balance; clear criteria and expectations for advancement; and clear criteria and expectations for advancement. Each of these seven themes will be described and illustrated with examples of responses in this poster.

Figure 1: Themes from Part-time Faculty Responses around Improving Their Workplace

Lessons Learned and Significance:

While these comments were qualitative and cannot be generalized to the entire population of part-time medical school faculty, these respondents' comments do provide, from their perspective, insight into what their institutions could do to improve the workplace and provide a new layer in our understanding of part-time faculty in academic medicine. We know from previous research that most part-time faculty are working at least .5 FTE and their overall satisfaction is equivalent to their full-time colleagues (i.e., they are generally satisfied with their medical school), despite some challenges faced with their appointment. As a mechanism to recruit and retain high-quality faculty, institutions may be well served to continue to create policies and systems to support the cadre of part-time faculty members as there will likely be increasing demand for these types of positions among the next generation of academic physicians and scientists.

The Faculty Flex Voucher Program: Central Support to Keep Scholarly Work Moving

Ann J. Brown, MD, MHS, Vice Dean for Faculty
Jessica Womack, Faculty Development Program Coordinator (will attend conference)
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This abstract describes an innovative program that addresses the following conference themes:
1. *Creating flexible pathways for faculty success, engagement and retention*
2. *Mentoring models to foster faculty development throughout a career*

In 2014 the Duke School of Medicine Office for Faculty Development launched the Faculty Flex Voucher Program to address the critical challenge of jump-starting an academic career at the same time that family/childcare obligations are least flexible. The voucher program connects junior faculty with acute work-life balance challenges to high quality academic services. Vouchers are customizable, designed by the faculty member with the service provider, and are meant to provide targeted academic support to move a scholarly project toward completion.

The structure for the voucher program evolved from faculty focus groups with men and women in the basic and clinical sciences. In these discussions, early-career faculty were asked what work-life challenges they faced in keeping their research and publication agendas active and what institutional support would enhance their ability to stay on target. Faculty described a lack of flexibility in their discretionary time, an inability to relegate work to the "third shift" as they had before children (or other work-life challenge), and cultural pressure to seamlessly manage both work and family responsibilities. They sought flexible support that could be applied "on demand" to overcome a barrier to finishing a scholarly project.

In response to this feedback the Faculty Flex Vouchers were designed as a way to provide flexible support to faculty with work-life challenges. Through this program, faculty can apply for vouchers of up to $2,500. Vouchers are good for 6 months, and redeemable for an array of professional services at existing offices (Duke Office of Clinical Research, the Duke Clinical Research Institute's Publications Services Group, and the Medical Center Library). Applications are open to all pre-tenure junior faculty in both the basic and clinical sciences. A tenure track appointment is not required. Priority is given to those who articulate acute work-life balance obstacles in their applications.

The first call for applications was distributed in fall 2014 and garnered 18 (14 women, 4 men) applications totaling approximately $41,000 in requests. Application essays spoke of the challenge of being present for children without allowing work to suffer. They referenced childcare, eldercare, single-parent households, personal health crises, and cultural pressures to "do it all." Faculty requested relatively small amounts of money for

projects such as database construction, data entry, manuscript editing, project management and referencing. But the impact they described this work potentially having on their academic careers was substantial. In many cases 30-40 hours of assistance would allow completion of projects that have languished for months or even years. This small amount of financial support will allow them to focus their minimal discretionary time on family responsibilities while project work continues. The voucher program also connects faculty with professionals who can offer targeted mentorship related to their area of expertise.

The inaugural vouchers are active now. Feedback will be gathered from participants and service providers at the conclusion of the voucher period in June 2015. Evaluations will drive future changes to the program, including possible expansion to other service providers. Current plans are to repeat the program twice per year.

Abstract

Title: Gender Differences in Barriers to Career Flexibility: Implications for Academic Compensation

Authors: Lydia Pleotis Howell MD, Laurel A. Beckett PhD, Yueju Li MS, Amparo C. Villablanca MD; University of California, Davis School of Medicine

Goal: Flexible career policies are seen as important to faculty satisfaction, recruitment and retention, but are under-utilized in our school and others. Our goal is to better understand the factors that influence a flexible culture at medical schools in order to identify targets for intervention by sharing gender differences in perceived barriers and their implications for developing compensation plan metrics. . **Methods:** An educational intervention to raise awareness of flexibility policies (maternity leave, tenure clock extension, modified duties, part time options, deferral of review) was conducted over four years and included presentations, newsletter articles, brochures, website development/updates. All faculty at UCD School of Medicine were surveyed in 2010 and 2013 on attitudes toward and awareness of policies, policy use, and barriers. Faculty survey respondents were 268 (32%) in 2013; 325 (42%) in 2010. Data were tabulated by gender and proportions calculated for respondents. Statistical comparisons were based on exact tests for proportions and t tests for scaled variables. Significance was at $p<0.05$. **Results:** Following the intervention, awareness of policies increased for both genders and was ranked slightly higher by women (mean 3.3 of 5; 1 lowest, 5 highest) than men (mean 2.9 of 5) as compared to 2010 when awareness for both genders ranked near 2.5 of 5. In 2013, both genders reported 'burdening colleagues' as the greatest barrier to using policies (43% women, 47% men, p=ns). No single barrier dominated in 2010. Other barriers showed significant gender differences in 2013. Men (56%) more frequently reported financial barriers than women (40%; p=.01), a marked increase from ~20% for both genders in 2010. More women reported concern about being perceived by their department chair as less committed to career (women 58%, men 41%, p=.01) and adverse effect on academic advancement (women 41%, men 30%, p=.05). Regarding factors limiting time taken for a leave, a substantial percentage of men (18%) reported that using policies didn't fit the values of their culture/heritage (women 9%, p=.04) as well as concerns about decreased visibility at work (men 49%, women 29%, p=.001). **Lessons Learned and Significance:** Raising awareness of flexibility policies/opportunities is not sufficient to create a flexible work culture. Barriers must be identified and addressed. The major flexibility barrier in our medical school involves concerns about overburdening colleagues during a leave/accommodation. More women than men report other related barriers to flexibility policy use, including concerns about reduced visibility and about perceptions by the chair of their commitment to career. These issues are more prominent than four years ago, perhaps because our educational intervention successfully raised policy awareness and

heightened perception of potential barriers to policy use. Compensation plan metrics send strong messages regarding organizational values and influence perceptions and behavior. We therefore suggest raising visibility of contributions to the team by placing suggested metrics within a department compensation plan, such as attendance at key rituals and events. These can mitigate barriers related to visibility, career commitment, and burdening colleagues and minimize the need to be ever-present and always available.

Supporting faculty career flexibility through the career life cycle: a comprehensive strategy.

Theme: i. Creating flexible pathways for faculty success, engagement and retention

Presenters: R. Milner, J. Cain, J. Ockene, J. Congdon, and L Thorndyke

Problem Statement: Changes in clinical reimbursement, a more competitive research funding climate, technological innovations, and changes in expectations of balance between professional and personal commitments have greatly affected faculty work and satisfaction. To address the challenges facing academic medical centers in recruiting and retaining talented faculty throughout their career path requires a portfolio of new strategies. Today's faculty demand more flexible work environments and career pathways.

Methods/ Approach:

We utilized the following structured approach to assess needs and implement programs and policies to develop comprehensive strategy for enhanced flexibility and satisfaction while promoting faculty success:

1. Conduct an institutional self-assessment (national and local surveys, focus groups)
2. Identify areas of need and prioritize
3. Collect additional information, including targeted interviews and peer institution intelligence
4. Engage stakeholders to design solutions
5. Gain approval and support from key leaders
6. Develop a communication strategy
7. Implement program or policy
8. Evaluate and revise for continuous quality improvement

Outcomes:

By viewing the faculty career life cycle with this standard process, we identified areas of need and identified different approaches accordingly. We then developed solutions that included programs (mentoring, speaker's series, , workshops, etc.), policies (part time, transition to retirement), individual consultations (for mentoring, retirement, promotion), tools (web based support, checklists, etc.) or a combination for each area identified.

Examples of new initiatives across the timeline include:

1. Early Career: Onboarding Program; Part time Guidelines; Peer mentoring program for promotion
2. Mid to Late Career: Vitality Award for Mid-Career Faculty; Transition through Retirement Program

Two elements common to many initiatives included mentoring programs and individual faculty consultations.

Lessons Learned and Significance:

A comprehensive approach to view faculty needs across the career life cycle assures that there are relevant programs and policies that address key needs for all faculty. Programs were

implemented more successfully and smoothly when the structured approach was followed than when a step was missed in the process. Continued revision and marketing is important for firmly establishing new programs and policies as part of the institutional culture. This career life cycle model is a template that can be used in any institution both to identify target groups and to assure that the needs of the entire faculty are addressed for faculty flexibility and development.

What's in a name? New faculty positions with limited academic involvement.
Charles G. Irvin, Ph.D., Associate Dean of Faculty

Frederick C. Morin III, M.D., Dean
College of Medicine, University of Vermont

Conference theme:
Creating flexible pathways for faculty success, engagement and retention.

Goal and statement of problem to be solved:
The current faculty pathways at the College of Medicine (COM) at the University of Vermont (UVM) include: tenure, clinical scholar, research and educator yet still did not capture the full spectrum of faculty situations. In particular there are two groups of faculty or potential faculty for whom the academic environment provides a barrier to success and engagement. These faculty situations represent the extreme end of the spectrum of academic involvement and as such do not fit into our four pathways for further promotion. Lastly, as our affiliated hospital develops a regional ACO the relationship and expectations of the partners of the enterprises need to be considered.

Approach:
We developed one new faculty position and a second is in process.

Clinical Practice Physician (CPP):
Faculty fitting this position are predominantly practicing physicians whose academic activities such as research and scholarship are minimal. Modest amounts of teaching may be involved. The appointments can be part or full time. Approval is required by the physician leader of the UVM Medical Group (the academic practice), departmental chair of the applicable department and the Dean. No reasonable delay (less than thirty days) are permitted. Terms of the appointment are for five years. The physician-leader of the practice shall determine the minimally invasive renewal process. The appointment requires acceptance in the practice and handled as a opportunity hire. While intended for UVM Health Network, physicians within the home institution in Burlington are also eligible. Should a CPP develop substantial academic activities, they can be considered for appointments in other pathways, e.g. clinical scholar pathway.

Faculty Scientist:
In the research scholar pathway we currently have an entry position called Research Associate (similar to lecturer in other institutions). Typically these are/were senior postdoctoral associates. An analysis of the persons currently in the position showed that many have been in this position over 20 years. It also suggested that for many their current role was technical support not research leadership or independence. UVM does not provide an acceptable option for staff positions. The current proposal before the faculty is to create a faculty position, Faculty Scientist that would accomplish these goals:

1. Better reflect what the faculty member does.

2. Decrease the stress/expectation of further academic progression.
3. Decrease the administrative burden as research associates are reviewed at one year intervals. Individuals are expected to hold a terminal degree in their discipline (PhD) and demonstrate a high degree of technical expertise beyond that usually encountered in laboratory technicians.

Outcomes:
The CPP position was approved by the faculty by unanimous vote and approved by the UVM Board of Trustees in early 2014. The Faculty Scientist position has received strong support with little push back in faculty meetings to date.

Lessons Learned:
The complexity of academic medicine and science are such that providing positions where faculty can be relieved of the burden of continuous cycles of review and reappointment and provided an opportunity to reduce administrative burden and is acceptable to faculty.

Abstract

Title: Faculty and Administrator Perceptions of Time During Paid Parental Leave of Absence

Author(s):   Jennifer L. Allie, PhD

Conference theme: Creating flexible pathways for faculty success, engagement and retention

Hypothesis/goal: In recent years, a upward trend in the frequency and type of career-flexibility policies in academic medicine has overcome institutions nationwide. This poster explores faculty and administrator perceptions regarding time and commitment during parental leave, specifically addressing the assumptions of the ideal worker, importance of face-time, and the potential implications for faculty parents who opt to use parental leave policies.

Methods/approach: In 2010, the university policy center conducted a full evaluation of the paid parental leave policy adopted in 2006. The policy evaluation included a mixed-method analysis of web-based survey results from faculty and their corresponding department chairs. Individual interviews and focus groups were conducted with faculty who had used the parental leave. Their respective department chairs were asked to assess the percentage of time spent on institutional missions (i.e., teaching, service, research) during approved parental leave.

Outcomes/results: Results from the analysis showed a discrepancy in perception of time spent on institutional missions while on university approved parental leave, where68% of faculty respondents noted that while on leave they continued to advise students, compared to department chairs who reported only 25% of faculty contributing to this effort while on leave. A continued disproportionate outcome revealed 39% of faculty indicated that they continued service activities, while 75% of department chairs indicated that faculty did not engage in service during parental leave. Parents described being notified of meetings and feeling as if they were "left with no choice but to show up with baby in tow." Faculty parents described feeling obligated to be present, particularly if one of their colleagues was also on leave and planned on attending. More

problematic in regards to a culture that supports career flexibility, however, were the comments

received from several of the mothers, who recalled showing up to these meetings only to be

subjected to ridicule for nursing their child during faculty meetings.

Lessons Learned and Significance: All parties agreed that the parental leave policy was a valuable recruitment and retention tool although faculty and leadership differed in their perceptions on time spent by faculty parents while on parental leave. The policy evaluation team recommended that a formal document be completed at the time of the request for leave. The document would outline expected contributions during parental leave and would be shared with the department chair in an effort mitigate some of the concerns made by administrators and other faculty regarding parents being absent while on university sanctioned parental leaves of absence. The findings of this evaluation, particularly the perception of time and commitment, establishes that while implementing a formal parental leave policy may be a perceived value, oversight and accountability for leaders' perception of these policies and faculty time at the departmental level remain crucial components in fostering a culture where faculty may integrate their professional and personal identities without penalty

SECTION: Mentoring Models to Foster Faculty Development Throughout a Career

DEVELOPMENT OF A MULTILEVEL, MULTIDIMENSIONAL MENTORING INITIATIVE

Sana Loue, Daniel Anker, Sumita Khatri, and Pamela B. Davis

Conference Theme: Mentoring models to foster faculty development throughout a career

Hypothesis/Goal: Faculty responses to a series of medical school climate surveys and focus groups identified a need for mentoring. We hypothesized from these findings that mentoring is needed and would be beneficial to faculty members at all levels (instructor, assistant, associate, and full professor) and tenure statuses (tenure track, tenured, and non-tenure track).

Methods/Approach: We developed a multilevel, multidimensional mentoring initiative for faculty. The Office for Faculty Development and Diversity collaborates with all department chairs and many individual faculty members to assist with the development of individual faculty mentoring committees and department-specific mentoring programs. Mentoring committees are being established for all faculty members, regardless of rank or tenure status. Faculty members are encouraged to develop five-year Individual Career Plans in collaboration with their mentoring committee members in order to enhance their likelihood of success along their desired career trajectory.

We instituted additional programmatic components in order to augment the discipline-specific and career mentoring provided to faculty by their mentoring committees. The Faculty Toolkit series is a monthly workshop series targeted for junior and mid-level faculty that focuses on diverse topics critical to the enhancement of professional skills in an academic medical setting. Additional mentoring opportunities have been implemented through the creation of FLEX (**F**oundations in **L**eadership **EX**cellence), a multi-session leadership training program with individualized coaching for female basic science and clinical faculty at all levels (Assistant through Full Professor), and LInCS (**L**eaders **IN** **C**ommunication **S**kills), a program designed for mid- and senior level clinical and basic science faculty to enhance their communication skills with patients, research participants, colleagues, and communities. Coaching is available for individual faculty members through the Office for Faculty Development and Diversity. We established the Faculty Development Council, comprised of representatives from all basic science and clinical departments, to provide the Office for Faculty Development and Diversity with a mechanism for ongoing feedback about faculty mentoring needs.

Outcomes/Results: All basic science and many clinical departments have established individual mentoring committees for their faculty members. In response to the mentoring

initiative, various departments have identified one or more of their faculty members to serve as the point person(s) for faculty development within their departments. Evaluations of the Faculty Toolkit workshops and the LInCs programming have been overwhelmingly positive. Additional resources are needed to support faculty members in their efforts to transition towards part-time, emeritus, or retirement status.

Lessons Learned and Significance: A menu of diverse mentoring formats is necessary to provide support to faculty members and enhance their likelihood of success at all stages of their careers. The provision of mentoring is particularly critical as faculty members transition between career levels and assume new and challenging responsibilities.

Career Flexibility for Biomedical Faculty of Today and Tomorrow: A National Conference

March 14-15, 2015, BU Medical Campus | Boston, MA

Abstract

Conference theme: 2.   Mentoring models to foster faculty development throughout a career

Authors:

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Title:

Life, career and socio-cultural differences in desired mentor characteristics among female faculty in academic medicine

Goal:

Relatively little is known about what individuals look for in a mentor (Young et al., 2006) yet initiation of the mentor-protégé relationships is critical for effective mentorships (Turban & Dougherty, 1994). In this study, we investigate the characteristics female faculty in academic medicine desire in a mentor, including: 1) location similarity, 2) racial-ethnic similarity, 3) gender similarity, 4) personal interest similarity 5) career interest similarity and 6) political capital and influence. Given the influence of sociocultural, career and life stage differences associated with race-ethnicity, nationality, age, family responsibilities and academic rank we hypothesize that female faculty preferences for mentor characteristics will vary along these demographic factors.

Methods:

Statistical analysis was conducted using survey data from the Women and Inclusion in Academic Medicine study collected in 2012. Demographic differences were assessed using the responses of 3,127 female faculty at thirteen academic institutions with hierarchical linear models. Each of the mentor characteristics perceived as important were regressed on 1) race-ethnicity (non-Hispanic White, non-Hispanic Asian, non-Hispanic African American, Hispanic); 2) foreign born status (yes/no); 3) age (<44, 44-54, >54); 4) academic rank (Instructor, Assistant Professor, Associate Professor, Professor; 5) childcare responsibilities (current, past two years, none/never); 6) marital/partnership status (yes/no); and 7) prior experience as a mentee (yes/no).

Results:

Demographic differences were observed in what characteristics female faculty perceived as important in mentors, including race-ethnicity and foreign-born status differences in the importance of race-similarity, career interest similarity, personal interest similarity, location similarity and the political capital/influence of a mentor. Faculty older than 45

years rated career interest similarity as less important and personal interest similarity and race similarity as more important than faculty younger than 44 years. Faculty that have received past mentoring perceived race and gender similarity as less important and political capital/influence of mentors as more important than faculty with no past experience of mentoring. Female faculty with current childcare responsibilities perceived gender similarity (i.e., having a women as a mentor) as more important compared to faculty with past childcare responsibilities. Junior faculty rated mentor gender similarity and location similarity as more important than senior faculty. Married/partnered female faculty rated location similarity as more important compared to single female faculty.

Significance:

We proposed that women faculty in academic medicine will desire mentor characteristics to a greater or lesser degree based on demographic factors that shape preferences including race-ethnicity, foreign-born status, academic rank, age, childcare responsibilities, protégé status, and marital/partnership status. Significant demographic differences were found across 13 medical institutions. The findings point to a need to revisit mentoring models for fostering development of female faculty throughout their careers. In particular, these results document the unique needs of women faculty in academic medicine and serve to better inform recommendations for tailoring mentoring programs and evaluating current mentor provisions at academic medicine institutions, thereby having implications for female faculty career flexibility.

The Faculty Mentoring Institute

Presenter: Lily S. Hsu, Ed.D
       Associate Provost for Academic and Professional Affairs
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ABSTRACT

Theme: Mentoring models to foster faculty development throughout a career

MCPHS University is dedicated to preparing students for successful careers in healthcare through excellence in teaching, scholarship, research, professional service and community engagement. It offers programs at the certificate, bachelor, master's and doctoral level. Faculty hired all have expertise in their discipline and strong clinical skills but often lack classroom teaching experience and scholarship of teaching and learning. Heavy teaching loads that include didactic, laboratory and clinical teaching leave little time for faculty to acquire skills in student learning and engagement.

The lack of teaching and scholarship experience among new faculty was identified in an online survey and focus groups that were conducted in 2008. The university responded by establishing two major faculty development programs. The first program developed was the New Faculty Orientation (NFO) Program. This year long seminar based program targeted new faculty who had less than three years of teaching experience. The NFO purpose was to define the major responsibilities of faculty; familiarize faculty with resources and tools available and focus on skills and strategies to strengthen their teaching. The NFO also provided an opportunity for new faculty to develop relationships with faculty from other schools.

Participant feedback led the NFO program to be delivered face to face on each campus and to provide a greater focus on teaching and classroom management. Faculty also identify a teaching project that is presented at the annual faculty showcase at the end of the academic year.

In 2010 the Faculty Mentoring Institute (FMI) was started and its purpose was to mentor faculty who had completed the NFO program or mid-level faculty seeking mentoring. The FMI was led by a group of senior faculty or "Fellows" who were appointed by the Provost. The Fellows were recognized for their expertise in teaching, scholarship and/or service and represented faculty from different disciplines and campuses. The FMI provides structured programs and individual mentoring on a variety of topics. Some of the activities offered include an annual Faculty Scholarship Showcase, New Directions for Established Scholars (NDES) intramural grant program to support associate and full professors in developing scholarship in teaching and learning, and workshops on preparing for promotion.

Faculty response to the NFO and FMI programs indicate that goals of these programs are being met. The NFO program was voluntary the first three years but made a requirement in 2012 for all eligible faculty. The FMI program has established two major events that highlight faculty scholarship and builds collegiality. The 5th Annual Faculty Scholarship Showcase will be in May 2015 and the number of submissions has grown to over 100 posters. The NDES program was piloted last year and was approved again for this year.

These two programs address major faculty issues and receive strong support from the Provost and deans. Challenges remain with conflicts in scheduling and teaching schedules and technology. As the university grows the ability to equally reach the campuses also becomes more difficult.

Assessment of Junior Faculty Attitudes Toward Mentoring

Laurie W. Leclair, Renee D. Stapleton, Polly E. Parsons, Charles G. Irvin, Benjamin T. Suratt.*
Conference Theme: Mentoring models to foster faculty development throughout a career

Hypothesis: Informal polling of the faculty in the Department of Medicine suggested that many junior faculty did not have identified mentors, and even those that did had little understanding of the promotion process and lacked strategic plans for career development. We hypothesized from these findings that junior faculty in the department not only suffered from inconsistently identified mentors, but also from inadequate mentoring on career development and advancement within academic medicine, regardless of whether they had a faculty mentor.

Methods/Approach: We performed a multidimensional survey of all junior faculty (below rank of Associate Professor) within the Department of Medicine at our institution (n=82). This cohort included all junior faculty in Primary Care, Hospitalist Medicine, and Subspecialty Medicine, and on all promotion tracks (Tenure, Clinical Scholar, Research, and Teaching). The survey consisted of demographic questions and assessment of current mentoring status (has an identified mentor, does not, or uncertain), as well as the Ragins/McFarlin Mentor Role Instrument (RMMRI; Ragins and McFarlin, 1990). The RMMRI consists of 33 Likert scale questions assessing both career development and psychosocial dimensions of the mentoring relationship within multiple domains: Career - Coach, Challenger, Sponsor, Promoter, and Protector; Psychosocial - Acceptor, Friend, Role Model, Counselor, Social Associate, and Parent. Respondents who reported that they either had no identified mentor or were uncertain were asked to answer these questions in reference to whomever they consistently turned to for professional advice in the department. The survey was completed online by the faculty using SurveyMonkey.

Outcomes/Results: We received responses from 57 faculty for a 70% response rate (45% men, 55% women). Of these respondents, 61.4% reported having an identified mentor, 24.6 reported having no mentor, and 14.0% were uncertain whether they had one. These trends were similar between male and female respondents, although slightly more women faculty said they had identified mentors (67.9% of women vs. 60.9% of men). The RMMRI responses for the entire cohort showed that the characterizations of their mentors that they most strongly agreed with were in the psychosocial dimension (Acceptor, Friend, Role Model, and Coach) with the exception of 'Social Associate' and 'Parent,' which were the lowest of the 11 domains examined and were excluded from further analysis. Domains within the career dimension fell in the middle, with the least accepted descriptors being 'Promoter' and 'Protector' within this dimension. Although women respondents reported lower overall Likert scores across all domains (p=0.01), there were no significant differences between men and women in any individual domain. Those respondents who reported having an identified mentor were more likely to agree with

descriptors in the psychosocial dimension than respondents without mentors ('no mentor' or 'uncertain'). However, there were no significant differences between those with and without mentors within any of the Career dimension. Thus, having an identified mentor did not appear to influence these (low) scores.

Lessons Learned and Significance: Nearly 40% of the junior faculty in our Department of Medicine do not have an established mentor, a figure that is unacceptably high but similar to other Academic Medical centers. Faculty mentors either do not understand the importance of or feel comfortable with mentoring in many aspects of career development.

Fig. 1 Attitudes Toward Mentor
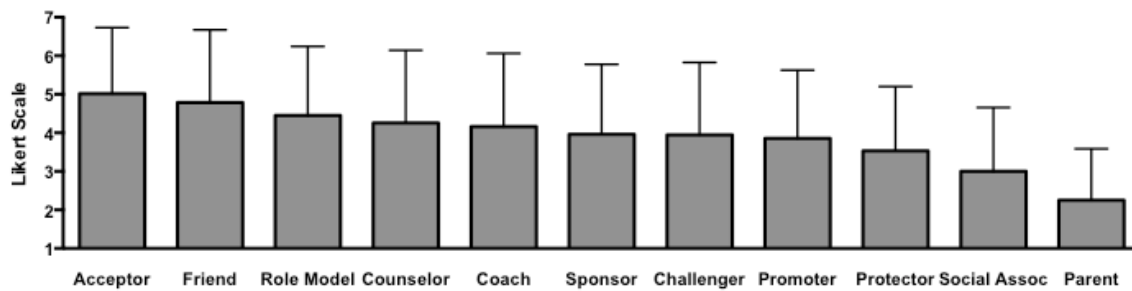
Likert scale: 1 (strongly disagree) to 7 (strongly agree)

Fig. 2   Attitudes Toward Mentor: Identified Mentor vs. No/Uncertain
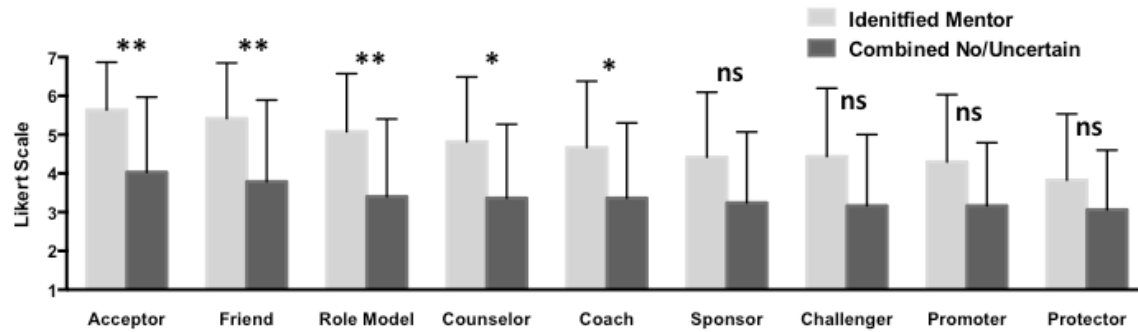
Likert scale: 1 (strongly disagree) to 7 (strongly agree)

NENFA: a Regional Network on Faculty Affairs and Faculty Development

Emelia Benjamin and Robina Bhasin, Boston University School of Medicine; Lisa Coplit, Quinnipiac School of Medicine; Michele Cyr, The Warren Alpert Medical School of Brown University; Zoe Fonseca-Kelly, Harvard Medical School; Charles Irvin, University of Vermont College of Medicine; Kathleen Lowney, Tufts University School of Medicine; Linda Bockenstedt, Yale University School of Medicine; Robert Milner, University of Massachusetts Medical School; Christine Power, Dana-Farber Cancer Institute

Themes addressed: All, providing a model for dissemination of practices in faculty career flexibility.

Goal:
There are 10 medical schools within the six states of New England and many affiliated health centers, particularly in Boston. Each of these institutions has experienced and knowledgeable individuals in faculty development and faculty affairs, representing a concentration of expertise within a small geographical area. The goal of the New England Network on Faculty Affairs (NENFA) was to develop a structure to share best practices in faculty development and faculty affairs, foster collegiality, and encourage scholarship and collaboration.

Approach:
NENFA was founded in 2010 to bring together the faculty leaders and administrators responsible for faculty affairs and faculty development in the academic health centers in New England. NENFA's mission is to share best practices, foster collegiality, and encourage scholarship with the overarching goal of recruiting, retaining, and advancing our diverse medical school faculties. NENFA is managed by a steering committee composed of one representative from each of the 10 New England medical schools and one representative from the Harvard affiliated hospitals and institutes. Membership is restricted to the New England area but individuals from outside the region are welcome to attend meetings. A list server facilitates communication among the members. NENFA's major activity is sponsoring meetings, held twice a year on topics in faculty development and faculty affairs.

Results:
To date, NENFA has held six half-day meetings, hosted by a member institution. Most of the meetings have focused on issues in faculty career flexibility. Topics have included "Recognizing and Rewarding Clinical Scholarship", "Recruitment & Retention of a Diverse Faculty", "Fostering Faculty Vitality", "Late-Career Faculty Transitions", "Mentoring and Support for a Diverse Faculty", and "Mentoring Programs for Faculty". Each meeting may include keynote presentations, a "data blitz" to share best practices, and ample time for discussion. The meetings are well-attended, typically 40–60 participants, and well-received. Expenses, including dinner, are modest and usually funded by the host institution.

Lessons Learned:
Our experience is that NENFA meetings and other interactions enhance and complement the national meetings on faculty affairs and development, providing added benefit for its members. Furthermore, local meetings within a relatively small geographical area provide an opportunity to bring together faculty and staff who do not have the opportunity to attend the more distant

meetings. NENFA provides a model for similar collaborations in other regions of the USA.

SECTION: Mid and Late Career Vitality and Transition to Retirement

Title: How Does A Mid-Career Faculty Development Program in Academic Medicine Impact Faculty and Institutional Vitality?

Authors: MaryAnn Campion[1, 2], Robina Bhasin[1], Emelia Benjamin[1], Mary Shann[2]
[1] Boston University School of Medicine, [2] Boston University School of Education

Conference theme(s) addressed:
(2) Mentoring models to foster faculty development throughout a career
(3) Mid and late career vitality and transition to retirement

Abstract:

    Background: Faculty vitality is integral to the endurance of higher education. Strengthening vitality is particularly important for mid-career faculty, who represent the largest and most productive segment but also the most dissatisfied. Ultimately, faculty burnout affects faculty retention, which can create downstream problems for an institution. While the mid-career phase is particularly vulnerable to diminishing vitality, the backdrop of academic medicine appears to be another factor that may put faculty at risk of attrition. Over the past 25 years, the number of clinical faculty in medical schools has more than doubled while tenure-track positions have been cut in half (Bunton & Corrice, 2011). Concurrently, medical schools have experienced a dramatic reduction in federal research funding and reliable clinical income (Barzansky & Kenagy, 2010). In order to survive, administrators have come to rely on faculty with distinct expertise who focus primarily on research, teaching, or patient care. These concentrated roles are misaligned with antiquated promotion criteria, making it increasingly difficult to reward these same faculty members for their efforts. Therefore, it has become imperative for medical schools to embrace alternative strategies to maintain faculty commitment and productivity.

    Goal: In 2008, Baldwin et al. assessed the needs and experiences of mid-career faculty through a cross-section of interviews, identifying themes of high expectations, neglect, reassessment, and adaptation. In 2006, Steinert et al. performed a meta-analysis of faculty development programs in academic medicine, finding that positive changes in attitude, increased knowledge, and gains in teaching skills were most commonly associated with programs designed around experiential learning. While Baldwin's work addresses the specific needs of mid-career faculty, and Steinert's work focuses on faculty development in medical schools, there is a paucity of data that links the two subjects. This gap marks a clear need for research in this arena. Therefore, in January 2013, Boston University School of Medicine initiated the Academy for Collaborative Innovation and Transformation (ACIT), a ten-month mid-career faculty development program designed to allow participants to engage in interdisciplinary collaboration, self-reflection, mentoring networks, and the development of strategic leadership skills. This first iteration of ACIT consisted of six two-day interactive learning modules and multidisciplinary group projects based on institutional needs.

    Methods: At this time, a mixed methods evaluation is underway using a quasi-experimental design to assess the impact of ACIT on faculty and institutional vitality. Quantitative pre-post surveys related to knowledge, skills, attitudes, and connectivity are being used to compare ACIT

participants with a reference group that was matched based on rank, department/section, track, and years of work experience. The quantitative data is being augmented by interviews and focus groups to gain the perspectives of multiple stakeholders, including participants, senior leadership, department chairs, and ACIT staff members.

Results: Data analysis will be completed by February 1, 2015, and will be included in the final poster presentation.

Significance: Although we are unable to comment on the impact of ACIT at this time, it stands to reason that the results may have implications for future initiatives aimed at mid-career faculty development at BU and beyond.

Barzansky, B., & Kenagy, G. (2010). The full-time clinical faculty: what goes around, comes around. *Academic Medicine*, *85*(2), 260-265.

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Steinert, Y., Mann, K., Centeno, A., Dolmans, D., Spencer, J., Gelula, M., . . . Prideaux, D. (2006). A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No.8. *Medical Teacher, 28*(6), 497.

Transition through retirement: The next faculty development frontier

Joanna Cain, Robert Milner, Judy Ockene, John Congdon, Luanne Thorndyke
University of Massachusetts Medical School, Office of Faculty affairs

Themes addressed: Mid and late career vitality and transition to retirement

Goal:
To support the needs of faculty through pre-retirement, retirement, and post retirement
Methods/Approach:
We surveyed faculty 50 and over to identify areas of need and priorities. Programs to address needs in the three identified areas of pre-retirement, retirement, and post-retirement were initiated with stakeholder input. The program is based on the goal of assuring faculty achieve a graceful retirement and the institution achieves ongoing engagement of faculty, transfer of knowledge, and smooth succession planning. Further development is being guided by a stakeholder focus group, ongoing evaluation of programs offered for faculty, and development of tools for the institutional leaders to continue to improve outcomes.
Outcomes:
Our demographic survey follows the national data with an average of around 20% of faculty over 60 and a distribution that varies from nearly 48% to 7% in individual Departments. Faculty over 50 were surveyed with a 28% response. This survey found that overall 38% were not prepared for retirement. There is a major shift from 50 to 54 (11.6%) to 55 to 64 (34%) to over 65 (87%) in having a transition through retirement plan. There was strong interest in tax planning, investment planning, long term care topics as well as a desire for departmental recognition and opportunities to engage post retirement. There was a strong interest in web based information.
The survey was used to design the three phase plan each with specific programs:

The *Transition Through Retirement Program* has components across the three phases of retirement
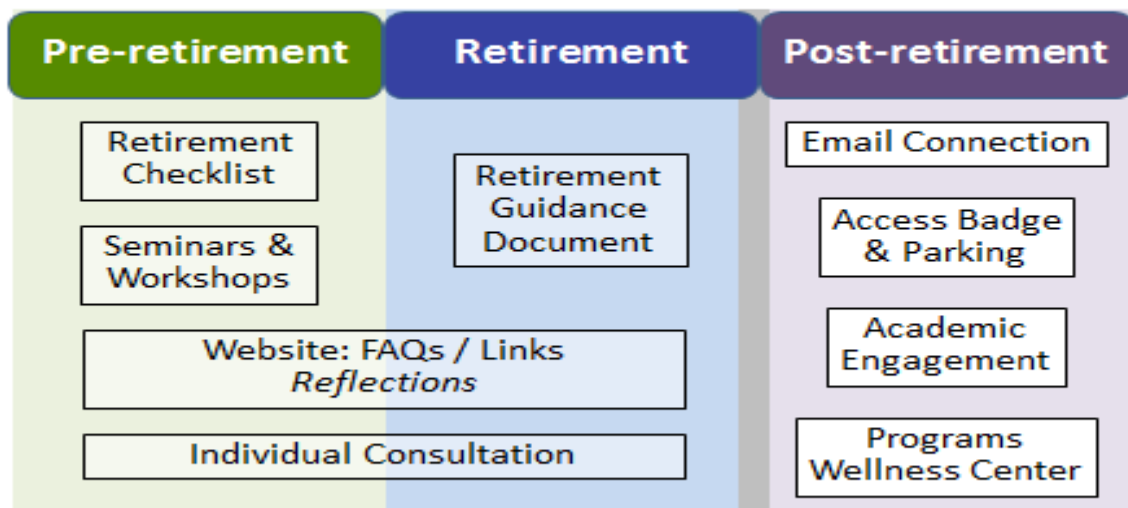
Lessons Learned/ Next steps:

We followed the UMMS OFA model of data driven design, adoption, and ongoing evaluation. We learned:

1. Stakeholders need to be continually engaged throughout all processes of development. The alliance across two Human Resource Departments that faculty interface with was key for checklists, frequently asked questions, seminars and workshops.
2. We were not able to go as far with retirement guidance for phasing as we initially hoped, due to not fully integrating stakeholders concerned with tenure based financing.
3. A key component of advancing and implementing programs has been raising the level of conversation about retirement within the institution through seminars, individual consultations, detailing key leaders, and informal conversations around the seminar topics.
4. This informal conversation has allowed us to identify key fears around planning for transition a year or two ahead in two areas:
    a. job security and efficacy (lame duck syndrome)
    b. paucity of options or peers to discuss options for post-retirement careers
    that we will focus on addressing in the next phases of programs.
5. The recognition of the need for an institutional/ Departmental approach to transition planning for the transition through retirement is growing. Our focus has been on the faculty needs and we will be exploring transition planning through retirement and succession planning to meet the most common institutional needs over the next year.

<u>Vital Signs: Engagement among Faculty Considering Retirement</u>
By Valerie M. Dandar, MA and Sarah A. Bunton, PhD

Conference theme: Mid and late career vitality and transition to retirement

Goal:

Faculty attrition greatly impacts the workplace environment. Faculty leave institutions for myriad reasons, but research shows that disengaged faculty are more likely to do so. As faculty progress through their career, events in an individual's or institutional environment may disrupt one's work life, prompting disengagement, vitality loss, and transition. It is important, therefore, to understand the key factors comprising engagement to gain insight into what signals vitality loss among mid- and late-career faculty and impact decision-making about retirement.

Methods:

Data analyzed were from administrations of the Faculty Forward Engagement Survey collected from 5,207 faculty at 26 US medical schools from 2011-2014. Analysis focused on full-time senior rank faculty (i.e., associate or full professor) who were '45-65 years of age' or 'over age 65'. Responses to survey items related to perceptions of work, collegiality, development, and workplace culture were categorized by age group and plans to retire and assessed for significant differences with ANOVA and post-hoc analyses.

Results:

Among faculty age 45-65, those considering retirement reported feeling less positively about several key factors contributing to engagement that may indicate a loss of vitality when compared with same-aged colleagues not planning to retire. Significant differences (at $p<=.05$) were observed across several statements where respondents were prompted to rate their level of agreement. For example, fewer faculty aged 45-65 considering retirement agreed with:

- I am satisfied with
    - my autonomy at my work (3.85 vs. 4.09)
    - the pace of my professional advancement at this medical school (3.24 vs. 3.53)
    - the quality of personal interaction with departmental colleagues (3.80 vs. 4.00)
- I feel that the workplace culture at this medical school cultivates collegiality (3.53 vs. 3.84)
- My departmental colleagues are respectful of my efforts to balance work and home responsibilities (3.64 vs. 3.84)

Among faculty over 65, those planning to retire felt less positively about many similar statements when compared with colleagues not planning to retire. In both age categories, those planning or considering retiring worked fewer hours per week. Those 45-65 unsure of their retirement plans ($p=<.001$) and those over 65 planning to retire were less satisfied with their medical school as a place to work when compared with those not planning retirement ($p=.017$). Faculty open-ended comments support these findings and will be highlighted.

Significance:

Findings are concurrent with Viggiano and Strobel's description of loss of faculty vitality and the Career Management Life Cycle. In order to support the retention and engagement of talented senior faculty, institutional leaders should consider, for example, the continued development of flexible work policies, specifically part-time and contract appointments. Alternatives to full-time appointments provide mechanisms for faculty considering retirement to introduce lifestyle balance, while focusing professional effort on mission activities that rejuvenate collegiality and vitality. [i]

Viggiano, Thomas and H. Strobel. "The Career Management Life Cycle: A Model for Supporting and Sustaining Faculty Vitality and Wellness" in Faculty Health in Academic Medicine: Physicians, Scientists, and the Pressures of Success Editors: Thomas R. Cole, Thelma Jean Goodrich, Ellen R. Gritz 2009 Humana Press

Aging of Faculty in Basic Science and Clinical Departments, 1981 - 2011

Christine Q. Liu[1], PhD, William F. Rayburn[2], MD, MBA, Emory Morrison, PhD[3]

[1,3]Association of American Medical Colleges, Washington D.C. and [2]Department of Obstetrics and Gynecology, University of New Mexico School of Medicine, Albuquerque, NM

Theme: 3. • Mid and late career vitality and transition to retirement

Study Objective: The age of faculty in basic science and clinical departments has increased while retention rates remain high. This investigation determines whether faculty left were comparable in age structure of the retained faculty.

Methods: This descriptive study used the Association of American Medical Colleges (AAMC) Faculty Roster. The findings reflect the ages of full-time faculty in 5-year groups in basic science and clinical departments between 1981 and 2011. Ages for the faculty who left the institution that year as well as those retained in the department were examined every five years and proportions of faculty older than 55, 65, and 75 were studied.

Results: During this 30-year period, the total number of full-time physician faculty in basic science departments increased from 11,645 to 15,459, and in clinical departments increased more than ten-fold from 37,585 to 106,479 individuals. The average faculty age in basic science departments was 44.6 in 1981 and 52.5 in 2011, while the average age in clinical departments was 43.8 in 1981 and 49.3 in 2011. Percentages of basic science faculty 55 years or older were 49.8 percent in 1981 and 51.3 percent in 2011; while those 65 years or older were 32.7 percent in 1981 and 21.3 percent in 2011, those 75 years or

older were 6.4 percent in 1981 and 3.3 percent in 2011. Over this same period, percentages of basic science faculty who left the institution who were 55 years or older were 18.4 percent in 1981 and 40.8 percent in 2011; while those 65 years or older were 8.8 percent in 1981 and 22.8 percent in 2011, those 75 years or older were 0.3 percent in 1981 and 5.1 percent in 2011. In clinical departments, faculty 55 years or older were 42.5 percent in 1981 and 40.3 percent in 2011; while those 65 years or older were 25.9 percent in 1981 and 14.2 percent in 2011, those 75 years or older were 6.0 percent in 1981 and 2.5 percent in 2011. Over this same period, percentages of clinical department faculty who left the institution who were 55 years or older were 16.2 percent in 1981 and 31.1 percent in 2011; while those 65 years or older were 6.6 percent in 1981 and 12.4 percent in 2011, those 75 years or older were 0.3 percent in 1981 and 2.6 percent in 2011.

Significance: The average age of faculty increased steadily, regardless of department. The higher proportion of faculty who left in older age groups likely reflect retirement in appreciable numbers. The high proportion of faculty leaving institution at or approaching retirement age is important for policy issues pertaining to the succession planning and retirement policy for faculty with diverse backgrounds.

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Schloss EP, Flanagan DM, Culler CL. Some hidden costs of faculty turnover in clinical departments in one academic medical center. Acad Med. 2009;84, 32-36.
Career Flexibility for Biomedical Faculty of Today and Tomorrow: A National Conference

Poster Abstract Submission
Troy S. Buer, PhD, Robin S. Fisher, MS, PHR, Ashley Ayers, BA, Susan M. Pollart, MD, MS,
University of Virginia School of Medicine, Office of Faculty Affairs and Faculty Development

Career Flexibility at the University of Virginia: Implications for Faculty Engagement

Conference Themes

This poster will address the following two conference themes:

- Flexible pathways for faculty success, engagement and retention
- Mid- and late-career vitality and transition to retirement.

Goal

Faculty physicians and scientists work in a complex, demanding environment. Academic health centers (AHCs) are comprised of interrelated and legally separate organizations (e.g., medical schools, teaching hospitals, etc.) each with their own policies, procedures, and practices.[1] What's more, multiple missions are pursued in a competitive healthcare business environment. AHCs are susceptible to market forces and accreditation standards, licensure requirements, and regulatory pressures.[2] Such an environment places numerous (and often competing) demands on faculty that have critical implications for faculty engagement and for the longevity and vitality of faculty careers. We demonstrate polices one AHC employs to support faculty throughout their careers and demonstrate the impact of those policies on faculty engagement.

Approach

The poster will detail career flexibility options available to University of Virginia School of Medicine (UVA SOM) faculty. The multiple opportunities for career flexibility will be described. Faculty have participated in an employee engagement survey annually since 2012 and the engagement of faculty employing these career flexibility options will be discussed.

Results

We will report data for UVA SOM faculty by:

- Number of days used by leave type
- Number of faculty off the tenure "clock" detailed by gender, basic science vs. clinical, time, and reason
- Number of part-time faculty (by gender, department)
- Number of faculty telecommuting
- Number of faculty with phased retirement
- Faculty engagement data by leave type compared to overall faculty engagement

[1] Mallon, W. T. (2004). *The handbook of academic medicine: How medical schools and teaching hospitals work*. Washington, DC: Association of American Medical Colleges.

[2] Ad Hoc Committee of Deans. (2004). *Educating doctors to provide high quality medical care: A vision for medical education in the United States*. Washington, DC: Association of American Medical Colleges; Anderson, R. A., & McDaniel Jr, R. R. (2000). Managing health care organizations: Where professionalism meets complexity science. *Health Care Management Review, 25*(1), 83-92; The Blue Ridge Academic Health Group. (2003). *Reforming medical education: Urgent priority for the academic health center in the new century* (No. 7). Atlanta, GA: The Robert W. Woodruff Health Sciences Center.

Significance/Lessons

Faculty vitality and productivity are essential to the future of academic medicine.[3] The data we present will demonstrate how many UVA SOM faculty members have taken advantage of the flexible career options available to them and the level of engagement by leave type. Such data is meaningful to faculty vitality given the positive connections between engagement and faculty satisfaction, productivity, and retention. The data may also shed light on how effective we are at communicating the flexible career policies. The more career options and resources faculty have the better equipped they are to navigate the challenges of working in academic medicine.

Faculty vitality and productivity are essential to the future of academic medicine.[4] The data we present will demonstrate how many UVA SOM faculty members have taken advantage of the

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[3] Pololi, L.H., Krupat, E., Civian, J.T., Ash, A.S., Brennan, R.T. (2012). Why are a quarter of faculty considering leaving academic medicine? A Study of Their Perceptions of Institutional Culture and Intentions to Leave at 26 Representative U.S. Medical Schools, *Academic Medicine*, 87(7), 859-869.

Predictors of Mid-to-Late Career Publication Productivity: A Retrospective Cohort Study

Peter Whittaker and Karin Przyklenk, Cardiovascular Research Institute, Wayne State University, Detroit, MI

Aim: Maintaining research productivity and vitality benefits the individual as well as the institution. However, identifying factors associated with maintained research productivity has been problematic. Our hypothesis was that diversification (being active in more than one research area rather than being highly focused on a single topic) could contribute to such productivity.

Methods: We assessed the publications of 35 current Medical School faculty members at a research university with very high research activity (Carnegie Classification). Faculty members from three departments were screened. To be included, each person's first publication had to be ≥ 25 years ago. We excluded people with common last names for whom we could not be certain that all of the appropriate publications had been identified. The "all databases" section of the Web of Science (Thomson Reuters) was used to identify the publications and the number of citations each received. Two seven year periods were assessed; 2001-2007 and 2008-2014. The H-index for each period was calculated separately. In addition, the career H-index was also recorded. Maintained productivity was defined as an H-index ≥ 7 for the most recent period. Multiple and diverse areas of research were assessed by inspection of the manuscripts published in the most recent period. Based on the subject matter, a binary score was assigned to create two groups; multiple research areas (MRA) and single area (SA). The risk ratio (RR) and corresponding 95% confidence intervals (CI) was calculated for maintained productivity in the two groups. We also performed logistic regression to determine predictors of maintained productivity and calculated the corresponding odds ratios (OR) and their 95% CI.

Results: The time since first publication was similar in both groups; MRA 35 years (95% CI 27 to 41 years) and SA 34 years (95% CI 31 to 36 years). Career H-index was higher in the MRA versus the SA group [32.6 (95% CI 25.7 to 39.5) vs. 23.8 (95% CI 20.0 to 27.7); P = 0.025]. The RR for maintained productivity by faculty with multiple research areas was 2.41 (95% CI 1.05 to 5.55) versus the single area group. Logistic regression revealed that the strongest predictor of maintained productivity was H-index in the 2001-2007 period; OR 1.64 (95% CI 1.01 to 2.65).

Conclusion: The results suggest that active work in multiple research areas is associated with maintained productivity. However, this does not indicate causality, and work in a single research does not preclude maintained productivity. Nevertheless, recent past productivity was associated with subsequent productivity. We propose that use of H-index analysis and encouragement to expand research areas are potential tools to enable faculty members to maintain research productivity in mid-late career.

Q1 You are a (check one):

Answered: 37   Skipped: 2
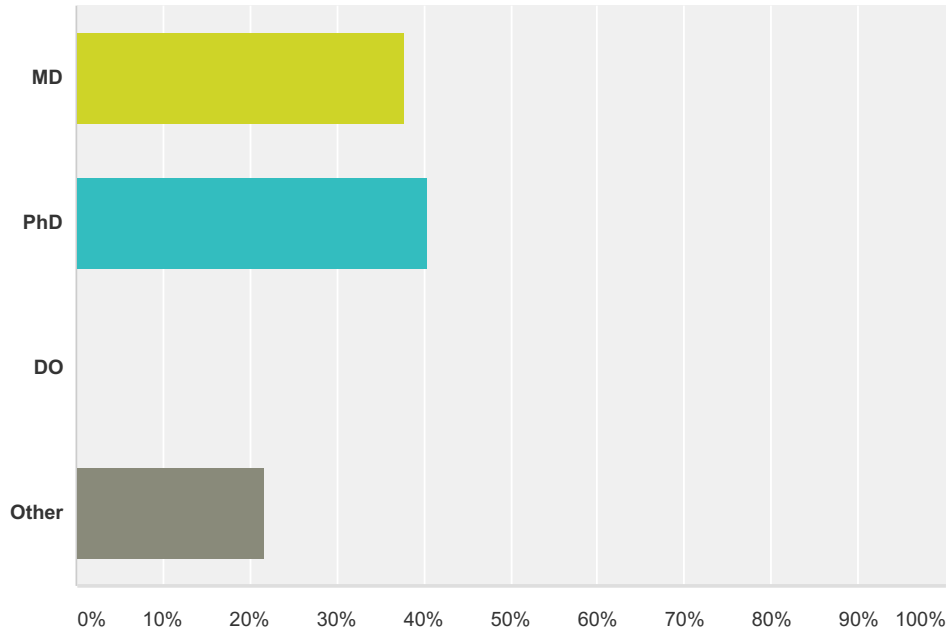
Answer Choices	Responses	
MD	**37.84%**	14
PhD	**40.54%**	15
DO	**0.00%**	0
Other	**21.62%**	8
Total		37

#	Other (please specify)	Date
1	BA	3/27/2015 9:39 AM
2	Project Manager III	3/25/2015 3:56 PM
3	BS	3/25/2015 3:24 PM
4	MS	3/25/2015 11:31 AM
5	BA	3/19/2015 12:12 PM
6	Director	3/17/2015 1:24 PM
7	MS	3/17/2015 11:55 AM
8	M.S.	3/17/2015 11:55 AM
9	Administrator (MBA)	3/17/2015 11:37 AM

Q2 Do you feel the following objectives were met?

Answered: 38   Skipped: 1

Legend: Yes · No · Partially · N/A

Categories: Describe more than one..., Apply the tools provid..., Define a program for..., Develop a program for ...
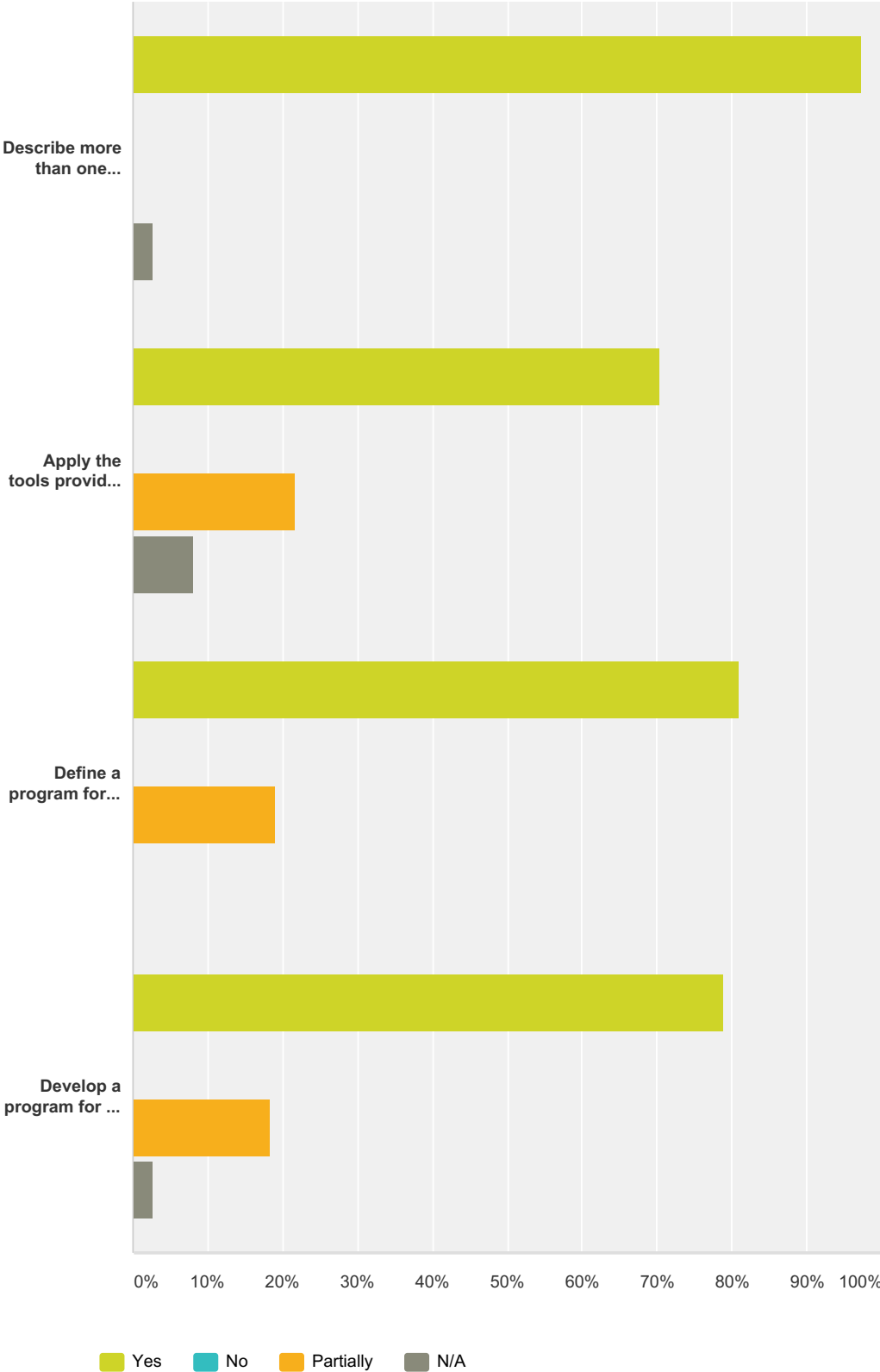
Career Flexibility for the Faculty of Today & Tomorrow: A National Conference

	Yes	No	Partially	N/A	Total
Describe more than one approach to specific gaps in faculty flexibility policies and programs	**97.37%** 37	**0.00%** 0	**0.00%** 0	**2.63%** 1	38
Apply the tools provided at the conference to their own institutional setting	**70.27%** 26	**0.00%** 0	**21.62%** 8	**8.11%** 3	37
Define a program for faculty development throughout a career	**81.08%** 30	**0.00%** 0	**18.92%** 7	**0.00%** 0	37
Develop a program for mid and late career vitality and transition to retirement	**78.95%** 30	**0.00%** 0	**18.42%** 7	**2.63%** 1	38

	Yes	No	Partially	N/A	Total

Q3 Do you feel the information in this activity was based on the best evidence available?

Answered: 37   Skipped: 2
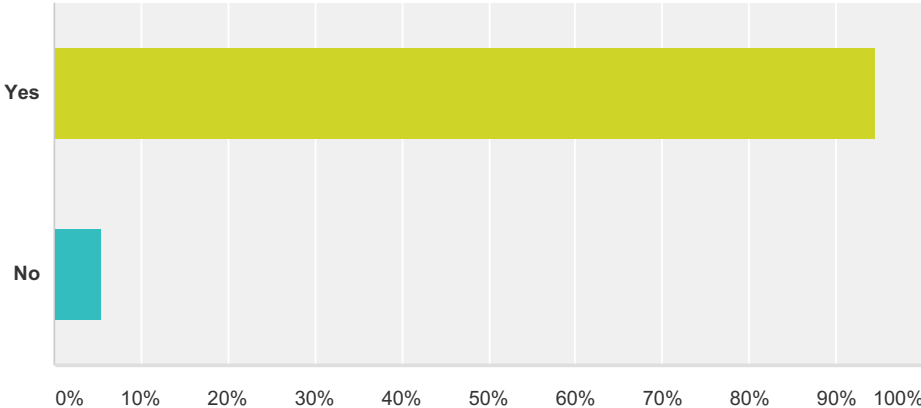
Answer Choices	Responses	
Yes	**94.59%**	35
No	**5.41%**	2
Total		**37**

Q4 If no, please explain:

Answered: 2   Skipped: 37

#	Responses	Date
1	not sure	3/27/2015 2:05 PM
2	I felt much of what was shared was case-based which is useful to see what works in a particular setting. I would have liked to have seen a research themes and findings from a broader set of data than the institutions highlighted.	3/17/2015 1:17 PM

Q5 How would you rate this activity overall?

Answered: 38   Skipped: 1
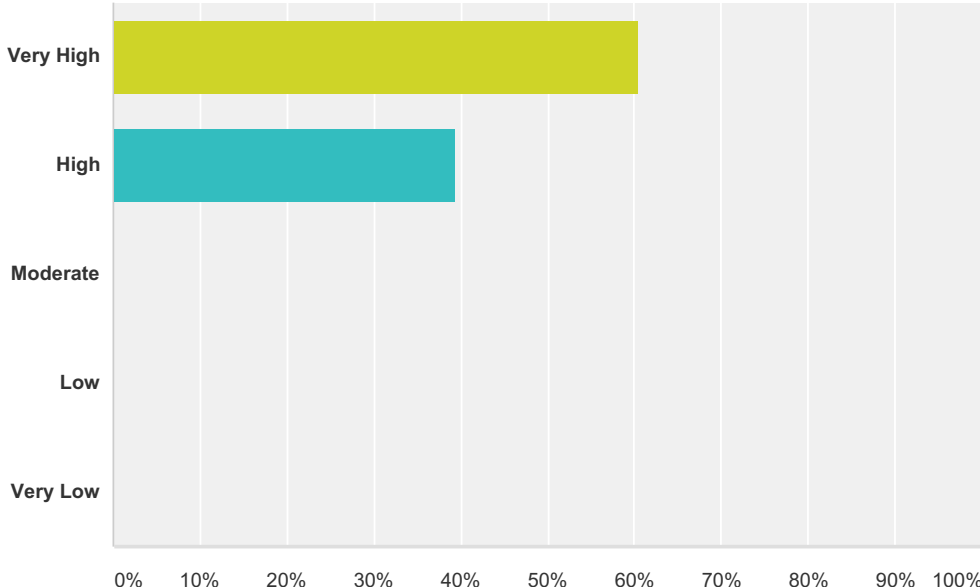
Answer Choices	Responses	
Very High	**60.53%**	23
High	**39.47%**	15
Moderate	**0.00%**	0
Low	**0.00%**	0
Very Low	**0.00%**	0
Total		**38**

Q6 **Things done well:**

Answered: 20   Skipped: 19

#	Responses	Date
1	The conference highlighted excellent pilot projects. The dean panel was fantastic, and the presence of Hannah Valentine was very exciting	4/1/2015 6:28 PM
2	netwroking oportunities and participation	3/27/2015 2:05 PM
3	Very collaborative, lots of audience participation, ability to share and discuss ideas with others	3/27/2015 9:39 AM
4	excellent speakers; good mix of presentation and active learning; good panels	3/26/2015 8:06 PM
5	Great participants. Highly engaging sessions. Lots of adult learning approaches. Great presentations.	3/25/2015 5:21 PM
6	Great presenters, really knew their materials. Very interactive, promoted a lot of very interesting discussion.	3/25/2015 4:25 PM
7	Variety of relevant topics; various presenters from a broad range of institutions; ample networking time	3/25/2015 3:56 PM
8	Coverage of topics Information provided Involvement of many institutions	3/25/2015 11:31 AM
9	1. Exposure to a wealth of ideas, innovations, and best practices 2. Engagement with colleagues from many schools and a diversity of perspectives 3. Meeting format which allowed for in-depth discussion 4. Well-executed plan for continued engagement with conference participants 5. Well organized; on time; and fun!	3/23/2015 1:26 PM
10	Excellent opening plenary by Hannah Valentine. I really thought bringing in examples of different institutions was highly relevant and enjoyed the working groups that developed.	3/23/2015 10:57 AM
11	Very knowledgeable presenters and well facilitated group discussions.	3/23/2015 10:32 AM
12	This conference was well organized. Handouts were helpful. Directions for activities were clear. Speakers were engaging.	3/19/2015 12:12 PM
13	Excellent organization of meeting from start to finish Great program in terms of sessions, agenda, etc	3/18/2015 12:15 PM
14	Well-planned, organized, and executed. Kept to time.	3/17/2015 4:52 PM
15	The opportunities to participate in the "work of the Conference" which increases the understanding of the strategies and tool kits for use at one's own institution.	3/17/2015 1:46 PM
16	This was an amazing program	3/17/2015 1:24 PM
17	Content, overall structure, poster session, keynote speaker from NIH	3/17/2015 1:17 PM
18	a lot of opportunity to interact with others at the meeting and build connections	3/17/2015 12:02 PM
19	Starting and ending each session on time. Interaction with other participants. Sharing of best practices and processes that are working.	3/17/2015 11:55 AM
20	Broad perspectives presented, interactivity among participants, and focus of conference	3/17/2015 11:37 AM

Q7 Did you feel there was commercial bias* (regarding pharmaceuticals, medical device companies, or other medical products) in this activity?

Answered: 38   Skipped: 1
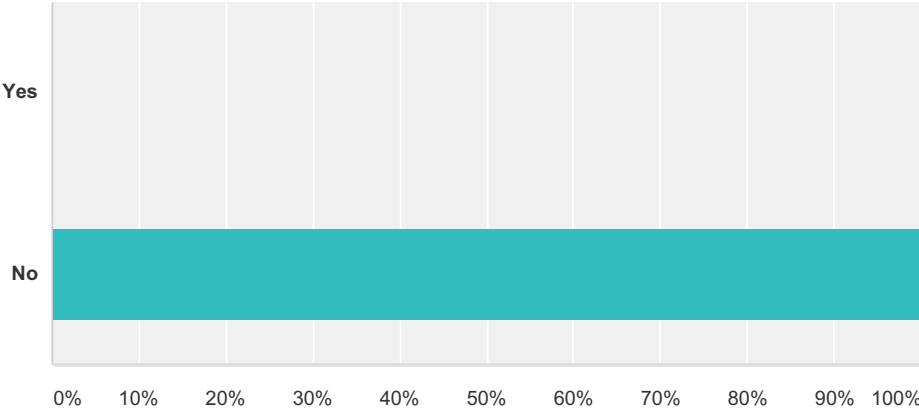
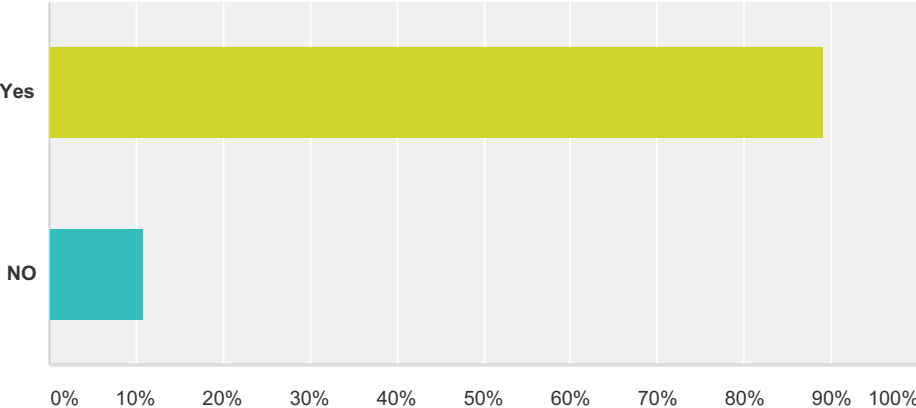| Answer Choices	Responses	
Yes	**0.00%**	0
No	**100.00%**	38
Total		**38**

Q8 If yes, please explain:

Answered: 0   Skipped: 39

#	Responses	Date
	There are no responses.	

Q9 Do you plan to make any changes in your practice, system care, and or patient care, or faculty flexibility offerings based on what you learned in this activity?

Answered: 37   Skipped: 2

Answer Choices	Responses	
Yes	**89.19%**	33
NO	**10.81%**	4
Total		37

Q10 Please describe at least one change that you plan to make in practice or in faculty flexibility offerings as a result of this activity:

Answered: 29   Skipped: 10

#	Responses	Date
1	I am planning to share this information with our faculty development committee and discuss possible changes we can implement at our school (I am from a dental school, not medical school)	4/21/2015 3:16 PM
2	Our consulting group will be able to better help our clients at different academic institutions support career flexibility for their faculty	4/1/2015 6:28 PM
3	Focusing on retirement to decrease the stigma attached.	3/27/2015 5:39 PM
4	possible	3/27/2015 2:05 PM
5	will borrow retirement checklist	3/27/2015 10:17 AM
6	We may evaluate some of the ideas presented at the conference for possible implementation at our institution	3/27/2015 9:39 AM
7	provide more information about retirement	3/26/2015 8:06 PM
8	Implement more structured outcome measures and processes for measuring them in our departmental mentoring program	3/26/2015 8:36 AM
9	Working on junior and mid-career faculty vitality and development. Also will take lessons learned about near-retirement and retirement aged faculty and try to put into practice at our institution.	3/25/2015 6:03 PM
10	Thinking more about ways we can support faculty near retirement.	3/25/2015 5:21 PM
11	I will work with our chairs to develop department-level mentoring programs, which we do not have currently.	3/25/2015 4:25 PM
12	We will apply this knowledge when we begin implementing faculty development initiatives.	3/25/2015 3:56 PM
13	Collate faculty-flex-related activities in one place (website) so faculty are clear and energized by the things we do have to offer.	3/25/2015 3:25 PM
14	Possible planning/workshops for retiring faculty.	3/25/2015 3:24 PM
15	Many of the tools discussed related to mentoring assessment and assistance will be particularly useful to me.	3/25/2015 3:21 PM
16	Determine institutional readiness for retirement/succession planning	3/25/2015 11:31 AM
17	Begin to evaluate programs from a broad perspective of ROI.	3/23/2015 1:26 PM
18	Considering implementing retirement planning strategies for faculty;and engaging the Chairs and deans into strategic succession planning	3/23/2015 10:57 AM
19	I hope to address improvements in our mentoring program thru our department.	3/23/2015 10:32 AM
20	poll faculty to ask about ideal times for course offerings; more online resources/streaming development modules.	3/19/2015 12:12 PM
21	More emphasis on faculty affairs role in career transitions and retirement	3/18/2015 12:15 PM
22	Work at home days	3/17/2015 2:41 PM
23	Not relevant	3/17/2015 1:46 PM
24	NA	3/17/2015 1:24 PM
25	Much of what was shared supports the initiatives we are planning to do or already have in development in regards to mentoring, mid-career faculty, and late-career/emeritus faculty.	3/17/2015 1:17 PM
26	a slight twist on the language above - plan to make changes in flexibilty for staff in the Office for Faculty Affairs	3/17/2015 12:02 PM

27	formalize our mentor system	3/17/2015 11:55 AM
28	Implement programs for mid career women and for retiring faculty.	3/17/2015 11:55 AM
29	Assessing mid-career revitalization programs for faculty.	3/17/2015 11:31 AM

Q11 If you are willing, please write your email address so we can check later to see if you have been able to make these or other changes in practice/faculty flexibility:

Answered: 11   Skipped: 28

#	Responses	Date
1	zshst2@pitt.edu	4/21/2015 3:16 PM
2	magali.fassiotto@stanford.edu	3/27/2015 5:39 PM
3	ddurham@kumc.edu	3/26/2015 8:06 PM
4	Sana.Loue@case.edu	3/25/2015 7:05 PM
5	maureen_connelly@hms.harvard.edu	3/25/2015 5:21 PM
6	triefp@upstate.edu	3/25/2015 4:25 PM
7	benjamin.suratt@uvm.edu	3/25/2015 3:21 PM
8	swati.goel@howard.edu	3/23/2015 10:57 AM
9	kremert@ummhc.org	3/23/2015 10:32 AM
10	ashleyleighayers@gmail.com	3/19/2015 12:12 PM
11	kpipitone@umc.edu	3/17/2015 11:55 AM

Q12 What barriers, if any, do you anticipate encountering as you make changes in your practice/faculty flexibility?

Answered: 20   Skipped: 19

#	Responses	Date
1	resources	4/21/2015 3:16 PM
2	Funding is always the biggest barrier.	4/1/2015 6:28 PM
3	orgnizatonal complexity	3/27/2015 2:05 PM
4	lots of changes in our institution re: integration of clinical practices, state budget cuts	3/26/2015 8:06 PM
5	Funding	3/26/2015 5:27 AM
6	There are always institutional barriers to change and to funding programs, but these can be overcome.	3/25/2015 6:03 PM
7	We have limited opportunity to engage with faculty whose employers are hospitals, not the medical school	3/25/2015 5:21 PM
8	Resistance from chairs	3/25/2015 4:25 PM
9	Do the desires of the retiring faculty meet the needs of the institution.	3/25/2015 3:24 PM
10	Time restrictions, RVU-less effort.	3/25/2015 3:21 PM
11	Obtaining the data to fully assess ROI; achieving consensus about the definition of ROI.	3/23/2015 1:26 PM
12	Largest barriers are cost and time; we are a very small development office with 1.2 FTE dedicated.	3/23/2015 10:57 AM
13	Time. Financial support.	3/23/2015 10:32 AM
14	We are a very small school with few financial resources	3/18/2015 12:15 PM
15	NA	3/17/2015 1:24 PM
16	Organizational structures and existing cultural norms that promote the "ideal worker" and discourage flexibility.	3/17/2015 1:17 PM
17	ensuring that people feel they are treated fairly, knowing that fair treatment is rarely equal treatment	3/17/2015 12:02 PM
18	Time and money. I believe we will have great support from our Dean and Assoc. Dean for Faculty Affairs and believe the new programs we design will be approved to implement.	3/17/2015 11:55 AM
19	Resources	3/17/2015 11:37 AM
20	Faculty buy-in.	3/17/2015 11:31 AM

Q13 Which of the following competency areas do you feel have been improved as a result of this activity? (Mark all that apply)

Answered: 30   Skipped: 9
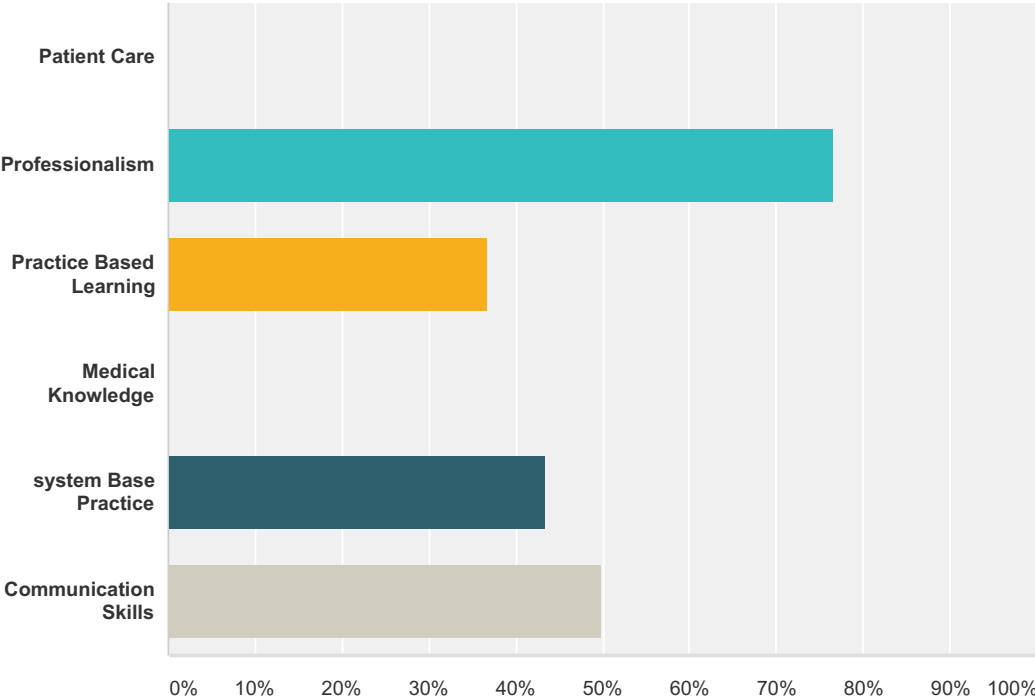

Answer Choices	Responses	
Patient Care	0.00%	0
Professionalism	76.67%	23
Practice Based Learning	36.67%	11
Medical Knowledge	0.00%	0
system Base Practice	43.33%	13
Communication Skills	50.00%	15
Total Respondents: 30		

Q14 Which of the following competency areas do you feel have been improved as a result of this activity? (Mark all that apply)

Answered: 21   Skipped: 18
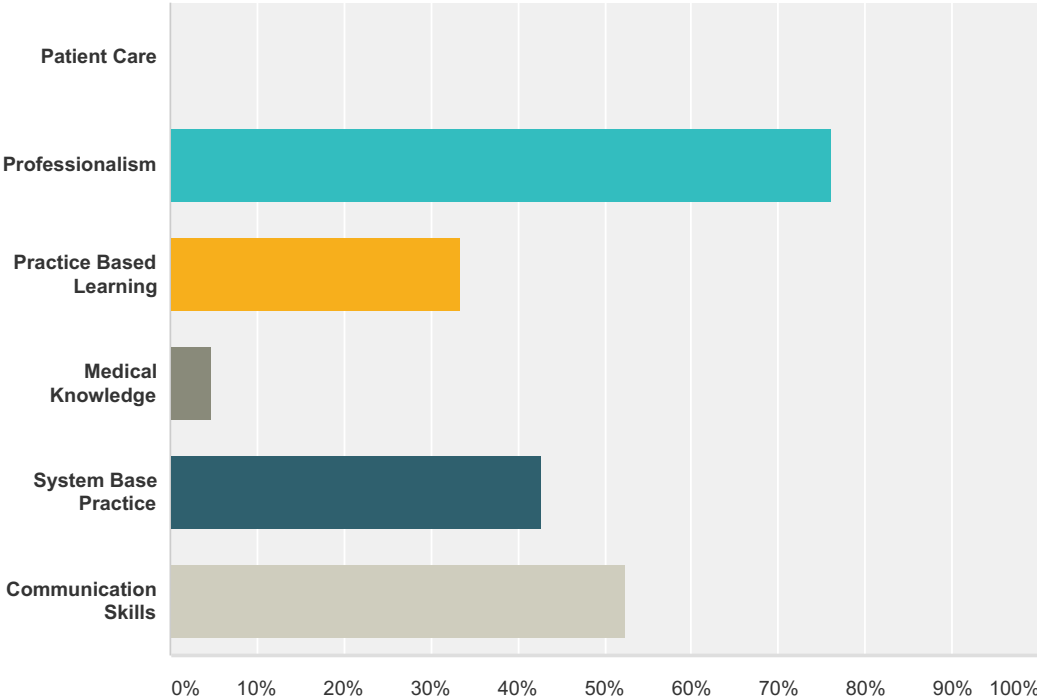
Answer Choices	Responses	
Patient Care	0.00%	0
Professionalism	76.19%	16
Practice Based Learning	33.33%	7
Medical Knowledge	4.76%	1
System Base Practice	42.86%	9
Communication Skills	52.38%	11
Total Respondents: 21		

Q15 Please rate the content of this activity: Session 1: Creating flexible pathways for faculty success, engagement and retention

Answered: 37   Skipped: 2

Legend: Very High | High | Moderate | Low | Very Low | N/A
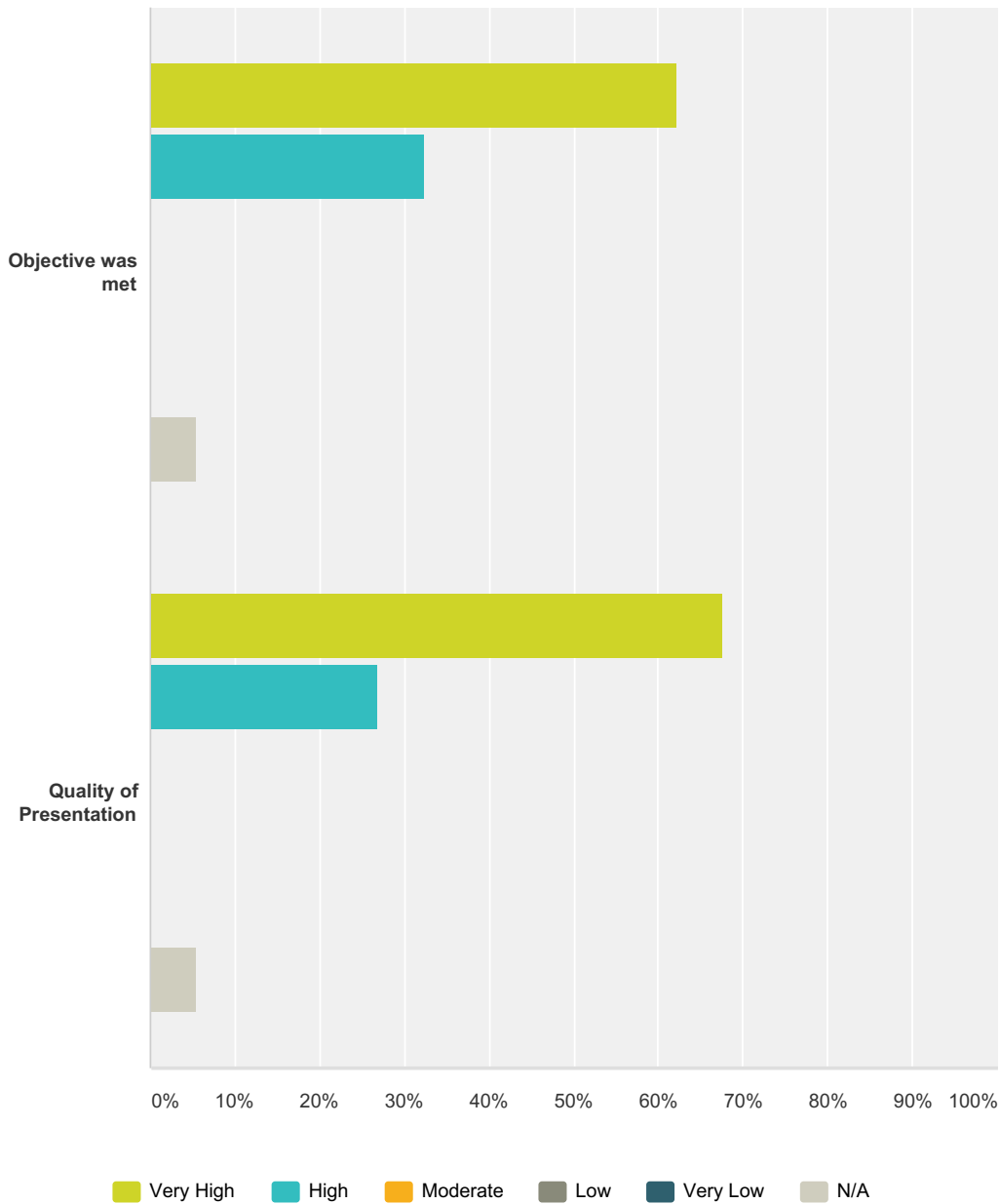
	Very High	High	Moderate	Low	Very Low	N/A	Total
Objective was met	62.16% 23	32.43% 12	0.00% 0	0.00% 0	0.00% 0	5.41% 2	37
Quality of Presentation	67.57% 25	27.03% 10	0.00% 0	0.00% 0	0.00% 0	5.41% 2	37

#	Comments	Date
1	Can't comment--I was a part of it!	3/27/2015 5:39 PM

2	Only attended the end	3/25/2015 5:21 PM
3	Even though our table didn't actually do the lightning round format that well, I think it kept us focused and engaged.	3/25/2015 4:25 PM
4	Lots of ideas presented; excellent cases.	3/23/2015 1:26 PM
5	The mixture of presentations and small group work kept everyone involved and interested in the subject matter.	3/17/2015 1:46 PM
6	Loved the session	3/17/2015 1:24 PM

Q16 Please rate the content of this activity: Session 2: Keys to sustainable change that assures a vibrant faculty of the future (Dean's Panel)

Answered: 37   Skipped: 2

Legend: Very High, High, Moderate, Low, Very Low, N/A
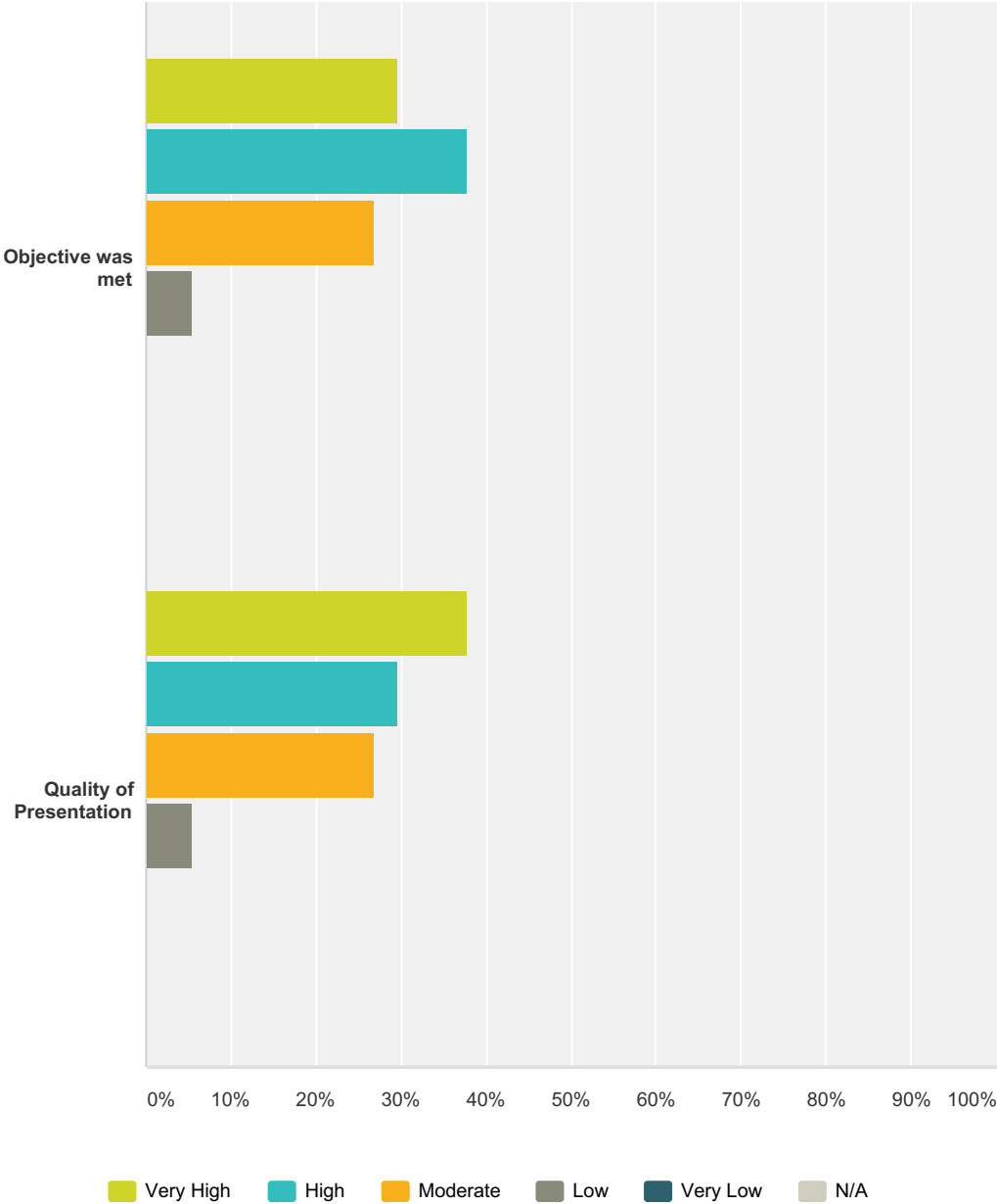
	Very High	High	Moderate	Low	Very Low	N/A	Total
Objective was met	**29.73%** 11	**37.84%** 14	**27.03%** 10	**5.41%** 2	**0.00%** 0	**0.00%** 0	37
Quality of Presentation	**37.84%** 14	**29.73%** 11	**27.03%** 10	**5.41%** 2	**0.00%** 0	**0.00%** 0	37

#	Comments	Date
1	Not sure the deans had thought much about the session and prepared their remarks in advance.	3/25/2015 6:03 PM
2	Interesting perspectives	3/25/2015 5:21 PM
3	One of the Deans was a little long-winded, hard to maintain attention	3/25/2015 4:25 PM
4	Would have appreciated more specifics and strategy from these leaders. The debate about tenure/no tenure was interesting. Might the AAMC continue the debate?	3/23/2015 1:26 PM
5	I didn't benefit from this session; the ideas presented were too vague for me. In addition I felt that the comment about genotyping faculty to have a better assessment on diversity to be unnecessary.	3/23/2015 10:57 AM
6	Two panel members were very good, the third said nothing of substance.	3/17/2015 4:52 PM
7	The Deans did a great job. They covered the key areas and how they would sustain them. All agreed it is critical that they do so but they also needed to be vigilant of the resources available to do so.	3/17/2015 1:46 PM
8	Energizing	3/17/2015 1:24 PM
9	It was interesting to get opinions from the deans and their perspective on the future in regards to faculty.	3/17/2015 11:55 AM

Q17 Please rate the content of this activity: Session 3: Mentoring options to foster faculty development throughout a career

Answered: 38 Skipped: 1

Legend: Very High | High | Moderate | Low | Very Low | N/A
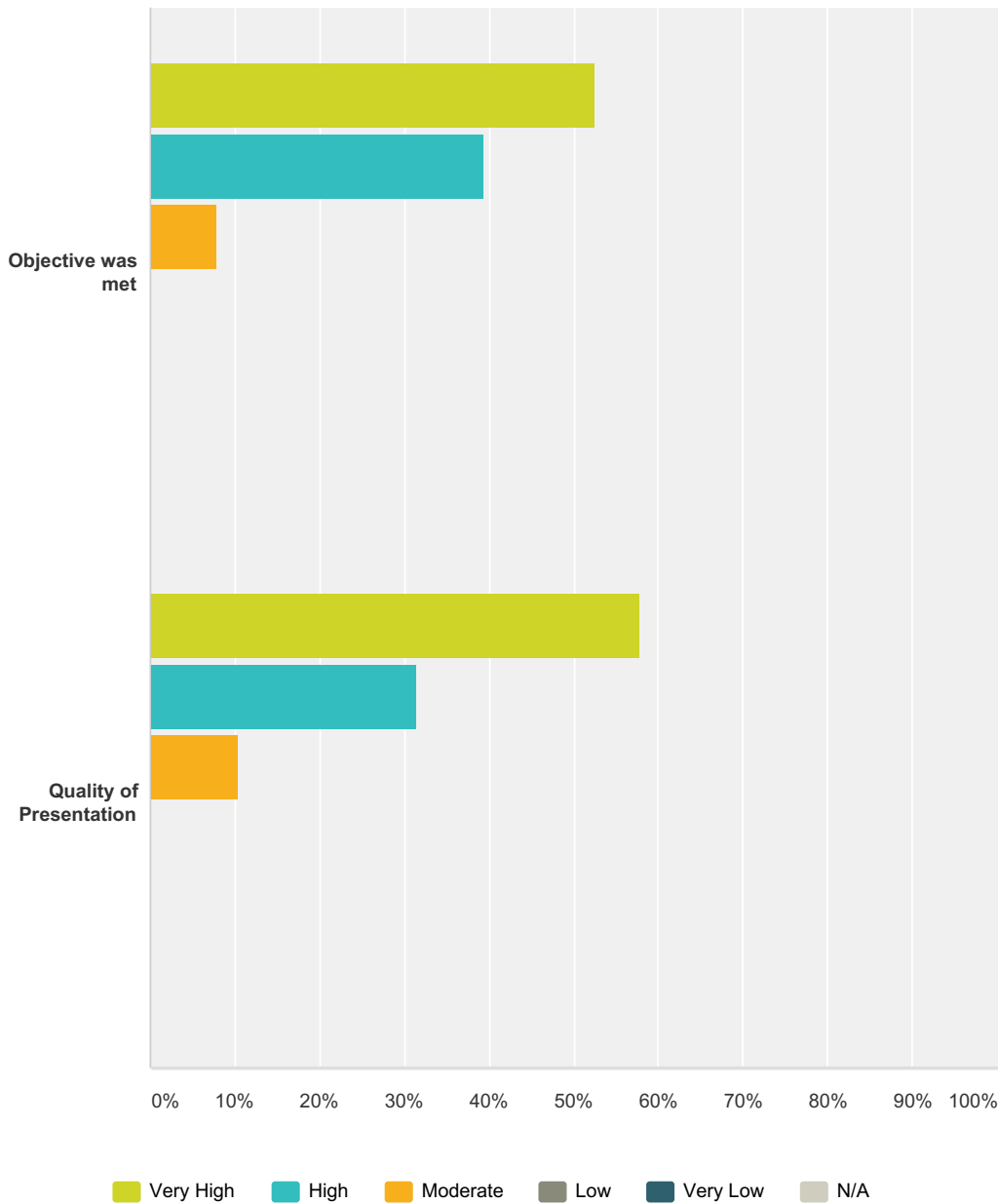
	Very High	High	Moderate	Low	Very Low	N/A	Total
Objective was met	52.63% 20	39.47% 15	7.89% 3	0.00% 0	0.00% 0	0.00% 0	38
Quality of Presentation	57.89% 22	31.58% 12	10.53% 4	0.00% 0	0.00% 0	0.00% 0	38

#	Comments	Date
1	Great way to re-invigorate the topic!	3/23/2015 1:26 PM

| 2 | broad range of options proposed | 3/17/2015 1:24 PM |

Q18 Please rate the content of this activity: Session 4: Mid/late career vitality and transitions to retirement

Answered: 38   Skipped: 1
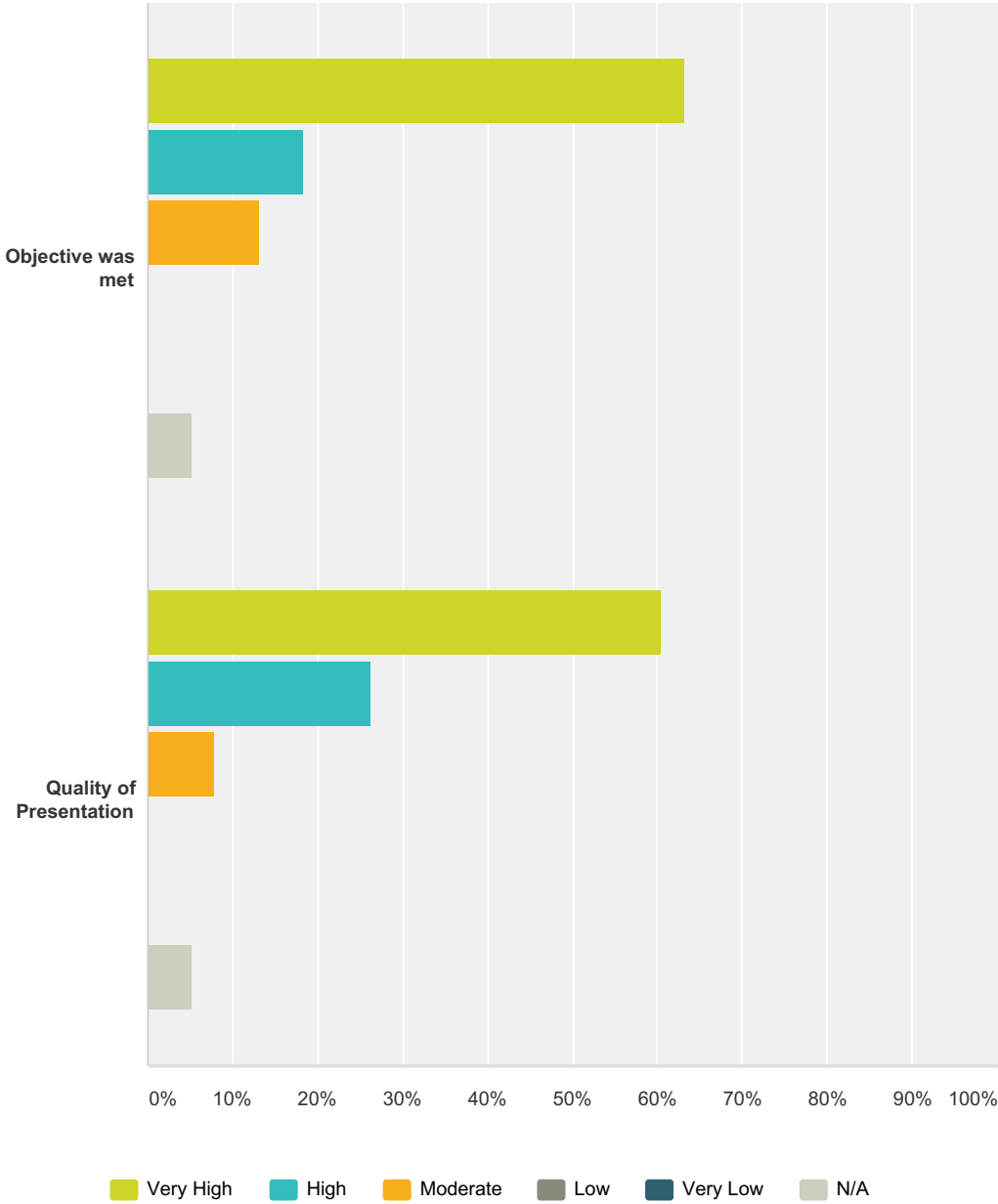
	Very High	High	Moderate	Low	Very Low	N/A	Total
Objective was met	**63.16%** 24	**18.42%** 7	**13.16%** 5	**0.00%** 0	**0.00%** 0	**5.26%** 2	38
Quality of Presentation	**60.53%** 23	**26.32%** 10	**7.89%** 3	**0.00%** 0	**0.00%** 0	**5.26%** 2	38

#	Comments	Date
1	Can't comment--I was a part of it!	3/27/2015 5:39 PM

2	A lot of interesting information	3/25/2015 4:25 PM
3	Lots of information and 'food for thought' (i.e. sandwich!) in this area--the next frontier.	3/23/2015 1:26 PM
4	Relatively little on mid/late career vitality.	3/17/2015 4:52 PM
5	More time on these areas	3/17/2015 1:24 PM

Q19 Please rate if the new ideas, programs and/or procedures supplied by the conference will be used to advance faculty flexibility in my home institution.
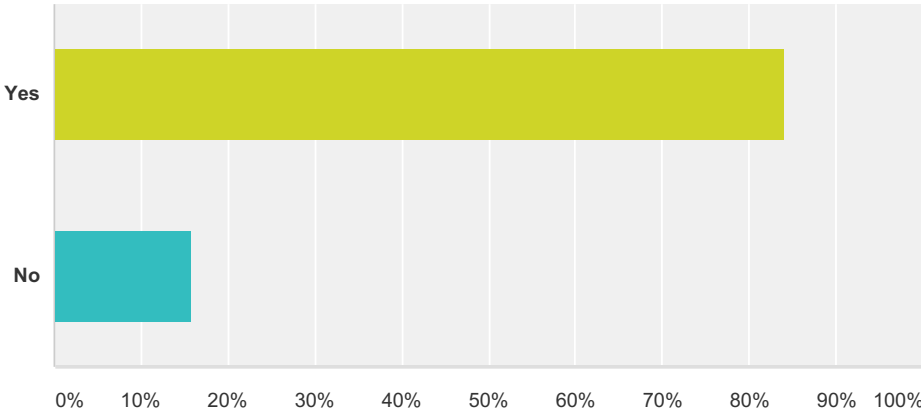
Answered: 36   Skipped: 3
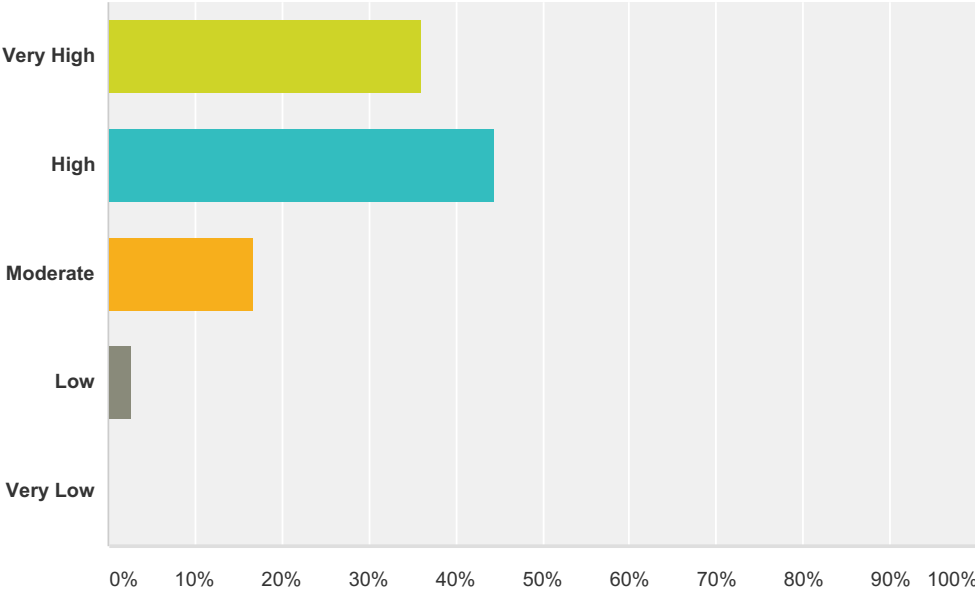
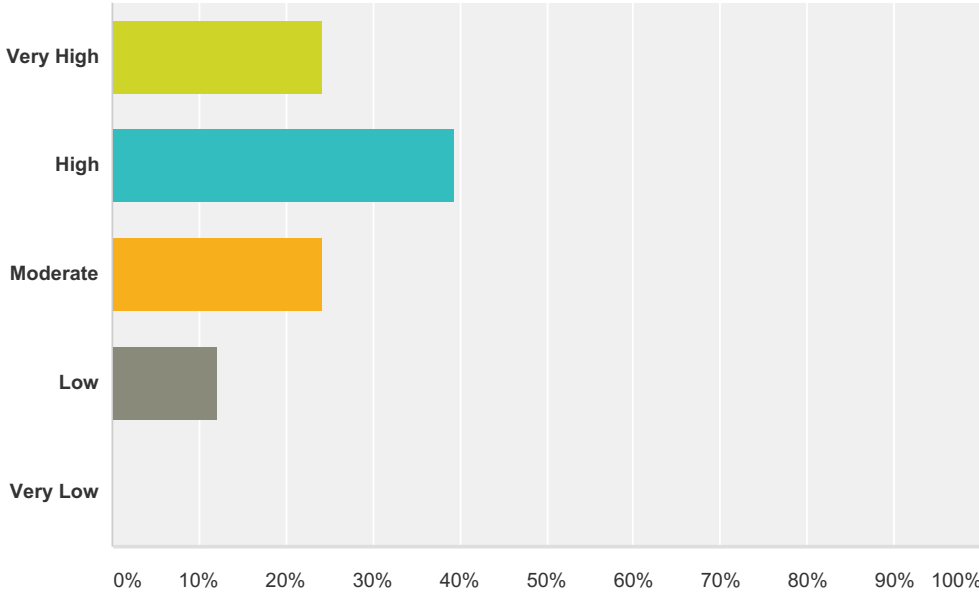| Answer Choices	Responses	
Very High	**36.11%**	13
High	**44.44%**	16
Moderate	**16.67%**	6
Low	**2.78%**	1
Very Low	**0.00%**	0
Total		**36**

Q20 I have signed up for a learning network.

Answered: 38   Skipped: 1

Answer Choices	Responses	
Yes	84.21%	32
No	15.79%	6
Total		38

Q21 Please rate whether you expect the learning networks will assure ongoing work in an area important to me.

Answered: 33   Skipped: 6

Answer Choices	Responses	
Very High	**24.24%**	8
High	**39.39%**	13
Moderate	**24.24%**	8
Low	**12.12%**	4
Very Low	**0.00%**	0
Total		33

Q22 Please suggest topics for future activities:

Answered: 3   Skipped: 36

#	Responses	Date
1	How will the conversation and learning continue? Perhaps a 'pre-conference workshop' at the GFA?	3/23/2015 1:26 PM
2	Focus on retention of new faculty and those who have recently retired.	3/17/2015 1:46 PM
3	how to create a diverse organization and the role of change management	3/17/2015 1:24 PM

Q23 General Comments"

Answered: 12   Skipped: 27

#	Responses	Date
1	This was a great conference! I would love for the ACE/Sloan Collective to continue to collaborate.	3/27/2015 5:39 PM
2	This conference was a wonderful opportunity to learn from colleagues and share ideas in a warm and collaborative environment. My only suggestion would have been to ask people to move around (mix up the tables) from morning to afternoon. While I feel like I got to know a few people very well during the discussions, it would have been nice to meet a broader group of people and brainstorm ideas/solutions with others outside my initial table group.	3/27/2015 9:39 AM
3	Overall an excellent conference. The schedule was very intense and jam-packed. A few short breaks would have been welcome, especially on Saturday.	3/26/2015 8:36 AM
4	Great meeting. Congratulations!	3/25/2015 5:21 PM
5	Thanks so much for your efforts. This was an outstanding event.	3/23/2015 1:26 PM
6	Was a very well put together conference with many good ideas and recommendations. At the end of the conference, as I thought about the goals related to flexibility and sustainability of one's career in an academic medical center, one challenge I saw was related to what is being taught and how to role model these ideas. I think many of us in academic medicine (I'm guessing many of the presenters also) have found ourselves working harder and more hours to get the job done. Just some observations and questions I have for myself when considering how to address this topic related to the faculty within our institution.	3/23/2015 10:32 AM
7	It's a real challenge how to separate the different institutional structures for research science, medical school academic faculty, and medical faculty who work for an affiliated healthcare institution rather than the university. Having spent my career salaried by affiliated institutions, it would have been helpful to have some breakouts that separated the unique issues for this situation. I don't know if it is possible at this time to bring some health system leadership into the conversation, but eventually it will be necessaryif change is going to come about.	3/17/2015 2:19 PM
8	I believe that we had excellent keynote and Closing speakers who made us look outside the Academy to better understand what was happening around us and suggesting how it will affect us as we go forward.	3/17/2015 1:46 PM
9	Appreciated the candid input and all of the presenters were terrific. The exercises were fun and engaging.	3/17/2015 1:24 PM
10	Overall this was an informative and useful weekend with a lot of helpful ideas and information. Kudos to all involved. From the mundane to the more substantive, here are some areas for improvement: 1. The program was over-scheduled. Too much done in too short a time. Eliminate some of the activities and include more scheduled breaks/reflections in the sessions. 2. The conference should have ended no later than noon on Sunday. The later ending negatively impacted travel plans. I'm not sure how much the closing keynote really added to the meeting. 3. While I liked the meeting space, the chairs were terribly uncomfortable. 4. There were moments of outright prejudice/bias directed toward conservatives and white men. While such comments are increasingly commonplace in higher education, it was discouraging to hear. 5. Other than the Saturday dinner, the food was unimpressive. 6. Report outs could have been streamlined. Too much repetition of ideas from group to group. Share only ideas that add to what was previously shared. 7. The dean's panel was not helpful at all. Cut it from future conferences. 8. Much was said about culture change, but nothing concrete (i.e. research-based/data driven) was shared in how to change culture. Much has been written in the area of organizations, culture, and leadership. Perhaps, this could be an area to consider. 9. Little was said about funding for many of these faculty initiatives. I'm not sure how much most of the participants understand about funds flow in academic medicine and the importance of decision making, strategy, and resource allocation.	3/17/2015 1:17 PM
11	enjoyed the meeting very much and left with much to think about and do	3/17/2015 12:02 PM
12	Thank you for offering this learning and sharing opportunity. We also would like to thank those putting the conference together for providing the scholarship. This enabled us to financially be able to attend the conference. This conference gave us concrete information that we can use to develop flexible pathways for our faculty. We are so appreciative to everyone for sharing the programs from their institutions.	3/17/2015 11:55 AM

Learning Networks:

The following learning network groups were formed at the conference:

- *Career Customization (Group Convener: Asha Nigh, Science Editors Network).* This team plans to focus on how to get institutional support, women and URMs throughout the career lifecycle, and creating programs that are customized and cost-effective. In terms of next steps, the group will have a call every two months, create a website/Google Doc to share resources, and issue a report in one year.

- *Diversity and Flexibility (Group Convener: Jennifer Allie, University of Arizona College of Medicine).* This team identified three questions to work on: 1) What flexible career policies, structures, and practices are needed to attract, retain, develop, and sustain a diverse core faculty? 2) Are there different needs for distinct, diverse populations (e.g., women, LGBT, disabilities, veterans, URM)? 3) What does it take to build a true culture of inclusion in AMCs?

  Next steps: the group will create an email list and hold quarterly conference calls to create momentum. In anticipation of the AAMC June meeting in Puerto Rico, the team will write an "ignite" session proposal and send it to the Group on Faculty Affairs (GFA) and the Group on Diversity and Inclusion (GDI). The group's findings will be disseminated to GFA and GDI.

- *Metrics to Assess Efficacy of Mentoring (Group Convener: Doug Ziedonis, University of Massachusetts Medical School).* This team plans to assess mentorship goals and metrics for these goals, explore tools for chairs to define success as mentors, and find ways to assess the likelihood of faculty to be good mentors.

  Next steps: the group will share current assessment survey results and instruments. It will also examine the available literature on evaluating mentoring programs.

- *Mentoring: Program Innovation & Creating a Mentoring Culture in Institutions (Group Conveners: Diana Gray & Lillian Andrews, Washington University in St. Louis).* This team plans to explore program innovation, creating an institutional culture that supports mentoring, and approaches to mentor education. Key questions include how to find time for mentoring, as well as how to recognize, reward, and evaluate mentors.

  Next steps: the group will communicate via email or listserv. It will evaluate the best practices and strategies related to mentoring and sponsorship, as well as disseminate information about different types of mentoring (e.g., dyad, triad, group, junior-senior, peer).

- *Mid-Career Faculty Career Revitalization (Group Conveners: MaryAnn Campion, Boston University, and Vickie Skinner, University of Mississippi Medical Center).* This team plans to focus on: 1) Getting started, through a literature review, needs assessment, surveys, focus groups, and a task force; 2) Establishing goals of the program, as well as content, buy-in, audience, and assessment metrics; and 3) Evaluation for multiple stakeholders with an emphasis on sustainability and scalability.

  Next steps, the group will form a listserv and portal for document sharing, establish goals for the network that can be accomplished in one year, and look for venues to engage other schools, share results, and design future studies.

- *Flexibility in Promotion and Tenure (Group Convener: Beth Westlund, Harvard Medical School).* This team plans to focus on assessing the impact of clinician educators, team science, and training promotion and tenure committees.

  Next steps, the group plans to hold conference calls and the group members attending the AAMC GFA meeting in Puerto Rico will meet in person.

- *Retirement Policies, Programs, and Supports (Group Conveners: Kathleen Lowney, Tufts University School of Medicine, and Robin Fisher, University of Virginia School of Medicine)*. This team plans to focus on: 1) Enabling faculty members to access retirement resources efficiently to navigate the retirement process; 2) Coaching people through the psychosocial transitions associated with retirement with integrity and grace; and 3) Determining the role of the learning network in furthering local institutions' efforts, as well as creating a national dialogue and resource toolbox in conjunction with the AAMC.

  Next steps: the group will meet monthly by phone, consider AIB proposal submission, survey GFA about retirement programs, work with AAMC on institutional survey and do a needs assessment for faculty .

- *Transition/Succession Planning for Institutions (Group Convener: Howard Liu, University of Nebraska Medical Center)*. This team plans to focus on facilitating culture change around succession planning and retirement, in hopes of making these topics less threatening for faculty to discuss. Another team goal is to investigate how to provide support for chairs and senior faculty who are transitioning to the next phase and to offer recognition.

Next steps, the group plans to assemble additional members from their institutions and AAMC GFA, create a listserv, and hold periodic conference calls.

Welcome and Keynote Address by Hannah Valantine, Chief Officer for Scientific Workforce Diversity, NIH, with Joanna Cain

Thematic Session I: Creating Flexible Pathways for Faculty Success, Engagement, and Retention with Magali Fassiotto, Paula Trief and Lydia Howell

Blue Ribbon Dean's Panel with moderator Luanne Thorndyke and panelists Karen Antman, Philip Pizzo, and Terry Flotte

Blue Ribbon Dean's Panel discussion

Thematic Session 2: Mentoring Options to Foster Faculty Development Throughout a Career with Julie Welch, Robert Milner, Dianna Gray, and Charlie Irvin
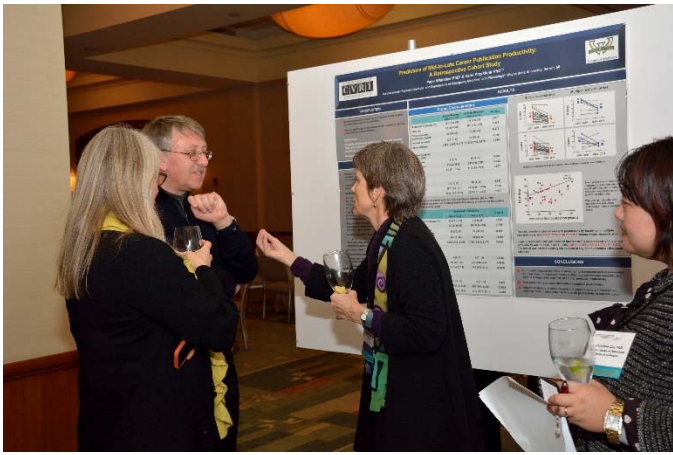

Maureen Connolley, Kathy Pipitone, Marie Dent, and Valarie Clark

Poster Session with Troy Buer presenting *Career Flexibility at the University of Virginia: Implications for Faculty Engagement*

Poster Session: Presentation by Peter Whittaker, with Emelia Benjamin, Kathleen Lowney, and Christine Lui

Kathleen Christensen and Claire Van Ummersen attending the Poster Session

Participants forming learning networks

Learning networking discussions

Learning networking discussions