



Application of Assessment Metrics for an Academic Department Faculty Development Program

Terry L. Noah, MD¹, Sue Tolleson-Rinehart, PhD^{1,2}, Samantha Meltzer-Brody, MD^{1,3}, Joanne M. Jordan, MD, MPH^{4,5}, Kevin J. Kelly, MD¹, Kathryn M. Eimers, MSEd⁵, and A. Wesley Burks, MD^{1,5}

Faculty development is increasingly seen as a cornerstone of career sustainability in academic medicine, pediatrics, and other disciplines. Many current senior academic medical faculty developed their careers in systems that are distinctly different from current paradigms.¹ Multiple internal and external variables have caused the academic environment to transform. These variables include rapidly changing technology, the opening of the academy to public scrutiny, external rankings, changes in the opportunities for academic advancement (including the increasing predominance of non-tenure track faculty),¹ sharp reductions in protected time for teaching, increased pressure to meet measurable benchmarks for academic and financial productivity, and an increased emphasis on multidisciplinary team science to more rapidly advance biomedical research. Faculty must also become adept at assessing learning outcomes, and engaging in collaborative projects that couple scholarly expertise with the local, national, or international communities.^{2,3} The increasing incidence of burnout and other sequelae of chronic stress among medical faculty is well documented^{4,5} and has led to recommendations for more formalized institutional attention to these threats to the academic medical enterprise.

Thus, the future of academic medicine would seem to depend in part on success at engaging and supporting the faculty workforce in the context of a changing culture.⁵⁻¹⁰ Recent studies have described the range of mentoring programs in academic medicine,¹¹ the benefit of faculty development programs for women,^{12,13} and programs for enhancing teaching skills of faculty.^{14,15} In response to issues facing women in medicine, for example, Boston Children's Hospital established an Office of Faculty Development whose goals included demystifying promotion criteria, promoting excellence in teaching, and supporting work-life balance and diversity.¹⁶ A similar project was undertaken by the University of Rochester Department of Pediatrics, with an added emphasis on adaptation to environmental changes and faculty development in later career stages.¹⁷

Despite these recent examples, relatively little literature describes the practical aspects and outcomes of faculty development in large, multimission academic medicine departments, and very few have used quantitative outcome assessments beyond survey data.¹⁸ We describe the implementation of, and short-term outcome metrics associated with, a structured

general faculty development program in the Department of Pediatrics at the University of North Carolina School of Medicine.

Faculty Characteristics and Faculty Development Program Infrastructure

The Department of Pediatrics in the University of North Carolina School of Medicine employs 137 full-time faculty representing all pediatric subspecialties and several basic science and health services research areas. Of the faculty, 27% are tenured or tenure track, and 73% have yearly or multiple year contract (fixed term) appointments; 63% are women. The distribution of rank is as follows: 14% instructor, 24% assistant professor, 26% associate professor, and 36% professor. The Department's main clinical facility is the North Carolina Children's Hospital in Chapel Hill, North Carolina, which is part of the University of North Carolina Health Care System. The department's faculty also practice at several affiliated or outreach centers in the state. The faculty are engaged in the full spectrum of the academic mission, including clinical care, research, education, and advocacy. The mission focus for individual faculty members varies widely and often involves multiple missions. Our faculty development initiatives were developed to enhance faculty success across this wide spectrum. These faculty developmental initiatives were a natural outgrowth of sustained department interest in supporting faculty performance, satisfaction, and achievement.

In 2012, the Chair of Pediatrics designated a Vice Chair for Faculty Development, who was charged with assisting the chair in designing and implementing a spectrum of faculty development initiatives. Recognizing the importance of building evaluation into the initiatives, we used a conceptual framework including our own adaptation of 6 evaluation steps (engaging stakeholders, describing program, focusing evaluation, gathering data, justifying conclusions, and deploying the lessons learned) commonly recommended by the US Centers for Disease Control and Prevention and others as necessary

AAMC Association of American Medical Colleges
FFES Faculty Forward Engagement Survey

From the ¹Department of Pediatrics, University of North Carolina School of Medicine; ²Gillings School of Global Public Health; ³Department of Psychiatry; ⁴Department of Internal Medicine; and ⁵Office of the Dean, University of North Carolina School of Medicine, Chapel Hill, NC

The authors declare no conflicts of interest.

0022-3476/\$ - see front matter. © 2018 Elsevier Inc. All rights reserved.
<https://doi.org/10.1016/j.jpeds.2018.01.009>

Table. Faculty development program individual projects, with primary goal, process metrics, and outcome metrics

Projects	Primary goal	Process metrics	Outcome metrics
Mentoring program	Faculty are supported to achieve career goals	Percent participation	Faculty satisfaction
Leadership development	Faculty achieve leadership roles inside and outside the department	Successful nominations for campus leadership training programs; faculty use of leadership training funds	Faculty in specific institutional and national leadership positions
Promotions	Promotions process is transparent and timely	Time from process initiation to promotion	Percent successful promotions; faculty understanding of processes
Faculty development curriculum	Useful curriculum that does not duplicate other campus programs	Attendance	Faculty evaluation of seminars
Faculty wellness	Faculty become aware of burnout risk and techniques for prevention	Establish resources for faculty wellness, engagement, and mechanisms for scholarly leave	Faculty satisfaction with supportiveness of work environment

program evaluation procedures.¹⁹ We executed the first 2 program evaluation steps—engaging faculty stakeholders and describing the program—by holding faculty-wide retreats, meeting with divisions, and using department communication strategies to remind faculty of emerging programs. The third and fourth steps - focusing our evaluation design and gathering data - occurred at several levels. The vice chair created standing Faculty Development Advisory and Promotions Advisory Committees. We consulted extensively with experts in the School of Medicine's Faculty Affairs offices and in the university's Center for Faculty Excellence on the program's goals and the best metrics for assessing our progress. We conducted internal department surveys, gathered performance data from annual evaluations, and took advantage of our participation in the Association of American Medical Colleges (AAMC) Faculty Forward surveys of 2011 and 2016, relying on the expertise of a faculty member with decades of survey research and analysis experience. Each year, we assessed the process and outcomes data to determine whether faculty development programs required change or replacement.

Our initial emphasis was on establishing a formal mentoring program for junior and midlevel faculty, and a mechanism for supporting development of leadership skills for all faculty. Other projects included updating promotions criteria and processes, and a faculty development curriculum seminar series. In 2015, we added a faculty wellness initiative.

Faculty satisfaction is a critically important outcome metric for 2 of our largest program goals, namely, mentoring and faculty wellness. We measure faculty satisfaction with internal surveys and with data summarized for our department from the AAMC Faculty Forward Engagement Survey (FFES; this program is now named StandPoint Surveys).²⁰ Data from the 2016 survey (4 years after initiation of our program) compared with data from the 2011 survey (before the initiation of our program) permit some indirect imputation of program effects. Faculty answered questions in the survey using a 5-point Likert scale. The data for our department were reported by AAMC as either an average score (eg, 3.9) or percentages in each category (1-5), for specific questions or themes. In addition to comparing 2016 data with our own department's data from 2011, we were provided comparison with 4 "peer" pediatric departments at other institutions or in some cases with the entire survey cohort of 33 institutions.

Other process and outcomes metrics are drawn from department performance data, including faculty annual reports, and from collection of outcomes of individual processes, such as time to promotion. The primary goals for each component project, process metrics, and outcome metrics are shown in the [Table](#).

Mentoring Program

We established a structured mentoring program in which all MD or PhD faculty at the assistant and associate professor levels were expected to participate. A mentoring group of 3-5 faculty from inside and outside the department and school, chosen primarily by the mentee, was established for each mentored faculty member. Each mentoring group was asked to meet and provide a report at least annually. The primary goal of the program was to support faculty to achieve career goals, regardless of mission focus. The main process metric, the proportion of the faculty actively participating in the program, was defined as meeting and/or providing a committee report annually. Active participation by this measure started at a fairly high level and has been maintained for the most part, but decreased slightly in the most recent academic year ([Figure 1](#); available at www.jpeds.com). We used an internal survey to measure the effectiveness of the mentoring program after its first year. A higher proportion of assistant professors (65%) than associate professors (50%) strongly valued the program and these numbers led us to explore its usefulness to the latter group. Further discussions with faculty and division chiefs helped us to identify a subgroup of faculty, namely, associate professors in the rank for more than 5 years, for whom the mentoring program as originally configured seemed less useful. We made the mentoring program optional for that group of associate professors.

The mentoring program is consistently cited by new faculty recruits as a positive influence on their decisions to join our department. In the 2016 AAMC FFES, the department's response rate as reported to us by AAMC was 70%. Fifty-five percent of our faculty respondents reported having a mentor, compared with 36% by peer institutions, and 85% were satisfied with mentoring quality, compared with 79% reported for our peer institutions. Only 66% of our faculty who completed the FFES felt that mentoring was important to them per-

Download English Version:

<https://daneshyari.com/en/article/8812318>

Download Persian Version:

<https://daneshyari.com/article/8812318>

[Daneshyari.com](https://daneshyari.com)