



Tomorrow's Doctors, Tomorrow's Cures®

Promising Practices

for Promoting Faculty Engagement and
Retention at U.S. Medical Schools

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Association of
American Medical Colleges

Promising Practices For Promoting Faculty Engagement And Retention At U.S. Medical Schools

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**“Understanding
the strategic role
played by faculty
satisfaction is vital
to the success of
our institutions.”**

—Darrell G. Kirch, M.D.
AAMC President and CEO

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**AAMC-member
medical schools
participated**

14

**domains of
engagement
were measured**

BACKGROUND

From 2008–2013, the AAMC conducted Faculty Forward, a peer-learning program designed to help member medical schools enhance the engagement of faculty to address the high cost of turnover. Organizational management research has shown a strong link between employee (i.e., faculty) engagement and retention, as well as with organizational performance. In total, 33 AAMC-member medical schools participated in Faculty Forward, and six of these schools completed two cycles of surveying and action planning. This document provides select Faculty Forward data from 2011 to describe the context of faculty engagement at participating schools and highlights the action plans and lessons learned at the six schools who participated twice. The hope is dissemination of their experiences will help inform ongoing efforts to build faculty engagement at medical schools across the country.

Faculty Forward Engagement Survey Methodology

The Faculty Forward Engagement Survey was developed in 2007 to collect data to help medical schools learn about what drives faculty engagement at the institution level and in comparison to peer institution benchmarking. The survey instrument measures 14 domains of faculty engagement. The survey was pilot tested in 2009, and in 2010, the survey's content was reviewed and refined based on psychometric analyses and changes made contribute to its content and construct validity. For reporting purposes, summary scores were created representing conceptually-related items with compatible scales (e.g., all agreement response scales) within the survey dimensions.

FACULTY FORWARD PARTICIPANTS PROFILES

Jefferson Medical College of Thomas Jefferson University has been focused on faculty recruitment and retention since the early 2000s. Recognizing the key role of human capital in creating an effective health care organization, leaders at Jefferson are using the Faculty Forward data to measure progress in training department chairs to improve evaluations and performance reviews and enhance their faculty's perceptions of collegiality and collaboration across departments.



The University of Florida College of Medicine has responded to its Faculty Forward data by creating an Office of Faculty Affairs and Professional Development, which has aided the institution in addressing faculty perceptions about inequities in tenure and promotion. Additionally, the School has enhanced communications and expanded professional and leadership development opportunities.



The University of Mississippi School of Medicine values faculty engagement as the key to the academic medical center's mission-driven initiatives and retention of talented faculty members as critical for its future growth. In response to its Faculty Forward data, the School has changed institutional policies related to promotion and tenure to expand eligibility, enhance procedural transparency, and ensure consistency.



The University of Missouri-Columbia School of Medicine leadership established a task force to investigate opportunities for improving departmental recruitment processes and talent management that emerged from the Faculty Forward data. Additionally, the School implemented changes to improve chair evaluations and performance evaluation expectations.



The University of New Mexico School of Medicine used the Faculty Forward Engagement data to address issues related to communications about medical school finances, operations within the health system and retention rates for faculty.



The University of Oklahoma College of Medicine applied its Faculty Forward results to initiatives that have expanded transparency in communications across the institution about finances and institutional decision making. Cross-sections of faculty meet regularly to support efforts around talent management, and these diverse work groups have built the framework for greater collaboration and communication between leadership and faculty.





Promising Practices

for Promoting Faculty Engagement and Retention at U.S. Medical Schools

INTRODUCTION

Faculty are a critical resource at U.S. academic medical centers, where full-time academic medicine educators, clinicians, and researchers now number more than 125,000. Highly engaged faculty are interested in their work and invested in the success of their institution. Engaged, committed faculty members raise the level of organizational performance and pursue longer careers. Successful leaders understand that engaging and retaining these valuable faculty members helps create a productive and positive work environment, and saves hundreds of thousands of dollars in turnover costs.

The average medical schools loses
1.7 to 2.3M
in turnover costs
per year

To help medical school leaders better understand faculty engagement, the AAMC began collaborating with its members in 2007 on a project called Faculty Forward. In particular, the project sought to address the high cost of turnover for those faculty members who leave academic medicine. Organizational management research shows that there is a strong link between employee engagement and retention, as well as with organizational performance. With the average medical school losing \$1.7–\$2.3 million in turnover costs per year, looking at faculty engagement and retention is imperative to the success of academic medical centers.¹

The centerpiece of Faculty Forward is the Faculty Forward Engagement Survey, which measures faculty satisfaction and engagement at the institution level—as well as in comparison to peer institutions. The Faculty Forward Engagement Survey assesses levels of U.S. medical school faculty engagement—defined as the emotional and cognitive attitudes that faculty members have toward their workplace experiences (i.e., what is often referred to as “job satisfaction” within the literature) and behavioral outcomes such as contribution and effort. Since 2009, over 20,000 faculty responses from 33 institutions have been collected.

1

Waldman JD et al. Health Care Manage Rev. 2004; 29: 2–7

This publication describes the experiences of six Faculty Forward participant schools and provides examples of how the faculty engagement data was used to take action and improve the workplace. Aggregate data from the 2011 Faculty Forward Engagement Survey is provided as context for these profiles. The cases presented are specifically from institutions who have participated in both the 2009 and 2011 data collections. The efforts and experiences of these six schools illustrates the need and value of collecting faculty data and highlights some tangible examples for improving faculty engagement and retention.

Why Faculty Engagement Matters

Collecting faculty data helps leaders make informed, evidence-based decisions about improving the workplace. Health care organizations that have sustained well-designed talent management strategies and positive organizational cultures experience: 1) higher levels of employee satisfaction, engagement and retention, 2) positive individual-level performance of faculty and staff, and 3) positive organizational level performance. This research also shows that engaged individuals give more than is expected of them in their workplace and are happy to do so. Academic physicians and faculty who are engaged are more likely to stay at their institutions, provide better quality patient care, and foster greater patient satisfaction.² However, in order to be fully engaged, employees need the resources, support, and tools from their organizations to drive their sense of mission and passion. Figure 1 illustrates how faculty data can be transformed into action.

Over
20k
faculty responses from
33 institutions
have been collected

What is the Faculty Forward Engagement Survey?

The AAMC's Faculty Forward Engagement Survey is a validated survey that addresses the issues unique to faculty engagement in academic medicine. This independent, research-based survey, developed and reviewed by experts in survey design, academic medicine, talent management, and organizational development, grew from a series of in-depth focus groups with medical school clinical and basic science faculty members in 2006. The survey was pilot-tested in 2007, and the expanded administration of the

Figure 1.

How information from faculty can be applied to create **CHANGE** in the academic medicine workplace

Improvements
to **TALENT
MANAGEMENT
STRATEGIES**

Higher Levels
of **FACULTY
ENGAGEMENT**

Better **FACULTY
PERFORMANCE**
Higher
RETENTION
Better
**ORGANIZATIONAL
PERFORMANCE**

² Fox S, Bunton S, Dandar V. The Case for Strategic Talent Management in Academic Medicine. Washington, DC: Association of American Medical Colleges; 2011.

Faculty Forward Engagement Survey in 2009 created the largest-ever collection of workplace engagement and satisfaction benchmarking data for academic medicine institutions in the United States. In 2010, the AAMC engaged in a detailed review of the survey content to refine the tool's ability to more clearly measure faculty engagement. The instrument was refined based on psychometric analyses and changes made contribute to its content and construct validity.

The Faculty Forward Engagement Survey's 14 dimensions (See Figure 2) align with research on the factors that drive employee engagement. For reporting purposes, summary scores were created representing conceptually-related items with compatible response scales across the survey dimensions. So, for example, some dimensions contain multiple summary scores, such as "Focus on Medical School Mission", while other dimensions, such as "Mentoring and Feedback", do not have summary scores because they contain questions that used incompatible response scales (e.g. "Yes/No" responses).

The Faculty Forward Engagement Survey data,

"[have] been an honest appraisal of where we are, and where we should be going. It's invaluable... We turn on the microphone and Faculty Forward speaks."

—Marian Limacher, M.D., *Senior Associate Dean for Faculty Affairs and Professional Development, University of Florida, College of Medicine*

Figure 2.

The Faculty Forward Engagement Survey dimensions for faculty engagement

DIMENSIONS	DIMENSION DESCRIPTIONS	SUMMARY SCORE KEY
Nature of work	Number of hours worked, time spent on mission areas, control over schedule, autonomy	
Focus on medical school mission	Value the medical school places on various mission areas, understanding of mission, whether the workplace culture cultivates excellence, collegiality, and other ideals	
Medical school governance	Opportunities for faculty participation in governance, communication from the dean's office, medical school's explanation of finances to faculty	
Focus on department mission	Value the department places on various mission areas	N/A
Department governance	Opportunities for faculty participation in decision-making, communication from the department chair, department's explanation of finances to faculty	
Collegiality and collaboration	Opportunities to collaborate with other faculty; personal "fit" (i.e. sense of belonging), interactions with colleagues, intellectual vitality within the department and medical school; appreciation by colleagues	
Relationship with supervisor	Supervisor supports individual goals, good communication, and perceptions of equity	
Mentoring and feedback	Quality of mentoring and feedback on career performance	N/A
Opportunities for career and professional growth	Opportunities for professional development, pace of advancement, application of promotion criteria; whether promotion criteria are clear and reasonable within various mission areas; equal opportunities regardless of sex, race, and sexual orientation	
Compensation and benefits	Evaluation of overall compensation, health and retirement benefits	
Faculty recruitment and retention	Success in hiring and retaining high quality faculty	
Part-time faculty views	Assesses decisions for part-time status and support from institution	N/A
Clinical practice	Ability to provide high quality care, how well the clinical practice functions overall	
Global satisfaction	Overall satisfaction with department and medical school as places to work, including two open-ended questions to solicit suggestions for improvement	N/A

FACULTY FORWARD ENGAGEMENT SURVEY RESULTS FROM 2011

A Snapshot of Faculty Engagement in Academic Medicine

Collecting faculty data is vital information because

“if you understand what drives people you have the potential as an organization to help people find their avocation.”

—Dr. Valerie Williams, Ph.D.,
M.P.A., *Vice Provost for Academic Affairs and Faculty Development*,
University of Oklahoma, College of Medicine



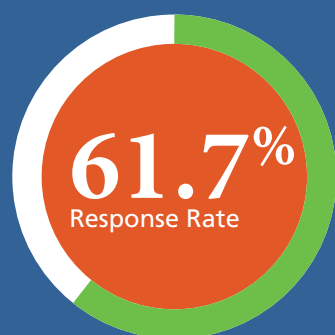
SURVEY METHODOLOGY

Data from the 2011 Faculty Forward Engagement Survey are presented here to provide context for the profiles in this publication. In 2011, 15,570 faculty from 14 academic medical centers were invited to participate in the web-based survey.³ The survey is open to all full- and part-time faculty at participating institutions. Participating institutions provided the AAMC with their databases of faculty. Survey respondents were defined as those faculty members who answered at least one core survey item to be included in the analysis of results. This method discounts demographic questions as core items. In total, 9,600 faculty (61.7%) responded to the survey. Non-response bias indicated that the distribution of respondents differed slightly from the expected distribution of respondents, with fewer part-time ($\chi^2 = 155.26$, $p < .05$) and slightly more basic science faculty ($\chi^2 = 9.67$, $p < .05$) responding than expected. Participating institutions approximated the overall representation of LCME-accredited schools in terms of distribution of faculty by department type (basic vs. clinical), as reported in the AAMC Medical School Profile System.⁴

3 The 14 participating institutions in our study include: Jefferson Medical College; Johns Hopkins School of Medicine—Radiology Department; Loyola University Stritch School of Medicine; Medical College of Wisconsin; UMDNJ-New Jersey Medical School; UC Irvine School of Medicine; UCLA David Geffen School of Medicine; University of Florida College of Medicine; University of Mississippi School of Medicine; University of Missouri-Columbia School of Medicine; University of New Mexico Health Sciences Center; University of North Carolina School of Medicine; University of Oklahoma College of Medicine; University of Rochester School of Medicine and Dentistry.

4 Faculty data source: AAMC Medical School Profile System (MSPS). Full-time faculty counts reflect information from the AAMC Faculty Roster as verified and updated by medical schools for purposes of LCME reporting. Available at: <https://services.aamc.org/mspsreports/index.cfm>. Accessed January 3, 2013.

Who Participated in the 2011 Faculty Forward **ENGAGEMENT** Survey?



9,600

Number of Survey Respondents

OUT OF

15,570

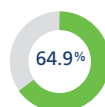
Faculty Population

APPOINTMENT STATUS

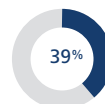
Respondent Demographics

93.0%
Full Time

Overall Response Rate



7.0%
Part Time

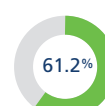


GENDER

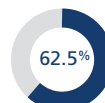
Respondent Demographics

62.1%
Male

Overall Response Rate



37.9%
Female

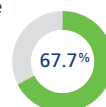


DEPARTMENT TYPE

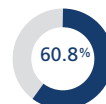
Respondent Demographics

13.0%
Basic Science

Overall Response Rate



87.0%
Clinical

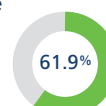


RACE/ETHNICITY

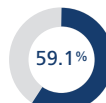
Respondent Demographics

92.2%
Majority

Overall Response Rate



7.8%
Minority



Comparison of 2011 Faculty Forward Cohort to AAMC Member Medical Schools

Institutional Demographics

Participating

OWNERSHIP TYPE AND RELATIONSHIP TO PARENT UNIVERSITY ^(a)

Private
(all types)

35.7%
5 Schools

40.5%
51 Schools

Public medical schools that
are part of a university

57.1%
8 Schools

41.3%
52 Schools

Public freestanding medical schools
(in state systems, health sciences
universities, or the federal
government) or consortiums

7.1%
1 School

18.2%
23 Schools

FACULTY COUNTS ^(b)

All Full-Time Basic Science Faculty

12.3%
1,833 People

12.3%
17,637 People

All Full-Time Clinical Faculty

87.7%
13,059 People

87.7%
126,041 People

Average number of all full-time
basic science and clinical faculty
(Excludes JHU-Radiology)

100.0%
1,146 People

100.0%
1,140 People

^a For more information on organizational characteristics, see: <https://services.aamc.org/ocd/index.cfm>.

^b Faculty count source: AAMC Medical School Profile System (MSPS). Full-time faculty counts reflect information from the AAMC Faculty Roster as verified and updated by medical schools for purposes of LCME reporting. Available at: <https://services.aamc.org/mgpsreports/index.cfm>. Accessed January 3, 2013.

Are Faculty **SATISFIED?**¹

SATISFACTION WITH MEDICAL SCHOOL



SATISFACTION WITH DEPARTMENT

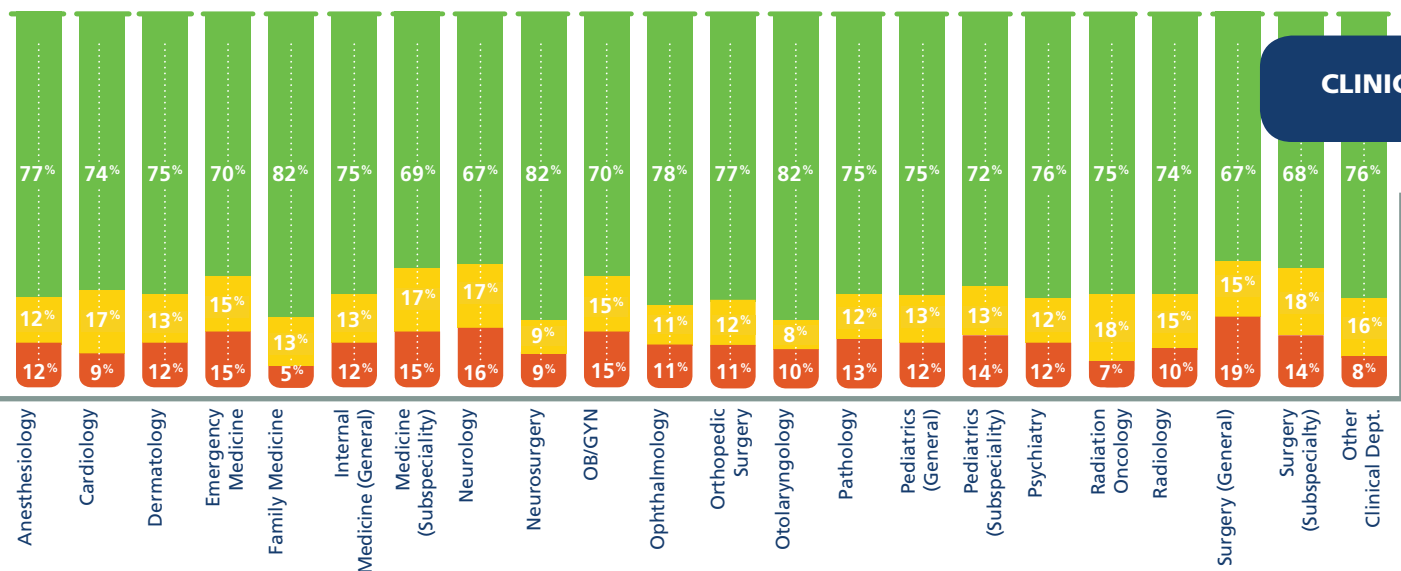


Overall Satisfaction with Department: A look at Satisfaction by Specialty

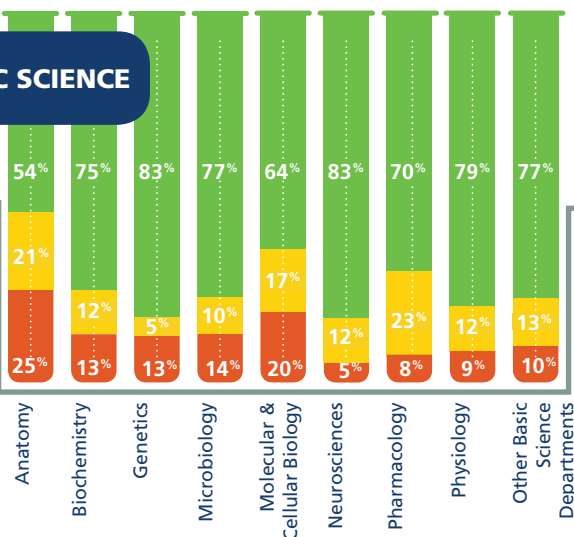
Very Satisfied/Satisfied

Neither Satisfied/Dissatisfied

Very Dissatisfied/Dissatisfied



BASIC SCIENCE



Who Stays and Who Leaves?

Respondent Characteristic

YES

NO

UNSURE

Plan to retire in the next 1–2 years

3%

91%

7%

Plan to leave this medical school in the next 1–2 years

10%

71%

19%

Plan to retire, leave the medical school, or leave academic medicine in the next 1–2 years

13%

67%

20%

¹ Totals are rounded

Summary Scores for Assessing Faculty **ENGAGEMENT**¹

FACULTY FEEL **POSITIVELY** ABOUT...

My Job



83%

Promotion Equality



72%

Collegiality + Collaboration



72%

Relationship with Supervisor



70%

Workplace Culture



67%

Focus on Medical School Mission



67%

Faculty Recruitment + Retention



63%

Department Governance



63%

Compensation + Benefits



62%

Growth Opportunities



61%

Clinical Practice



55%

Medical School Governance



45%

Factors that predict Medical School Satisfaction



Factors that predict Department Satisfaction



Factors that predict Intent to Leave



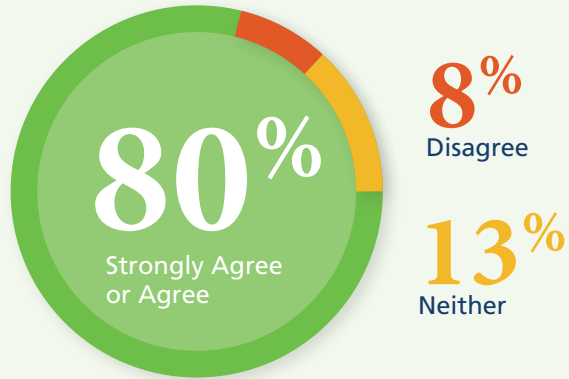
¹ These data reflect summary score calculations. Refer to Figure 2 for explanation of survey content.

Workplace **STRENGTHS**



COLLEGIALITY + COLLABORATION

The faculty in my department usually get along well together



More Statistics

My departmental colleagues are respectful of my efforts to balance work and home responsibilities

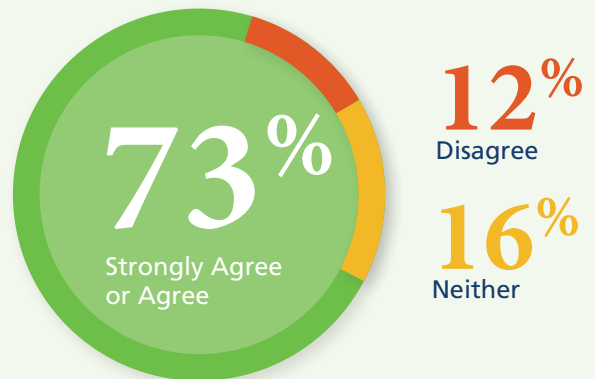


I feel appreciated by my departmental colleagues



RELATIONSHIP WITH SUPERVISOR

My supervisor listens to what I have to say



More Statistics

I feel appreciated by my supervisor



My supervisor sets a good example to reflect this medical school's values

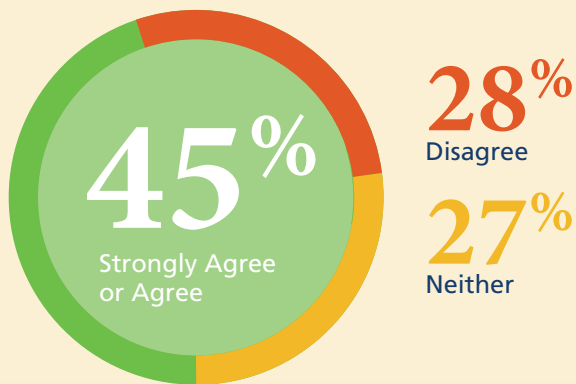


OPPORTUNITIES for Improvement



FACULTY RECRUITMENT + RETENTION

My medical school is successful in retaining high quality faculty members



More Statistics

My department is successful in retaining high quality faculty members



My medical school is successful in hiring high quality faculty members

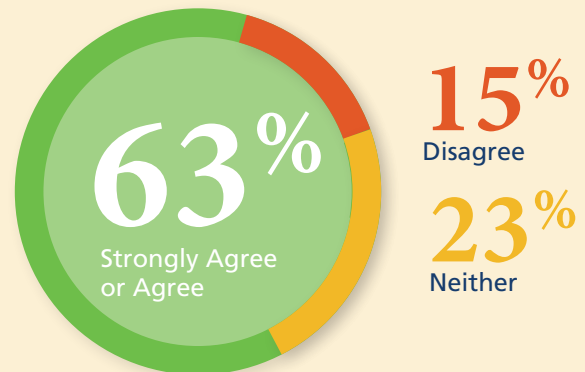


Mission Statement



FOCUS ON MEDICAL SCHOOL MISSION

The stated values of the medical school match the actual values of the institution

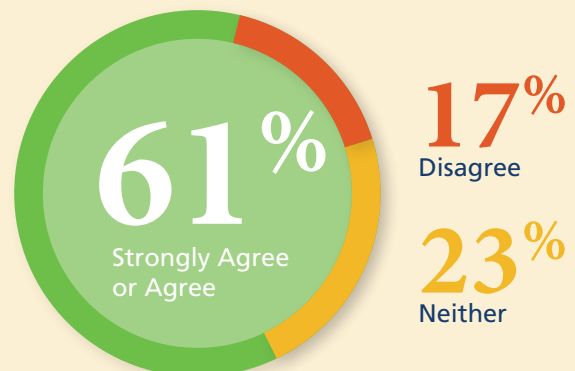


“Work to retain outstanding basic science and clinical faculty and to continue to enhance innovation, treatment, and scholarship”



WORKPLACE CULTURE

I feel that the workplace culture at this medical school cultivates innovation



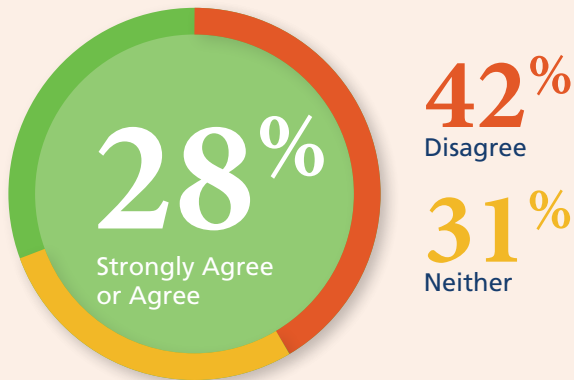
“Recruit, retain, and encourage productive and innovative physician leaders”

OPPORTUNITIES for Improvement



MEDICAL SCHOOL GOVERNANCE

Senior leadership does a good job explaining medical school finances to the faculty



More Statistics

There is sufficient communication from the dean's office to the faculty about the medical school



The dean's priorities for the medical school are clear

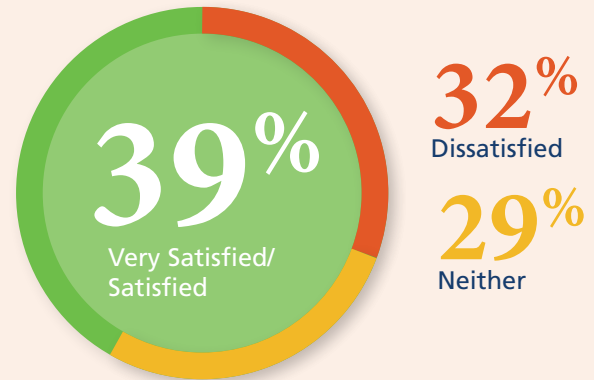


"With each change in dean, I know less about what the goals and policies of the institution are. I am not really sure what the school expects of me..."



CLINICAL PRACTICE

Satisfaction with communication to physicians about my practice location's financial status

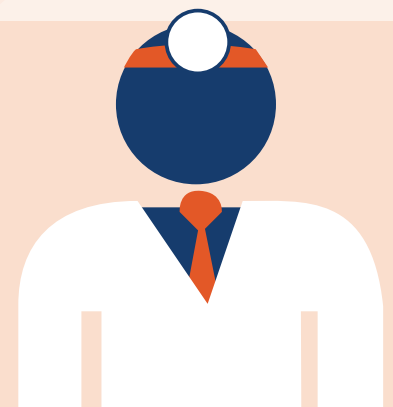


More Statistics

Satisfaction with communication between physicians and senior administrators



Satisfaction with location's responsiveness in meeting your requests as a physician



From Results to Action:

Profiles of Six Medical Schools that Used Faculty Forward Engagement Data to Create Change



Six U.S. medical schools participated in both the 2009 and 2011 administration of the Faculty Forward Engagement Survey: Jefferson Medical College, University of Florida College of Medicine, University of Mississippi School of Medicine, University of Missouri School of Medicine, University of New Mexico School of Medicine, and University of Oklahoma Health Sciences Center. These institutions used their 2009 data to identify opportunities for improvement and began taking action in their workplaces. Some institutions demonstrated institution-wide improvements in their 2011 survey results in the specific areas they targeted, while others experienced improvements within departments or clinical sites. The profiles that follow are based on interviews with institutional leaders in the Faculty Forward program during which they described why their schools chose to participate and how they used their survey results to improve faculty perceptions over time. These examples are held as promising practices for using faculty data to drive organizational change.

Motivation: Six Reasons Schools Participated in Faculty Forward

Experience with the Faculty Forward program has shown schools decide to collect faculty engagement data for a variety of reasons. The schools highlighted in this publication were motivated to participate for the following reasons:

1. Leadership at Jefferson Medical College of Thomas Jefferson University has focused on faculty recruitment and retention since the early 2000s. Recognizing the key role of human capital in creating an effective health care organization, they sought to measure their progress over time and in comparison with peer institutions.
2. The University of Florida College of Medicine used its experiences with leadership changes, departmental reorganization, and the construction of new hospital facilities as an opportunity to get a “state of the college” set of data. Administrators believed that the survey could help identify the faculty concerns and establish a baseline for satisfaction.
3. In 2009, the University of Mississippi School of Medicine made a public commitment to faculty by creating an Office of Faculty Affairs. Leadership saw faculty engagement as the key to the academic medical center’s mission-driven initiatives and retention of talented faculty members as critical for its future growth. The Faculty Forward Engagement Survey was a cost-effective way to measure faculty engagement and provide a benchmark from other academic health centers.

4. The University of Missouri-Columbia School of Medicine leadership sought a baseline understanding of the opportunities and challenges related to faculty satisfaction that existed within its departments and the medical school as a whole. In particular, leadership was about faculty turnover because the cost of replacing faculty was approaching half a million dollars per clinical faculty member and 1.2 million dollars per basic science faculty. The Faculty Forward Engagement Survey data enabled the school's leadership to establish benchmarks and identify opportunities to reduce the turnover rates.
5. The University of New Mexico School of Medicine used the Faculty Forward Engagement Survey to confirm assumptions about its overall organizational climate. A satisfaction survey of hospital staff had been conducted, and leaders were interested in surveying basic science faculty. They were eager to learn from comparisons across the institution. Additionally, they used the survey as an opportunity to address their core value of diversity by examining responses by gender and race.
6. As the number of faculty at the University of Oklahoma College of Medicine grew steadily, its leadership undertook the survey to assess faculty perceptions of the workplace, the institution's mission balance, and the impact of new clinical demands. In addition to establishing a baseline for faculty at OU Medicine, they sought to benchmark against other schools over time.

Action Planning: A Critical Component for Success

The ultimate success of a medical school's participation in Faculty Forward occurs when the school uses its data to make informed and lasting decisions that support organizational improvement. Once schools receive their results, on-site project leaders rely on toolkits developed by Faculty Forward to identify strengths and opportunity areas, disseminate the results to faculty, and begin conversations about taking action. Intentional communication to respondents about the results and the follow-up actions have been critical to the success of implementing changes.

Each school's action plan is unique and reflects their particular processes for determining priorities and available resources. Institutions may use results to inform larger organizational strategy and goal development, create plans about specific issues, or use the data to support enterprise-wide, systematic organizational changes. For example, schools have used Faculty Forward Engagement Survey results to:

- Identify department-specific strengths and development areas and support measurement of chair performance
- Prompt discussion and contribute to strategic planning by allowing institution-level decisions to be informed by representative data
- Raise awareness amongst the faculty that workplace issues are being addressed by a committed institution
- Compare faculty engagement across departments, campuses, and with peer institutions
- Examine alignment of organizational mission and efficacy of institutional policies and programs
- Aggregate data for LCME studies and workplace quality awards

“Understanding what drives faculty satisfaction is crucial for medical schools as they continue to seek excellence in all missions and recruit and retain high-quality faculty.”

—Karen Novielli, M.D.
Vice Dean for Faculty Affairs
and Professional Development,
Jefferson Medical College

Lessons Learned

PROFILES OF SIX
FACULTY FORWARD
PARTICIPATING
MEDICAL SCHOOLS

Jefferson Medical College of Thomas Jefferson University

Enhancing Chair Evaluations and Performance Reviews

Jefferson Medical College Jefferson Medical College used results of the 2009 Faculty Forward Engagement Survey to measure the success of a training initiative it had begun to improve performance reviews in 2002. Department chairs were receiving training to conduct effective faculty performance reviews and provide constructive feedback. Performance criteria for department chairs had been instituted to ensure faculty performance reviews were conducted. The first Faculty Forward Engagement Survey results provided the institution with evidence of marked improvement in faculty perceptions of both the consistency and utility of the school's performance review process. Whereas 45 percent of faculty received annual performance reviews in 2002, 81 percent received performance reviews in 2009. In 2002, only 25 percent of faculty members found reviews useful; in 2009, 78 percent found them useful. After the second Faculty Forward Engagement Survey was conducted, department chairs were expected to establish clear plans to address faculty feedback, reinforced through a formal performance goal. Jefferson found that linking an organizational priority to improve the performance review process to individual department chair's performance goals was an effective way for Jefferson to ensure leadership alignment and consistent attention to improvement in annual performance reviews for faculty.

Building Connections among Faculty, Departments, and the Medical School

Jefferson Medical College also determined a need for improvement in creating a sense of connectedness for faculty members across departments and across the medical school. Faculty feedback indicated a lack of collegiality and collaboration among and between departments. The institution was suffering from a "silo effect," and breaking down those walls became a particular priority for the dean. Among other activities, the dean hosted periodic social networking opportunities for small groups of diverse faculty members from across the medical school to facilitate collaborative work relationships.

11% increase in faculty mentorship

The school also focused on mentoring as an important way to build organizational connections, especially for junior and minority faculty. Previous to their engagement in Faculty Forward, an in-house survey of faculty indicated that only 26 percent of Jefferson faculty could identify a mentor.

The Faculty Forward Engagement Survey showed some improvement, with 37 percent of faculty reporting they had a mentor. The administration's goal is to move that rate to 100 percent by working with departmental level leaders.

Participation in Faculty Forward helped Jefferson Medical College remain focused on faculty perceptions of their workplace and their roles within their organization. Ongoing progress in priority areas—as demonstrated by their Faculty Forward results—helps sustain momentum as the school's leadership works to increase faculty satisfaction with the institution's compensation plan and increase faculty diversity.



University of Florida College of Medicine

A New Faculty Affairs Office Responds to Faculty Needs



Based on its 2009 survey result, the University of Florida College of Medicine established an office of Faculty Affairs and Professional Development and appointed a Senior Associate Dean for Faculty Affairs and Professional Development. Under the new Senior Associate Dean's direction, administrators prioritized key areas of concern from the survey's results, such as perceptions about inequities in tenure promotion and advancement and transparency in communication and governance. To address promotion and tenure concerns, a representative group of faculty convened to revise the school's promotion guidelines. The group realigned existing tracks and created a multi-mission track so that faculty who had a clinical, education, or research assignment could advance based on achieving distinction in one major area. Now, for example, clinical faculty can be promoted and achieve distinction in clinical performance without requiring excellence in a second mission.

Focused on developing leadership skills

The medical school dean also took action to address concerns about communication and governance. **Under his leadership, plans were implemented to enhance communication between the dean and department chairs and also between the chairs and their faculty.** The dean's office and the chief financial officer also worked together to clarify reports of financial information, such as revenues, expenditures, and university allotments, and developed a compensation plan that is more clearly understood and perceived as fair by faculty. Lastly, new communication avenues were created to push information to faculty through a Website and faculty newsletter.

Leadership and Professional Development Programming

Results from the College of Medicine's second Faculty Forward survey in 2011 indicated the faculty remained focused on advancement opportunities. As a result, professional development seminars and leadership programs for faculty that originated in the parent university were tailored by the College of Medicine specifically for an academic medicine setting. One program consisted of six sessions for 20 individuals across the College of Medicine during which participants worked on individual communication skills; completed a 360 evaluation; and created a development plan for next steps in a clinical program, educational forum or future research project. A second program convened hospital managers and College of Medicine faculty leaders and was facilitated by contractors from Harvard's School of Public Health. The program focused on developing leadership skills for mid-level managers on topics such as financial management. In the future, faculty at the UF Health Center will also be invited to participate in these development opportunities.

University of Mississippi School of Medicine

Enhancing Faculty Promotion and Tenure Processes

Respondents from the 2009 survey at the University of Mississippi School of Medicine identified a lack of clarity around policies for promotion and tenure. In response, the administration tasked the Faculty Appointments, Promotion, and Tenure Committee to lead efforts to create greater transparency and consistency. Faculty had previously been expected to engage equally in clinical service, research, and education, but emerging environmental and financial trends made this traditional “triple threat” more difficult to achieve. The committee abandoned traditional expectations for eligibility and created guidelines based on primary areas of emphasis and outlined desired behaviors to be demonstrated.

A self-nomination process for promotion was created

Similar committees were created in each department, with committee leaders receiving training on all promotion policies and guidelines. In the past, tenure often was awarded without process or review, and based on length of employment.

Mississippi created a self-nomination process for promotion designed to eradicate any actual or perceived discrimination.

Self-nomination avoids possible personality conflicts with

chairs, making the process more equitable. **Consideration for tenure at Mississippi is now a separate, formalized process.** Further, departmental committee members are expected to engage in an ongoing dialogue with faculty, playing an advisory and mentoring role to younger faculty to help identify strengths and weaknesses.

Finally, a tenure track-change policy was adopted in response to new state-mandated regulations that set fixed probationary periods for assistant or associate professors. Under the new regulations, faculty would have to be tenured or receive a terminal contract within six years. Faculty now must work with their department chairs to move on or off the tenure track. Faculty have responded positively to these changes, and have identified some additional areas for improvement, including the development of guidelines for non-tenure track promotions to be implemented this year.

About a year after the first survey administration, School of Medicine leadership endorsed a new faculty strategy that requires department chairs to consider recruitment, retention, and development as part of their responsibilities. These practices applied to their own positions as well. Chair recruitment practices now incorporate assessment of specific leadership competencies, and evaluation of these competencies is included in annual performance reviews. As of Spring 2013, chairs are also asked to conduct self-assessments based on the leadership competency model, and they are responsible for creating leadership succession plans and assigning the resources to further develop the individuals who would fill those roles. New chairs now come into the organization knowing what is expected of them, and existing chairs also know of the changes in how they will be evaluated.

Establishing Leadership Competencies as a Foundation



University of Missouri-Columbia School of Medicine

Improving the Quality of Department Chair Leadership



The results of both the 2009 and 2011 Faculty Forward Engagement Survey at the University of Missouri-Columbia School of Medicine identified recruitment and retention as an issue within specific departments. In response, the School of Medicine established a task force to investigate the issue and recommend solutions to its leadership team. The task force concentrated on variability in recruitment processes across departments and mixed levels of success in identifying and bringing on high quality candidates. In some departments, leadership was responsible for recruiting. In other departments, staff with little experience in recruiting were in charge of the process. The Senior Associate Dean for Faculty Affairs used the task force's findings as an opportunity for faculty development in talent identification and recruitment focusing on standardizing processes.

Monitor the effect of changes within department leadership

to see all of that in front of you with numbers, it eliminates perceptions; it's real."

The finding led the School of Medicine's leadership team to strengthen department and divisional leadership. They made changes to improve chair evaluations, clarify performance feedback, and increase access to leadership development programming. The 2011 Faculty Forward Engagement Survey data allowed institution leaders to monitor the effect of changes within department leadership.

Data also revealed that specific departments and divisions were experiencing faculty turnover at significantly higher rates than the school's average. In this case, the Senior Associate Dean explained that **the data, "can really [provide] a good snapshot of what is going on in a department. It is interesting**

Demonstrating Support of Faculty

Results from the school's second iteration of the survey in 2011 revealed major differences in faculty satisfaction reported by basic science faculty and clinical faculty. In response the Senior Associate Dean met with all basic science chairs and representative faculty to clarify their concerns. The information he received and the survey data were used to facilitate the campus-wide strategic planning process, which sharpened its focus on the research enterprise and the work of basic scientists. The school's strategic planners also realigned the educational, clinical, and research missions with institution finances to enhance organizational performance. The school of medicine continues to focus on the importance of workplace culture and its relationship with faculty satisfaction and engagement. To demonstrate its commitment to workplace excellence and valuing employees, the School of Medicine has submitted applications for the Baldrige and Missouri Quality Awards. Faculty Forward Engagement Survey data were used to support these applications, providing a detailed look at the satisfaction of faculty across departments and demographic groups.

University of New Mexico School of Medicine

Clarifying Medical School Operations

In both its 2009 and 2011 results, the University of New Mexico School of Medicine faculty reported issues that could be linked back to administrative areas, specifically finance and medical school governance. This made action planning difficult to coordinate, as these issues extended beyond the faculty or departmental level. This was due in part to faculty's concerns about governance changes occurring at the time. The 2011 results helped illustrate how department chairs were more aware of governance changes, but that this information was not trickling down to the faculty. To address these issues, leadership brought the new employee orientation back into the School of Medicine, rather than at the University level, and incorporated a section in that training on medical school finances. They also looked at various outlying clinic locations, each operating under different governances, and explored ways to consolidate them into one health system. Finally, a major change The School of Medicine made was to create new positions of Vice Chairs within each department. Creating these positions alleviated some of the work of the department chairs and helped put action plans into place and encourage ownership at the departmental level.

Looking at Retention Issues

In addition to medical school governance, the School of Medicine took a closer look at their retention rates, which they were surprised to find were lower than they had previously thought. The Vice Chancellor for Academic Affairs explained that it was good to “have the data to show that we have a real problem”, as retention was not on the school's radar as a potential issue. To keep faculty from leaving, the School of Medicine has started rolling Faculty Forward results into a yearly discussion with department chairs around promotion. Leaders now hold a yearly meeting with the chairs to discuss their results and discuss which faculty members are up for promotions, considering some women or minority faculty members may not be advocating for themselves.

Exit interviews provided data on why people leave

The University of New Mexico School of Medicine has also incorporated exit interviews into their regular employee departure processes. Leaders hope to create an online version of an exit interview, enabling them to gather data from everyone who leaves, rather than the small number of volunteers who do exit interviews currently. The Associate Dean for Academic Affairs reports that exit interviews provide “rich data on why people are leaving when they meet face to face with us”, and so are looking for ways to make that process more accessible. Leaders reflected that the exit interviews are an eye opening experience as they often see exiting faculty “feel so sad to be leaving because [of] the things they feel they can't control.”



University of Oklahoma Health Sciences Center

Increasing Communication and Transparency



After going through its institution-wide results, The University of Oklahoma Health Sciences Center identified specific areas for attention related to communication, especially transparency in communications about finances. At the time, only small leadership groups were involved in decision making or knew immediately when decisions were made at the College of Medicine, leaving 90% of the faculty out of the loop.

The data helped expose limitations of the organization and helped spur discussions about expanding communications about important decisions. For example, the Dean began to include financial updates in his regular Dean's meeting and send this information ahead of time over email to those faculty members who could not attend meetings. He also launched a periodic Dean's Letter containing information that he would have previously shared only at department chair meetings. The College of Medicine is currently exploring options to host a structured workshop on medical school finances and how they can address specific questions around compensation.

Diverse work groups allow for greater collaboration

A second area for increasing communication and engagement focused on better connecting faculty members and leadership. Survey data indicated that faculty wanted "face time" with the Dean and opportunities to engage in decision making at the institutional level. Recommendations were made to assemble working groups from across the college to meet with the Dean, receive mentoring, and support his efforts around talent management in the organization. These groups are made up of a cross section of the college, from junior and senior faculty, minority and women faculty groups. **Initiating these diverse work groups capitalized on the skills and perspectives of target audiences within the College of Medicine and has allowed for greater collaboration and communication between leadership and faculty members.**

Managing Culture Change over Time

While the 2009 and 2011 survey results at Oklahoma indicated that faculty were generally satisfied, leaders remained focused on sustaining small improvements in everyday operating procedures at the college level. To initiate these changes, each department chair was provided results from their faculty and asked to identify strengths and challenge areas. Chairs began using their results in evaluation processes and to start conversations with the Dean, utilizing their data to justify the need for changes and offering up their own solutions. The Vice Provost for Academic Affairs and Faculty Development notes there are "so many questions embedded in their annual review that speaks to some of the issues in Faculty Forward," and it has been invaluable to have these metrics to help structure conversations. Chairs have responded positively to having specific strength and challenge areas to follow-up on and the opportunity to provide their own analysis and recommendations. Moreover, looking at the data over two iterations was incredibly beneficial to department chairs who could then measure their own progress and see where improvements had been made. Oklahoma capitalized on their departmental strengths by identifying promising practices within departments that can be replicated across the institution.



Next Steps

The AAMC continues to offer the Faculty Forward Engagement Survey to member medical schools for administration at their institutions. The data from the survey are used to build the AAMC's Faculty Forward Engagement Survey Longitudinal Database, which is one resource researchers from across the academic medicine community can use to continue exploring the connections between faculty engagement, satisfaction, and retention. Ongoing data collection will also allow scholars to explore many important questions related to faculty at academic medical centers, such as the possible financial impact of improving faculty engagement and retention, alignment of mission and performance, and improvements in communication and transparency across academic medicine, with the ultimate goal of optimizing the workplace and where our nation's physicians are trained.

More information about the AAMC Faculty Forward Engagement Survey is available at:

www.aamc.org/services/facultyforward



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