CFAS Connects June 24

Mission Alignment of Faculty as Educators Committee – Project on Faculty, Chairs, and Governance

Mission Alignment Committee Chair: Stewart Babbott, MD

The committee's initiative for academic year 2021-2022 includes:

- Assessing mission alignment relationships between faculty, chairs, and institutional governance.
- Recognizing that each of these groups has perspectives, pressures, and unique issues.
- Understanding how mission alignment, or mission friction, can occur in interactions between any of these groups.

Project goals:

- Convene subcommittees for the three groups being studied: faculty, chairs, and those involved in institutional governance.
- Task subcommittee leaders to guide working groups of 5-6 colleagues to develop key issues, concerns, and approaches for their group, and the interactions between the other groups.
- Meet periodically (determined by the groups) but convene at least quarterly to review progress and key interactional and mission alignment issues.
- Develop products that may include program planning initiatives, white paper/position statements, possible peer-reviewed published work
- Collaborate on Group on Faculty Affairs (GFA) and other AAMC groups where appropriate.

Subcommittee leaders:

- Faculty: Dina Calamur, MD
- Chairs: Vin Pellegrini, MD
- Governance: Mark Danielsen, PhD

For those interested in joining one of the subcommittees, you can email Eric Weissman at eweissman@aamc.org.

Faculty perspective:

- It's difficult for clinicians to engage in academic pursuits because of the prioritization of RVUs. This translates to less time for personal lives and self-care.
- The Quadruple Aim for medical educators includes clinical work, education, scholarly productivity, and service – they need all four to get promoted.
- There is a tension between institutions' stated expectations and what they actually want: which is revenue generation.
    - How do we realign actual institutional priorities with the institution's stated priorities?
    - How can academic chairs support faculty in carrying out their mission?

- Can we leverage faculty governance to realize the stated institutional mission?
- Does this same tension exist when the medical school and clinical entities are one and the same, as opposed to being different?

Chairs' perspective:

- The clinical enterprise is pre-eminent – the *margin* becomes the *mission* and quality and safety are compromised for margin.
- The separation of clinical and academic missions leads to marginalization of the "academic" chair and a split between academic and service line leadership roles.
- The academic mission then becomes a distant activity where faculty academic development is forgotten, the faculty scholar role is overshadowed by RVUs, and there is no effective advocate for the clinician scientist.
- There is the monetization of medical education where UME/GME rotates to "system partners" and educational quality is a secondary concern.

Institutional governance perspective:

Share governance is important as a tool to improve the administration of academic medical centers because:

- It gives the administration an effective way of communicating with and obtaining advice from faculty.
- It allows faculty to give advice or express concerns in a safe, respected and respectful manner.
- It gives the faculty greater control of academic issues and policies.
- It increases the dialog between faculty and administrators.
- It creates one institution moving forward together.
- It can improve faculty and possibly administrator morale.

Potential downsides of shared governance:

- Decision making can be, but does not have to be, very slow.
- Administrators and faculty have to be prepared to make compromises.
- It takes time and effort, which means money.

Structural challenges to shared governance:

- Large faculty body distributed at many sites
- Department chairs that "service" faculty in multiple hospitals
- Faculty with different job expectations (eg working at a major hospital or at a walk-in clinic)
- Many faculty tracks (Do all faculty have an equal voice?)
- Change in reporting structure of faculty and chairs
    - Chairs reporting to a dean and/or an administrator
    - Faculty reporting to the school and to their employer
- Department chairs that are less able to effectively manage their faculty

- Medical schools emphasize teaching, research, and service with a drive to at least break even financially, but academic medical systems have a corporate structure with an emphasis on income. Academics is important to the brand of the AMC but they're not the main consideration.
- The aspirational goal of shared governance is to ensure that all faculty, in all medical schools, are part of an effective governance structure with a major influence on academic matters.

How do we get to shared governance?

- Promote the advantages of shared governance.
- Detail examples of medical schools that have effective shared governance.
- Engage the Council of Deans (COD).
- Engage the Group on Faculty Affairs (GFA).
- Identify major roadblocks to self-governance.
- Develop proposals to overcome these roadblocks.
- Publish an article concerning self-governance in academic medical centers and academic medical systems.

Discussion:

- One suggestion was for the faculty-focused subcommittee to explore how new compensation plans implemented by some medical schools that are based on the number of direct patient hours may inadvertently affect OB-GYN hospitalists by potentially creating gender inequity because those specialties are primarily made of women.
- Research-focused faculty members sometimes have the option to teach more if there are less grants to rely on, but now there are fewer researchers who can teach the entire basic sciences curriculum, so that flexibility is no longer available and those researchers need .8 FTE or more covered by their grants. It would be nice if the subcommittee could come up with recommendations for how to deal with this.
- It's important that the subcommittee for chairs explicitly include chairs for basic sciences and that the faculty subcommittee explicitly include basic science faculty.
- Faculty's contributions to diversity and inclusion need to be evaluated in promotion and tenure decisions. Academic medicine needs to discover what the appropriate P&T criteria is for the different kinds of faculty: clinicians, investigators, and educators.
- When studying faculty, we must be broadly focused so that we also take into consideration the concerns of basic science faculty. For example, basic science faculty's well-being challenges are different than clinicians' and quite severe.
- Junior faculty must be participants in discussions around promotion and tenure criteria and supporting faculty well-being because they are the future.
- It's become very confusing to faculty at all levels with regard to what they need to do to advance themselves. We have to break away from evaluating faculty in terms of the traditional siloes that existed and instead focus on what junior, mid-career, and senior faculty need,

because the paths faculty need to take to advance themselves are much different and much less clear than they once were.

- Rewarding mentoring in promotion and tenure will help junior faculty align better with their institution's unique promotion and tenure criteria.
- Having a group that advocates for educators in institutions helps P&T committees understand the unique issues facing that type of faculty member.
- In promotion and tenure evaluations, it might be helpful to provide faculty with an open-ended format for describing their scholarly activity.
- To advance themselves, faculty should not only know and align with the unique values of their medical schools, but also with the unique values of their departments.
- There was a lot of support for the idea that salaries based on RVUs are not good for faculty.
- There was a suggestion that the three subcommittees should highlight the impact of the pandemic on promotion for women faculty. Estimates are that the pandemic has put many women 10 years behind for promotion decisions because they haven't had the time to do extra clinical work, etc. Institutions should find out a way to adjust specifically for this in their promotion packages so that what women faculty had to do during the pandemic isn't counted against them.

Reforming how faculty are evaluated for promotion and tenure may be one of the most important topics CFAS addresses this year.

Chat (note: attributions removed and edited for content):

I would like to discuss redefining faculty value and criteria for promotion

I think that is will be very important for the sub-committees to focus on all three groups of faculty (clinical, research, and educational).

We have a number of basic science educator faculty who are the primary teaching faculty for 1st year courses, and then we have clinical educators taking on more of the teaching load for the 2nd year courses.

Each faculty track has to have its own criteria for promotion.

Basic sci chairs … and indeed all basic sci faculty, will be an important part of the dialog ... particularly early career individuals

It would also be interesting to include junior faculty with either research and teaching or teaching only job description.

This paper that reviews promotion criteria at medical schools may be of interest: https://doi.org/10.1080/10401334.2019.1686983

Another challenge is faculty with diverse roles that include teaching/research/ clinical care who are often overwhelmed with diverse responsibilities and no single alignment.

Encouraging chairs to reward mentoring will also be valuable for junior faculty as mentees.

There are some people who are researchers 1st and then do teaching. Similarly, some who are clinicians 1st and then do teaching. In contrast, there are other faculty who primarily educators who do educational research as an integral part of their teaching.

I think we could have a real impact publishing our recommendations for what it means to be promoted for each track…. education is so different than research, etc.

Every institution is quite different. It is essential whether a chair, faculty member or dean to know the unique economic structure of their institution. Economics and values must be understood by all members of an institution including traditions for governance,

I like the term that Dina used "Clinician experience." Great to think of "Faculty experience" for all as we approach this work

For clinician educators and clinician scholars, RVU based salaries are a disaster, yet it is never mentioned as a potential root cause of erosion of the mission in academic medicine.

Faculty mentoring is critically important and is not recognized for the time it takes.

Ref: Chairs Committee: It should not just include chairs but should also include senior and junior faculty.

RVUs shifts the risk from the institution to the faculty member.

We use the LSS methodology for faculty mentoring.

At my institution, mentoring is part of teaching excellence needed for promotion.

Rewarding mentoring and education should be a priority which is often overlooked

Mentoring is a pathway to promotion at my institution.

More on teaching academies https://www.academiescollaborative.com/

https://www.aamc.org/what-we-do/mission-areas/medical-education

Is there going to be some discussion within these groups about the additional impacts on promotion due to the pandemic, especially for women faculty?

As 'mission alignment' is a key goal for this group, we would need to be thoughtful on how often the three subgroups interact and whether there should have cross-representation of all stakeholders in all subgroups so that all perspectives are heard from all.

We include all services including community as part of our service excellence. Media, on-line resources are part of our scholarly work included.

For physicians at Georgetown, promotion is only important for self-esteem, there is no change in salary for pay.

Our compensation office created a stipend for each level of promotion.

I think that this is true at many medical schools.

At UW we have to get promoted to associate professor from assistant professor (no exceptions), but we don't have to then go on to become full professors. There is definitely a salary increase.

So interesting to see that at some schools promotion is not associated with a salary increase, so it is really for those who are self-motivated in their respective area.

Remember. Take time off… for you and for your families, patients, and peers.

2021 Medical Education Research Certificate (MERC) Workshops by AAMC starting July 12 - August 30.