

Faculty Career Flexibility

Recommendations for the BUSM, BMC & FPF Leadership
Boston University Medical Campus Faculty Flexibility Task Force

November 25, 2013

Faculty Flexibility

Dear Dean Antman, Ms. Walsh, Dr. Creevy, and Dr. Coleman:

- Recent climate and engagement surveys at BUSM and BMC reveal discontent among faculty regarding institutional support of work-life integration, and fear that utilization of faculty flexibility policies will negatively impact career advancement.
- Research shows that faculty career flexibility policies are increasingly important to attract and retain talented and engaged faculty members.
- BUSM received a grant in December 2012 from the American Council on Education and Sloan Foundation to improve faculty flexibility policies and to create an institutional culture that supports work-life integration throughout faculty members' life courses.
- To address these issues, faculty members and institutional leaders from across BUSM, BMC, and the FPF constituted a Task Force, which met twice a month from January through May. The Task Force members reviewed the literature, identified best practices from peer institutions and examined current BUSM and FPF policies.
- The Task Force found these policies difficult to locate and particularly complicated to navigate for clinical faculty members who are employed through the Faculty Practice Foundation. Faculty members are not unsure who to speak with regarding these policies, and they express trepidation in addressing concerns with their supervisors for fear of a negative impact on their careers and advancement.
- The Task Force proposes improved policies that are relevant for the needs of today's faculty members, greater consistency in policies across BUSM and the FPF, a webpage on the Provost's website that provides information about the policies and includes links to where the complete policies can be found, and a campaign to raise awareness about the policies and encourage their use.

Respectfully submitted,

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Faculty Flexibility

I. Executive Summary

A. Why faculty flexibility matters

1. Increased faculty satisfaction
 - Faculty with greater flexibility and ability to control their hours report feeling more satisfied with their work and are less likely to leave their institutions^{1,2}
2. Reduced burnout and attrition
 - Physicians are at higher risk for burnout than other members of the workforce. Faculty flexibility policies may be a way of reducing burnout felt by 37.9% percent of physicians, and improving work/life balance, currently a cause of dissatisfaction for 40.2% of physicians³
3. More women are retained, advance and are promoted^{4,5}

B. Faculty members' perceptions of faculty flexibility at BUSM/BMC

1. Difficult to access information about faculty flexibility policies.
2. Faculty express confusion over discrepancies in policies between BU Faculty Handbook and the Faculty Practice Foundation (FPF) Personnel Policies, and uncertainty about which policies prevail.
3. Surveys of BUSM and FPF faculty reveal discontent
 - 2012 ACE/Sloan Foundation Faculty Benchmarking Survey found that 32.9% have taken or are currently taking steps to leave the institution. Among them 45.5% cited desire to achieve a better balance between work and personal or family life as a primary reason for contemplating leaving.
 - 2012 BMC Physician Group Employee Engagement Survey ranked BMC at the 5th percentile and revealed that clinical faculty members feel far less supported in balancing work and personal life than the national benchmarking average.

C. Proposed Framework

1. Increase consistency between BUSM and FPF policies
2. Enhance flexibility to meet the needs of today's faculty that include increasing numbers of dual career families with family responsibilities.⁶
3. Greater transparency and accessibility
 - Create a page within the Boston University Medical Campus Office of the Provost website with all policies clearly articulated and with links to full policies in BU Handbook and FPF Personnel Policies
 - Designate administrators who are "go-to" resources for faculty and administrators
4. Culture change
 - Endorsement and advocacy by institutional leadership⁴
 - Faculty seminar series about navigating use of faculty flexibility policies and work-life integration
 - Incorporate questions about knowledge and use of faculty flexibility policies in annual on-line review
5. Conduct exit interviews to better understand why faculty decide to leave BUSM

D. Specific Policy Recommendations (please refer to Section III Part B for complete recommendations)

1. **Parental leave**
 - Biological maternal/ Primary caregiver – 8 weeks paid leave
 - Biological paternal/ Secondary caregiver – 2 weeks paid leave
2. **Phased retirement**
 - Offer gradual workload reduction without loss of benefits
 - Identify Senior HR and Dean's Office staff who can advise faculty on faculty flexibility policies
3. **Lactation space**
 - Designated lactation space in each contiguous building
4. **Sabbatical**
 - Offer paid mini-sabbatical for up to six months at the discretion of Department Chair
 - Sabbaticals used for academic or clinical advancement
5. **Back-up childcare**
 - Center or home-based care through reputable back-up care provider
6. **Back-up eldercare**
 - Home-based care available anywhere in the country through reputable provider

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II. Why Faculty Flexibility Matters

A. What is faculty career flexibility?

1. The Sloan Foundation has suggested several best practices for faculty flexibility. The practices that would be most applicable at BUSM, where there is not a tenure program in place, include:
 - Delayed entry or re-entry opportunities
 - Active service, modified duties (full-time service, with selected reduced duties).
 - Part-time appointments (allowing mobility between full-time and part-time work).
 - Phased retirement (partial appointments for finite periods of time).
2. Other flexible policies include:⁷
 - Availability of on-site home emergency child care and on-site home adult care
 - Improved formal parental leave policies
 - Restructured meeting times that do not require early morning, evening or weekend hours

B. Impact on faculty recruitment, retention and vitality

1. In order to attract the best faculty, institutions should prioritize faculty flexibility policies.

- The notion that progressive work-life policies could have significant returns in recruitment, retention, advancement, and faculty satisfaction has led to research in the area of faculty flexibility.⁴
 - Two studies surveyed faculty flexibility policies at the top 10 and the big 10 medical schools and observed substantial heterogeneity.⁸ The authors speculated a) awareness of the range of policies might motivate schools to improve; b) institutions with more flexible policies may have more success attracting and retaining the most talented faculty members.
- The 2013 Harris Interactive survey found for 73 percent of working adults workplace flexibility is one of the most important factors considered when selecting a job.⁹
- The Association of Specialty Professors task force developed guidelines for how to incorporate part-time faculty into existing clinical practice, leadership positions, and research teams.¹⁰
 - Programs and policies to support work-life integration
 - Educate institutional leaders about benefits of part-time faculty in administrative roles
 - Promote flexible time, as well as part time
 - Address negative perceptions of part-time faculty
 - Research best practices of part-time work to see if they improve recruitment, retention and productivity in internal medicine

2. Physicians who have greater flexibility at work have greater satisfaction.

- Mechaber et al. surveyed generalist physicians and their patients.¹
 - Part-time physicians reported less burnout ($p < 0.01$), higher satisfaction ($p < 0.001$), and greater work control ($p < 0.001$).
 - The physicians' patients ($n=1795$) were surveyed; no significant differences in satisfaction and trust were seen in patients followed by a part-time versus full time physician.
- Carr et al. surveyed a random sample of female physicians between 25 and 50 years of age, working in Massachusetts.¹¹ They found that physicians who worked their preferred number of hours reported less burnout and higher job satisfaction.

3. Faculty, particularly women faculty, may leave institutions lacking flexible policies.

- Levine investigated reasons why women leave careers in academic medicine through semi-structured one-on-one interviews of 20 women physicians who had left academic careers.⁶ Many women cited lack of role models for combining career and family responsibilities and lack of work-life integration as a reason for leaving.
- Women are disproportionately affected by the challenges of integrating their personal and professional lives in academic medicine, resulting in many not advancing in their careers or leaving the field due to lack of institutional supports for working parents.^{4,5}

C. Economic case

1. Loss of faculty is tremendously expensive to the institution.

- Faculty flexibility policies can help institutions avoid the financial burden of hiring and training new faculty^{4,6,12-14}

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- Precise figures vary by the faculty member and specialty, but the FPF estimates that compared to an established faculty member, it requires 2 to 3 years for newly hired faculty physicians to become fully productive; during this period the new faculty member is 50 to 75 percent as productive as an established faculty member.
- Waldman published a review of the cost of turnover at a major medical center.¹² The cost of turnover included hiring, training, and productivity loss costs. He estimated that the minimum cost of turnover represented a loss of > 5 percent of the total annual operating budget. Furthermore, the cost of training a new physician and waiting for him or her to build up their practice over one year can total more than \$200,000 per physician.
- Arizona College of Medicine studied the hidden costs of faculty attrition.¹³ The turnover cost, including recruitment, hiring, and lost clinical income, was estimated to be \$115,554 for a generalist, \$286,503 for a subspecialist, and \$587,125 for a surgical subspecialist. In aggregate, the annual turnover costs for the departments of medicine and surgery were over \$400,000.
- The most financially productive newly hired junior faculty must be retained at least 2 to 4 years and, depending on the recruitment package, up to 10 years for the institution to recoup their initial investment, thereby emphasizing the importance of faculty retention.¹⁴

2. **Loss of faculty can have an effect outside the individual institution.**

- From an economic perspective, loss of each highly trained faculty person is a financial burden not only for medical centers but also at a national level in terms of investment in training of physicians.⁶
- Workforce analyses suggest a shortage of over 90,000 physicians in the next decade,¹⁵ indicating the importance of retaining the current workforce.

D. **Importance of Faculty Flexibility throughout the Faculty Member's Life Course**

1. **Academic health centers need Generation X to supply the next generation of educators and leaders.**

Baby Boomers make up the senior faculty at academic medical centers while individuals from Generation X make up the junior faculty. These generations have very different values. In general, individuals from Generation X are seeking a greater sense of family and are less likely to put jobs before family, friends, or other interests.¹⁶

- Bickel recommends that academic medical centers focus on productivity-based measures of effort and meeting learning objectives rather than face-time.¹⁶ She also suggests that institutions evaluate methods of adding flexibility and legitimize part-time options.

2. **The demographics of the physician workforce and their families are changing.**

- The number of dual physician couples is increasing and it is less likely that a working physician will have a spouse at home to take care of household tasks and family needs (e.g., childcare, eldercare). With the changing workforce, flexibility and part-time work will become increasingly important for both sexes.⁶
- Delayed parenting and escalating financial demands of raising children may influence many workers' decisions to remain in their jobs longer than they might otherwise wish. However, these employees' capacities and desired types of work may not fit the templates designed for workers in the middle of their careers.¹⁷
- Baby boomers, who make up most of the senior faculty,¹⁶ have aging parents and other relatives whose care they are responsible for.

3. **Currently, men and women utilize flexibility policies for different reasons**

- Women are more likely to select part-time status for childcare while men are more likely to choose to work part-time to pursue moonlighting opportunities. Similarly, women request reduced hours for childcare responsibilities, while men cite other reasons for reduced hours.¹⁸
- As the number of female physicians increases to equal the number of male physicians,¹⁹ flexible policies need to be created to equally accommodate both men and women.

4. **Physicians are at high risk for burnout and may have a greater need for flexible policies than other members of the workforce.**

- Shanafelt et al. conducted a national study of physicians and the general public to assess burnout and satisfaction with work/life balance.³

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- Almost half of all physicians were experiencing burnout (37.9%) and were dissatisfied with work/life balance (40.2%).
- The authors eloquently stated, “the fact that almost 1 in 2 US physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals” (p.1384).
- The authors speculated that better faculty flexibility policies would decrease the number of physicians experiencing burnout and increase their satisfaction with work/life balance.

III. Faculty Flexibility in Academic Medicine

A. Current Status of Faculty Flexibility Policies in Academic Medicine

1. Although progress has been made in faculty flexibility policies, more work needs to be done.

- McPhillips et al. used a web-based survey to ask 147 pediatric department chairs and 203 pediatric program directors about childcare, lactation facilities, family leave policies, work-life balance, and tenure and promotion policies.²⁰
 - 60% of chairs had access to childcare or had assistance locating childcare (demand almost always exceeded supply).
 - Only one-third of the programs had onsite childcare.
 - Childcare for a mildly ill child or emergency backup childcare was rarely available.
 - Lactation facilities were available to breastfeeding faculty in 74% of departments (57% had access to breast pumps).
 - The majority of chairs (78%) and program directors (90%) reported written maternity leave policies with slightly fewer reporting paternity leave policies.
 - The majority of chairs (83%) reported the availability of part-time employment.

2. Institutions that develop flexible work-life policies that are widely promoted, implemented, monitored, and reassessed are at an advantage in attracting and retaining faculty.

- One of the top work-life ranked schools in Bristol et al.'s study had the highest percent of female full professors (26%), and the second highest percentage of female full-time professors (38%), and female tenured professors (22%) among the top ten medical schools.⁸
- Welch et al. had analogous findings when they examined faculty flexibility policies at medical schools in the Big Ten Conference.²¹

3. In order to be effective, faculty flexibility policies need to be clear and easily accessible.

- Bristol et al. and Welch et al. found that faculty flexibility policies were often difficult to find, which would likely result in less usage of these policies by the faculty.^{8,21}

• In order to be effective, faculty flexibility policies fully integrated into institutional culture.

- Villablanca et al. found that at the University of California, Davis, the presence of these policies alone was not sufficient for faculty to overcome the barriers of usage. An educational campaign that included faculty workshops, advocacy by senior faculty and leaders, and information about the policies through social media and in print, among others, was necessary in order to increase awareness and use of faculty flexibility policies.⁴

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B. Current Status and Recommended Faculty Flexibility Policies at BUSM and FPF

FF Policy	<u>Current BUSM Policy</u>	<u>Current FPF Policy</u>	Recommended Policy	Aspirational
Parental Leave Policies				
<u>Biological Maternal Leave</u>	<ul style="list-style-type: none"> • 6 weeks paid • ≤ 12 weeks unpaid per Family Medical Leave Act (FMLA); or • ≤8 weeks unpaid per Massachusetts Medical Leave Act (MMLA) • Additional 8 weeks unpaid leave available per child for multiple births 	<ul style="list-style-type: none"> • 8 weeks paid • ≤ 12 weeks unpaid per FMLA • ≤8 weeks unpaid per MMLA <ul style="list-style-type: none"> ▪ Additional 8 weeks unpaid leave available per child for multiple births 	<ul style="list-style-type: none"> • Faculty working ≥0.6FTE <ul style="list-style-type: none"> ▪ 8 weeks paid leave with full benefits (pro-rated for 12 month faculty) ▪ Plus 4 weeks of leave through use of accrued vacation and/or sick time. ▪ If no accrued time available, additional 4 weeks can be taken unpaid • Faculty working <0.6 FTE or 1250 hours in past 12 months: <ul style="list-style-type: none"> ▪ Same benefits apply but are pro-rated according to percent FTE 	12 weeks paid for all faculty
<u>Biological Paternal Leave</u>	<ul style="list-style-type: none"> • Paid workload reduction available for primary caregiver <ul style="list-style-type: none"> ▪ <i>Full modified status:</i> ≤1 semester of relief from teaching duties, committee assignments, and other service. ▪ <i>Half modified status:</i> ≤2 semesters of relief from half of teaching duties, committee assignments, and other service. • ≤12 weeks unpaid per FMLA; or • ≤8 weeks unpaid per MMLA <ul style="list-style-type: none"> ▪ Additional 8 weeks unpaid leave available per child for multiple births 	<ul style="list-style-type: none"> • Up to 12 weeks unpaid per FMLA; or • ≤8 weeks unpaid per MMLA <ul style="list-style-type: none"> ▪ Additional 8 weeks unpaid leave available per child for multiple births 	<ul style="list-style-type: none"> • Re-name policy: <ul style="list-style-type: none"> ▪ Care of Newborn Child by Spouse or Partner Leave • Faculty working at least 0.6 FTE: <ul style="list-style-type: none"> ▪ 2 weeks paid leave that can be taken intermittently over 6 month period following the birth of a child ▪ Additional 10 weeks of leave through use of accrued vacation and/or sick time. ▪ If no accrued time is available, additional 10 weeks can be taken unpaid • Faculty working less than 0.6 FTE or 1250 hours in past 12 months: <ul style="list-style-type: none"> ▪ Same benefits apply but are pro-rated according to percent FTE 	12 weeks paid for all faculty
<u>Adoptive or Foster Parent Leave</u>	<ul style="list-style-type: none"> • Same as paternal leave policy 	<ul style="list-style-type: none"> • Up to 12 weeks unpaid per FMLA 	<ul style="list-style-type: none"> • Re-name policy: <ul style="list-style-type: none"> ▪ Adoption and Foster Care Leave • For primary care giver*, see biological maternal leave recommendation • For secondary care giver, see Care of Newborn Child by Spouse or Partner Leave • *Policy will be developed and implemented through HR to determine primary care giver 	12 weeks paid for all faculty

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FF Policy	<u>Current BUSM Policy</u>	<u>Current FPF Policy</u>	Recommended Policy	Aspirational
Other Leave Policies				
<u>Short Term Medical Leave</u>	<ul style="list-style-type: none"> Faculty worked at BU <3 years <ul style="list-style-type: none"> Full salary* for ≤ 3 months Faculty who have worked at BU for ≥ 3 years <ul style="list-style-type: none"> Full salary* for ≤ 6 months Base salary cap is \$255K 	<ul style="list-style-type: none"> Employees who worked <3 years <ul style="list-style-type: none"> 67% base salary for ≤ 3 months Employees who have worked at BU for ≥ 3 years <ul style="list-style-type: none"> 67% base salary for ≤ 6 months 	<ul style="list-style-type: none"> FPF policy to mirror BU policy. 	
<u>Leave to care for ill family member</u>	<ul style="list-style-type: none"> ≤ 12 weeks/year unpaid (FMLA) 	<ul style="list-style-type: none"> ≤ 12 weeks/year unpaid (FMLA) 		
<u>Sabbatical</u>	<ul style="list-style-type: none"> Must be approved by Department Chair & BUSM Dean <ul style="list-style-type: none"> Faculty eligible after 12 semesters of full time work Half an academic year at full salary Full academic year at half salary 	<ul style="list-style-type: none"> Granted and funded at the discretion of the President 	<ul style="list-style-type: none"> Awareness of sabbatical policy Include in Profiles faculty who have taken sabbaticals (paid and unpaid) who are willing to share their sabbatical savvy Paid mini-sabbaticals for academic or clinical advancement up to six months at discretion of department Chair <ul style="list-style-type: none"> Faculty must agree to return to the institution 	<ul style="list-style-type: none"> Sabbaticals offered for one year with full salary Sabbaticals more easily granted to faculty

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FF Policy	Current BUSM Policy	Current FPF Policy	Recommended Policy	Aspirational
Flexibility in Work Hours				
Part-Time Work with Proportional Pay	Available and negotiated on case-by-case basis	Available and negotiated on a case-by-case basis	<ul style="list-style-type: none"> • Culture change <ul style="list-style-type: none"> ▪ Change perception that part-time work will prevent advancement ▪ Normalize talking about part-time with colleagues and supervisors • Include in Profiles faculty who have worked part-time who are willing to mentor about part-time 	Offer full benefits to part-time faculty
Phased Retirement	No written policy	No written policy	<ul style="list-style-type: none"> • Gradual workload reduction without loss of benefits on case by case basis as negotiated with chair • Recommendation: <ul style="list-style-type: none"> ▪ Increased awareness of phased retirement option ▪ Identify resources - person in Dean's Finance Office and in HR - who will advise faculty on phased retirement • Include in Profiles faculty who are willing to mentor about phased retirement 	Provide financial counseling for faculty member considering retirement.
On Campus Resources				
Lactation Space	<ul style="list-style-type: none"> • 2 lactation spaces available on BUMC campus <ul style="list-style-type: none"> ▪ Evans 744 ▪ Crosstown Building • Space must be reserved in advance 	Not mentioned in FPF Personnel Policies	<ul style="list-style-type: none"> • Designated lactation space in each building (contiguous) <ul style="list-style-type: none"> ▪ Cannot be a bathroom ▪ Needs to be free from intrusion ▪ Cannot have windows 	All lactation spaces are fully equipped with breast pumps, chairs and a refrigerator for storing milk
Onsite Childcare	Little Sprouts	Little Sprouts	<ul style="list-style-type: none"> • Increase awareness of Little Sprouts program 	
Back-up Childcare	None	None	Parents in a Pinch or Bright Horizons <ul style="list-style-type: none"> • Center-based care <ul style="list-style-type: none"> ▪ \$15 copay/day for one child; ▪ \$25 copay/day for more than one child • Home-based care <ul style="list-style-type: none"> ▪ \$6/hour ▪ 4 hour minimum 	Offer as a benefit faculty can enroll in and pay into each month

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FF Policy	Current BUSM Policy	Current FPF Policy	Recommended Policy	Aspirational
Back-up Eldercare	None	None	Parents in a Pinch or Bright Horizons <ul style="list-style-type: none"> • Home-based care <ul style="list-style-type: none"> ▪ \$6/hour ▪ 4 hour minimum 	Offer as a benefit faculty can enroll in and pay into each month
Faculty Staff Assistance Office	Faculty Staff Assistance Office	BMC Employee Assistance Program	Increase awareness of these resources and the scope of their work	
Future Directions				
Working Remotely	No policy – available to some faculty on a case-by-case basis	BMC allows employees to telecommute on a case-by-case basis. An agreement is established with the employee's manager that outlines the specific terms and approved by HR.		Offer option of working remotely to all faculty (excluding clinical obligations)
Flex Time	No policy	No policy		Offer flexible work schedule to faculty
Job Sharing	No policy	No policy		Increase awareness of job sharing option Have designated HR person aware of options
Telemedicine	No policy	No policy		Provide technology for physicians to see patients remotely, as appropriate.

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IV. Establishing and Implementing Faculty Flexibility

The American Council on Education and Sloan Foundation have established best practices to creating, implementing, evaluating and sustaining faculty flexibility policies, based on their work with higher education.

A. Creating flexibility

1. Assessing current status

- As a first step the task force reviewed the current status of faculty flexibility impacting BUSM faculty through the BU Faculty Handbook and the Faculty Practice Foundation Personnel Policies.
- The table in the previous section makes these policies transparent and accessible.

2. Eliminating bias

- The 2012 American Council on Education / Alfred P. Sloan Foundation faculty survey of BUSM, showed that nearly half of the faculty said they worried that asking for flexibility in their schedules or time off would have a negative impact on their career advancement.

B. Implementing flexibility

1. Increasing accessibility/transparency:

- Policies are less likely to be used if they are not readily accessible to all faculty members^{4,8,21}
- Website with all faculty flexibility policies clearly stated and links to where they are in the BU Faculty Handbook and FPF Personnel Policies. The following policies would be addressed on the website, clearly and concisely, with information about which faculty members are impacted:
 - Parental leave
 - Short term disability
 - Long term disability
 - Reduced workload / personal illness
 - Part-time appointments
 - Phased retirement
 - Working remotely / telecommuting
 - Retirement
 - Sabbaticals
 - Onsite childcare
 - Back-up childcare and eldercare
 - Lactation space
 - Faculty assistance office

2. Raising awareness and increasing knowledge

- Establish central person in Dean's Finance Office who oversees faculty flexibility and serves as resource for faculty members and holds administrative staff members accountable to their responsibilities in the realm of faculty flexibility policies.
- Establish a point person in BUMC Human Resources to provide further information about faculty flexibility policies to faculty.
- Train an administrative support staff person in each department or section to be familiar with faculty flexibility policies and to be able to direct faculty members to the appropriate resources.

C. Changing culture

- Studies of faculty flexibility policies at the top ten and big ten medical schools show that minimal use of such policies promotes the development of stigma against those who do use them.^{8,21}
- Endorsement and advocacy by institutional leadership
 - Presentations about policies to Executive Committee
 - Presentations by leadership about policies in faculty meetings
- Ensure knowledge about and measure use of faculty flexibility policies
 - Include a question about knowledge and use of policies in faculty annual reviews
 - Include a link to BUMC Office of the Provost website that includes faculty flexibility information
 - Provide contact information for Senior Human Resources Consultant who can provide additional information and resources
- Normalize discussion about faculty flexibility policies
 - Faculty seminar series about navigating use of faculty flexibility policies and work-life integration
 - Presentations on faculty flexibility and work-life integration at Medical & Dental Staff Meeting
- Reduce concern that taking advantage of faculty flexibility policies is detrimental to career advancement
 - Expand BU [Profiles](#)

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- Include annotation by faculty members of faculty flexibility policies they have used (e.g., part-time work, sabbatical, phased retirement)
- Faculty member can indicate if he/she is willing to serve as a mentor to others considering using the same policy.
- Measure attitudes toward faculty flexibility options and policy use through exit interviews conducted with all departing BUSM faculty members.

D. Evaluating flexibility

1. Baseline measurements of institutional attitudes:

- Results of 2012 Employee Engagement Survey question “BMC supports me in balancing my work life and personal life.”
 - 43% of physicians responded favorably
- Results of 2012 American Council on Education / Alfred P. Sloan Foundation survey on career flexibility. BUSM faculty members were compared to faculty members at 18 other institutions. Key findings include:
 - **Physicians’ responsibilities outside of the workplace.** More than half of physicians surveyed (57.7%) had some family responsibility outside the workplace, illustrating a potential need for more flexible policies
 - **Physicians feel that they do not have the flexibility they need.** Approximately one-third of physicians surveyed responded unfavorably to the statement “I feel that I have the career flexibility I need (25% somewhat disagree, 8.3% strongly disagree),” indicating the need for improvement of current flexibility policies.
 - **The faculty seems to support more flexible policies.** The vast majority of respondents responded favorably to the statement “Overall, my colleagues are supportive when I have a personal or family issue to take care of (73.1% strongly agree, 22.4% somewhat agree). This seems to illustrate that the faculty as a whole would be supportive of greater faculty flexibility.
 - **The culture of BUSM may need to be adjusted.** Although the faculty seemed supportive of greater faculty flexibility, almost half felt that asking for time off or a different schedule to meet their personal needs would prevent them from getting ahead in their career (24.5% strongly agree, 34.3% somewhat agree). In order for faculty flexibility policies to be used effectively, the culture at BUMC needs to be more accepting of those who chose to utilize these policies.
 - **Family Care Programs may need to be expanded.** At BUSM, 6.6% of respondents indicated that they have used some family care program (onsite childcare, emergency or temporary childcare, financial assistance/vouchers/stipends for offsite child or spousal/elder care). This is about half the percentage of physicians at all universities having used some family care program (12.1%).
- 2013 Climate Survey – Administered May 2013, results pending

2. Short term evaluation measures

- Institute policy of and conduct exit interviews for all faculty leaving BUSM
- Survey to measure awareness about faculty flexibility policies

3. Mid-term evaluation measures

- ACE / Sloan Foundation survey (will measure change against baseline)
- BMC Employee Engagement Survey
- Focus groups
- Use of faculty flexibility policies

4. Long-term evaluation measures

- Retention
- Survey to measure awareness about faculty flexibility policies
- Climate Survey results

E. Sustaining flexibility

1. Support and advocacy by senior faculty and institutional leadership
2. Promoting culture change
3. Funding flexibility

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V. Anticipated Benefits

A. Short term

1. Faculty flexibility leads to greater faculty satisfaction^{1,4,11}
2. Physician satisfaction leads to patient satisfaction^{1,11,22}

B. Long Term

1. Increased faculty retention rates^{2,23}
2. Lower financial burden on the institution¹²⁻¹⁴
3. Improve representation of women and under-represented minorities in higher academic ranks and leadership

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VI. Appendices

A. Models for Faculty Flexibility from Peer Institutions

Parental Leave Policies – Physician Organizations			
Institution	Maternal	Paternal	Adoptive
Tufts MC Physician Organization	8 weeks paid – STD Concurrent with 12 weeks unpaid FMLA Must use accrued vacation to be paid for last 4 weeks	12 weeks unpaid FMLA – must use accrued vacation to be paid	12 weeks unpaid FMLA – must use accrued vacation to be paid
Brigham and Women's Physician Organization	12 weeks off (8 weeks paid)	12 weeks off , payment not mandated and varies by Department	12 weeks off (8 weeks paid)
UMass Memorial Medical Group	Per FMLA - Up to 12 weeks; 8 weeks of salary continuation, remaining weeks either unpaid or may use vacation time.	Per FMLA - Up to 12 weeks; use vacation time, or if time is not available, leave is unpaid.	Per FMLA - Up to 12 weeks; use vacation time, or if time is not available, leave is unpaid.
Harvard Vanguard	Up to 12 weeks of job protection and use of accrued vacation or sick time (unpaid if unavailable). Can use short-term disability (60% salary) for 5 weeks if natural childbirth and for 7 weeks if C-section.	Up to 12 weeks of job protection and use of accrued vacation or sick time (unpaid if unavailable).	Up to 12 weeks of job protection and use of accrued vacation or sick time (unpaid if unavailable).

Parental Leave Policies – Medical Schools			
School	Maternal	Paternal	Adoptive
Harvard Medical School	12 weeks paid	4 weeks paid	4 weeks paid
Washington University St. Louis	Up to three months paid	Up to three months paid	Up to three months paid
University of Central Florida College of Medicine	Up to three months paid	Up to three months paid	Up to three months paid

Faculty Flexibility

Parental Leave Policies – Medical Schools

School	Maternal	Paternal	Adoptive
Temple University	6-8 weeks after birth of child paid		
Indiana School of Medicine	It is expected that paid leave periods will vary by need and circumstance and may extend across semesters		
Stanford University	<ul style="list-style-type: none"> • 4.5 months paid • Additional 6 weeks unpaid • 3 months of reduced teaching/clinical duties for new parents available. • 1 year unpaid childcare leave available. • Extension of appointment term and tenure/promotion deadline clock possible (1 year for each child, up to 3 years maximum) 	<ul style="list-style-type: none"> • 7 weeks paid • Additional 5 weeks unpaid • 1 year unpaid childcare leave available. • Extension of appointment term and tenure/promotion deadline clock possible (1 year for each child, up to 3 years maximum) 	<ul style="list-style-type: none"> • 7 weeks paid • Additional 5 weeks unpaid • 1 year unpaid childcare leave available. • Extension of appointment term and tenure/promotion deadline clock possible (1 year for each child, up to 3 years maximum)
University of Washington, Seattle, WA	3 months paid	3 months paid	3 months paid
University of Maryland	8 weeks paid	8 weeks paid	8 weeks (if child is under 6 years old) paid
University of Utah School of Medicine	12 weeks (total of 24 weeks max over faculty member's career) paid	12 weeks (total of 24 weeks max over faculty member's career) paid	12 weeks (total of 24 weeks max over faculty member's career) paid

Faculty Flexibility

Parental Leave Policies – Medical Schools

School	Maternal	Paternal	Adoptive
UMass School of Medicine	Up to 12 weeks unpaid	Up to 12 weeks unpaid (unclear if this is true if father is not primary care provider)	<ul style="list-style-type: none"> Up to 12 weeks unpaid Institution provides access to adoption consultation and assistance services)
University of Texas Health Sciences Center Medical School	<ul style="list-style-type: none"> Up to 12 weeks paid (if accrued time is available) Up to 12 weeks unpaid (if accrued time is not available) 	<ul style="list-style-type: none"> Up to 12 weeks paid (if accrued time is available) Up to 12 weeks unpaid (if accrued time is not available) 	<ul style="list-style-type: none"> Up to 12 weeks paid (if accrued time is available) Up to 12 weeks unpaid (if accrued time is not available)
University of Rochester	Up to 12 weeks unpaid	Up to 12 weeks unpaid	Up to 12 weeks unpaid
Case Western Reserve University	<ul style="list-style-type: none"> 16 weeks paid for primary caregiver 3 weeks paid for secondary caregiver Policy does not differentiate based on maternal/paternal or biological/adoptive 	<ul style="list-style-type: none"> 16 weeks paid for primary caregiver 3 weeks paid for secondary caregiver 	<ul style="list-style-type: none"> 16 weeks paid for primary caregiver 3 weeks paid for secondary caregiver

Back-up Child and Eldercare at Peer Institutions

Institution	Back-up childcare services	Back-up eldercare services
Physician Organizations		
UMass Memorial Medical Group	Program available through partnership with UMass Medical School	Assistance and referrals available through Employee Assistance Plan (EAP)
Brigham and Women's Physician Organization	Back up childcare available at 850 Boylston 20 days per year	Through EAP employment assistance program you can get counseling and suggestions to help with Eldercare but we don't have a formal eldercare program or discounts
Tufts Medical Center Physician Organization	Parents in a Pinch	Parents in a Pinch

Faculty Flexibility

Back-up Child and Eldercare at Peer Institutions		
Institution	Back-up childcare services	Back-up eldercare services
Steward Health Care System	None provided	None provided
Medical Schools		
UMass Medical School	Parents in a Pinch <ul style="list-style-type: none"> Available to faculty only Faculty pay full cost of services 	Parents in a Pinch <ul style="list-style-type: none"> Available to faculty only Faculty pay full cost of services
Texas Tech University Health Sciences Center & Medical School	None – faculty member may take vacation time	None – faculty member may take vacation time
University of Utah	None	None
University of Texas Health Sciences Center at Houston	Employee assistance program helps faculty find these services by providing referrals to external vendors	Employee assistance program helps faculty find these services by providing referrals to external vendors
Ohio State University	None	No services provided; Some support information available through HR website, including adding elderly parents to benefits and contacting the Employee Assistance Program for support and referrals
University of Washington	Bright Horizons childcare centers – faculty member pays \$100/day for services	No services provided; faculty members are eligible to use available paid sick/medical leave as family care leave, as per Washington State law. Faculty can also take up to 90 days of unpaid leave under FMLA.
Case Western Reserve	None – faculty member may request modified workload if longer term care is required	None – faculty member may request modified workload if longer term care is required
Stanford	Bright Horizons Back-up Care Advantage <ul style="list-style-type: none"> Center-based care <ul style="list-style-type: none"> \$15 copay/day for one child; \$25 copay/day for more than one child Home-based care <ul style="list-style-type: none"> \$6/hour 4 hour minimum Stanford reimburses up to \$160/year for co-pay costs Available for up to 10 days/year 	Bright Horizons Back-up Care Advantage <ul style="list-style-type: none"> Home-based care <ul style="list-style-type: none"> \$6/hour 4 hour minimum Stanford reimburses up to \$160/year for co-pay costs Available for up to 10 days/year

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers				
Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
Georgetown University School of Medicine	No	<ul style="list-style-type: none"> • Tenured faculty • 55 or older • 10 or more years full time service 	<ul style="list-style-type: none"> • Different from PT policy • Cannot reverse process • Office of Faculty and Staff Benefits advises 	<ul style="list-style-type: none"> • Faculty remain eligible for benefits throughout phased retirement
Howard University	Yes	<ul style="list-style-type: none"> • Tenured faculty • Age plus years of service are 70 or greater • Application process; determined on case-by-case basis 	<ul style="list-style-type: none"> • Available for limited time (2012-2017) • Faculty member can take retirement immediately or work up to 5 years; can work 25-100% across 5 years but can only decrease over time, not increase 	<ul style="list-style-type: none"> • Must work at least 25% to be eligible for benefits • Must give up tenure to enroll in phased retirement • Incentive payment
Indiana School of Medicine	Yes http://www.indiana.edu/~uhrs/benefits/phasedretire.html	<ul style="list-style-type: none"> • Full-time tenured faculty • 65 or older • 10 or more years of continuous full-time service 	<ul style="list-style-type: none"> • 20 percent to 50 percent time. • Period of Phased Retirement may be no shorter than 12 months and no longer than 36 months. • Requires commitment to an irrevocable date of separation (retirement) 	<ul style="list-style-type: none"> • Continued eligibility for all employee benefits provided to full-time employees, including University contributions to medical and dental coverage. • Retirement Plan contributions will be based on actual salary paid. • Faculty member may withdraw funds from Retirement Plan account.
University of Arkansas for Medical Sciences	No, though discussions have begun to create one			

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers				
Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of Connecticut School of Medicine	No			
Harvard University	<ul style="list-style-type: none"> • No current program • Time-limited option offered several years ago 			

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers

Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of Iowa	<p>Yes</p> <p>http://www.uiowa.edu/hr/benefits/retire/phased_current.html</p>	<ul style="list-style-type: none"> • University faculty, professional and scientific, and merit system staff members holding permanent appointments of 50-percent time or greater are eligible to participate in the University's phased retirement program. • 57 or older • 15 or more years of service 	<ul style="list-style-type: none"> • Approval of the appropriate dean and the Office of the Executive Vice President and Provost is necessary for faculty • Approval of the appropriate dean, vice president, or Director of University Hospital and Clinics, as well as the Senior Vice President for Finance and Operations or designee, is necessary for professional and scientific and merit system staff. • 50 – 65% FTE (50% in 5th year) • Phase out over 5 years (3 preferred) • Once phased retirement is initiated, employees may not return to a full-time appointment. 	<ul style="list-style-type: none"> • Institution and staff member contributions will continue for life insurance, health and dental insurance, and disability insurance at the same levels • University retirement contributions to TIAA/CREF will be based on the salary which would have been obtained had the individual continued a regular appointment • FICA, Iowa Public Employee Retirement System, or Federal Civil Service System. Contributions will be based on the staff member's actual salary during the partial or pre-retirement period. • Accrual of vacation and sick leave will be based on percentage of appointment. • An individual participating in this program will be allowed access to up to 99% of their CREF retirement funds

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers

Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of Louisville	Yes http://louisville.edu/provost/faculty-personnel/phase-retirement-options-for-university-of.html	<ul style="list-style-type: none"> • Term faculty paid from general funds although schools may develop alternatives for faculty paid from restricted funds (grants/clinical revenues) • At least 70 years old • 10 or more years of service 	<ul style="list-style-type: none"> • Dean evaluates each request, makes recommendation to Provost who has final approval • Initial 2 year trial period after which President shall evaluate plan for extension • FTE 33 – 50% (determined by department chair in consultation with other department faculty) • May participate in plan for no less than 1 year no more than 3 years 	<ul style="list-style-type: none"> • Same full health insurance and other benefits available to full-time faculty • Continuing University contribution to retirement funds (proportional to percentage of work effort) • Tuition remission benefits remain
Marshall University Joan C. Edward School of Medicine	No			
Memorial Sloan-Kettering Cancer Center	No, but starting to consider the issue			
University of North Carolina	Yes http://www.northcarolina.edu/policy/index.php?pg=dl&id=s347&inline=1&return_url=%2Fpolicy%2Findex.php%3Fpg%3Dvb%26tag%3DChapter%2B300	<ul style="list-style-type: none"> • Full time tenured faculty only • Must be at least 60 years old • Must have served at the institution for at least 5 years • Chief Academic Officer has final say on who among these faculty are eligible based on institutional needs/constraints 	<ul style="list-style-type: none"> • Upon entering the program faculty give up tenure • Terminate full time work and begin half time contract • Phased retirement lasts between 1 and 5 years <ul style="list-style-type: none"> ○ Can be terminated at any time by faculty member, with the consent of the institution 	<ul style="list-style-type: none"> • Salary is 50% of full time salary immediately prior to phased retirement • Retain professional rank • Each institution within the UNC system determines the benefits available to faculty in phased retirement

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers

Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of Pennsylvania	Yes http://provost.upenn.edu/uploads/media_items/ii-e-9-retirement.original.pdf	<ul style="list-style-type: none"> Tenured, clinician-educator, research, and academic clinicians eligible Must be eligible for retirement by university policy. Participation in the program requires <ul style="list-style-type: none"> agreement between the faculty member and the chair of the faculty member's department and agreement to move to full retirement at the end of the period of phased retirement 	<ul style="list-style-type: none"> Minimum 50% time Maximum period of 6 years Cannot resume full time work 	<ul style="list-style-type: none"> All benefits are continued during the period of phased retirement, but those benefits linked to salary are proportionately reduced.
University of Rochester	Yes http://www.rochester.edu/provost/assets/PDFs/Faculty_handbook.pdf	<ul style="list-style-type: none"> Full-time, tenured faculty members 62 or older 10+ years of service Participation must be approved by the provost upon the recommendation of the dean or director of the individual's college or school 	<ul style="list-style-type: none"> The Faculty Senior Associates Program enables an individual to leave the full-time faculty in advance of the normal retirement age. The program is based on the termination of the tenure contract rather than on retirement itself 	<ul style="list-style-type: none"> Benefits coverage for participants between the ages of 62 and 70 is the same as for active, full-time faculty members except for income maintenance programs such as long-term disability, sick pay benefits, and retirement contributions
Rush University	No			
San Juan Bautista School of Medicine, Puerto Rico	No			

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers

Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of South Florida	<ul style="list-style-type: none"> Morsani College of Medicine: Faculty do not have formal phased retirement program Non-Medicine faculty have a phased retirement program http://usfweb2.usf.edu/human-resources/pdfs/collective-bargaining/uff-agreement-2010-2013.pdf			
Stanford University School of Medicine	No			
SUNY Upstate	No		<ul style="list-style-type: none"> Retirement incentive allows faculty who are choosing to retire to do so either after 6 months full time or to go half time for a year 	
University of Texas Health Sciences Center	Yes	<ul style="list-style-type: none"> Tenured faculty only 	<ul style="list-style-type: none"> In UT system, must be full time to be tenured. Phased retirement offers 3 years of part-time work before full retirement while maintaining tenure status 	<ul style="list-style-type: none"> Retain benefits of tenured faculty during the three years of phased retirement HR advises faculty on phased retirement benefits
Texas Tech University Health Sciences School of Medicine	No formal policy but interested in studying the possibility			

Faculty Flexibility

Phased Retirement at Selected Academic Medical Centers

Institution	Formal Policy?	Eligibility	Logistics	Impact on Benefits
University of Utah	<p>Yes</p> <p>http://regulations.utah.edu/human-resources/5-309.php</p>	<ul style="list-style-type: none"> • Tenured and non-tenured faculty eligible • 55 or older • At least 5 years of continuous service • Eligible for and enrolled in one of the retirement programs offered by the University • Subject to administrative approval and approval of the terms and conditions reflected in a written contract 	<ul style="list-style-type: none"> • FTE percentage must be reduced by at least one fourth over the same or reduced appointment period • The FTE level initially agreed upon may later be reduced in decrements of .25 FTE or more by an addendum to the contract. • May be approved on a one-year trial basis in the form of a partial leave of absence at reduced pay 	<ul style="list-style-type: none"> • Unless specific provisions to the contrary are included in an individual's Phased Retirement Agreement with the University, person is entitled, for the duration of the agreement, to same status and employment benefits as he/she had attained prior to the effective date of the agreement. • Entitled to financial incentive payments to compensate for reduced retirement contributions (difference between what University contributes to participant's retirement fund before and after phased retirement takes effect)

Faculty Flexibility

B. References

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C. Other Resources

- AAMC
- American Council on Education / Sloan Foundation
 - <http://www.acenet.edu/leadership/programs/Pages/Alfred-P-Sloan-Projects-for-Faculty-Career-Flexibility.aspx>