

Associate Professors' Faculty Development Needs
Boston University Department of Medicine

During November and December, I spoke with six midcareer faculty members about how the Faculty Development and Diversity Committee could support them more effectively. A summary of their responses reveals some key themes:

The search for funding dominates their **career trajectory**.

- Is it the hamster wheel all over again? Writing grants, not getting funded.
- It's a constant test: Can you publish this paper, get that grant?
- The fundamental problem is working on grants and writing grants at the same time. By definition that's more than 100% effort.

Advancing science and providing direct benefits to patients and trainees **energize** them.

- I find running the fellowship among my most satisfying things. That's the largest impact I have.
- My science is what keeps me. I love the lab, the meetings.
- I love figuring out with people how best to shape their career.
- I love BMC, the patients. I love the wards. I still touch people, sit on their beds, and hug them.
- I like meeting with people who want or need input about their projects. I help run the fellowship program. When everything is going well with the fellows, it makes me happy.

They seek **institutional support** for their contributions.

- I like running DRX, but I don't get credit for it, and I don't want to be hassled for the RVUs.
- I'm interested in transparency. Opening up the books, showing where the institution is. Then I can see where to position myself.
- We need individual strategic planning. We have these skills, but the environment outside is not very clear to us. Where do we fit in the picture?

They see the value in faculty development but it does not rise above **other academic priorities**.

- There are a whole bunch of interesting topics. Right now I'm juggling balls but not getting supported. I'd love to have time for these, but there isn't time.
- I'd like to go, but it's hard to carve out the time. I would consider it if you could get bought out of clinical work or get a mini-sabbatical to go on it.
- First, midcareer people are really busy with teaching, labs, too many things going on. Adding one more meeting could be really too much.

Most relevant for them is building **interpersonal and advocacy skills**.

- Priority is how to strategize and network and get institutional support for your needs.
- For me, the most important skill is envisioning what the next steps of my career would be.
- Working in teams—authorship has been an issue. Senior people don't have to be last author. It's the midcareer people that need it for promotion. I haven't seen a lot of generosity.
- Strengthening resiliency—when a grant is not scored, you feel awful, that you're no good at this. So many times I've thought I'll just have to see more patients. To hear from more senior people would be helpful.
- Networking effectively—nowadays all science is done in teams. People who move on are those who know how to create networks and make them productive.

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Recommendations

1. Consider **one-on-one** approaches. Associate professors do not have a clear picture of the path to promotion and would like individualized guidance coming up with a strategy. We could connect faculty with a senior colleague in their field from another institution for a long-range career planning session.
2. Offer a structured program only if participants can be **compensated for their time**. Midcareer faculty members recognize particular areas where they could benefit from peer mentoring and skill development. Yet, they will not commit time to a formal program unless they receive credit in the form of reduced RVU targets or salary credit.
3. Leverage their **willingness to mentor**. Because midcareer faculty enjoy giving input on projects and advising on career advancement for trainees, involve them more directly with medical students, residents, and fellows. A meet the mentor mixer to bring together trainees and midcareer faculty would allow them to make direct contributions to the next generation of health care professionals.
4. Focus on **securing funding and renewing grants**. Respondents indicated comfort with teaching and clinical responsibilities. Their greatest anxiety is in maintaining their research programs. The Department could offer a pool of bridge funding for PIs who need a small amount of protected time to write the renewal for an R01 award.

Respondents:

Male: 2

Female: 4

Clinician investigators: 5

Basic scientist: 1

Focus group: 1

Interviews: 3