

Mid-Career Faculty Development Program

Proposal for the BUMC, BMC & FPF Leadership
BOSTON UNIVERSITY MEDICAL CAMPUS MID-CAREER TASK FORCE

8/19/2013

Mid-Career Faculty Development Program

Dear Provost Antman, Ms. Walsh, Dr. Creevy and Dr. Coleman,

- According to BU's climate survey and the literature, mid-career faculty members are the most dissatisfied faculty group; many experience feelings of isolation and disengagement.
- Mid-career faculty members constitute the largest segment of the faculty, and often are the most productive in the institution.
- BUSM has concerning indicators regarding faculty engagement. According to the BMC faculty engagement survey, BMC has substantively lower faculty engagement scores than national averages. In addition, there have been troubling faculty retention issues over the past few years.
- Losing mid-career faculty is costly in morale, institutional expertise, and patient access/retention. Economic estimates of costs of losing one faculty member vary by track and specialty but are between about \$100,000 to \$600,000 per faculty member.
- To address these issues, faculty members and institutional leaders from across BUSM, BUSPH, BMC, the BU School of Education, 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 developed a comprehensive program designed to meet the specific needs of mid-career faculty members.
- We propose implementing a year-long program that uses experiential and project-based learning to foster inter-disciplinary collaboration, self-reflection and evaluation, broad peer and senior mentoring networks, and the development of strategic leadership skills.
- The proposed program will have a positive impact on faculty engagement, address pressing needs identified by institutional leaders through work on projects, and increase faculty capacity to innovate and collaborate effectively across disciplines.

Respectfully submitted,

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I. Executive Summary

A. BUMC definition of mid-career in academic medicine – late Assistant and Associate Professors

B. Importance of Mid-Career Faculty Development to BUMC/BMC

1. Mid-career faculty are least satisfied and at highest risk for leaving their institutions^{1,2}
2. The AAMC 2011 analysis of retention of faculty at U.S. medical schools indicated that physicians who are more satisfied with workplace culture are less likely to have intentions to leave the institution³
3. Status of faculty engagement and satisfaction at BUMC/BMC shows areas of concern:
 - 2012 ACE/Sloan Foundation Faculty Benchmarking Survey found that 32.9% have taken steps in the past or are taking steps to leave the institution in the next few years.
 - 2012 BMC Physician Group Employee Engagement Survey rank BMC at the 5th percentile and showed clinical faculty had less commitment to the workplace than the national average.
4. Faculty turnover is a large financial burden and negatively impacts student and patient satisfaction.

C. Impact and Return on Investment of Mid-Career Faculty Development for BUMC/BMC

1. Enhance the core competencies needed in future BUMC/BMC leaders.
2. Accomplish institutional goals through interdisciplinary group projects, which will address BUMC/BMC needs by fostering innovative team science and clinical care during and after the program.
3. Improve faculty recruitment, retention, advancement, and vitality.^{1,2 4-6}
4. Improve academic prominence of BUMC/BMC through investing in the faculty.
5. Establish a pool of faculty with transformational clinical, research and institutional leadership skills, from which departmental, clinical and program leaders may be selected.
6. Increase diversity of future institutional leaders through inclusion of under-represented minorities and women in program.^{6,7}

D. Proposal of Mid-Career Faculty Development Program

1. Program Structure

- Longitudinal program
- Competitive application process to select 12 BUSM applicants + 6 BUSPH & GSDM
- Individual and institutional commitment
- Interactive didactic sessions facilitated by BU faculty on mid-career core competencies
- Cross-disciplinary group projects based on needs identified by BUMC/BMC leadership
- Multilevel mentoring networks of institutional senior leadership, senior faculty and peers

2. Program Evaluation Metrics

Short term	Mid-term	Long term
360 evaluations before and after program	Individual markers of success	More engaged and satisfied faculty
Engagement & vitality scales	New initiatives	Lower faculty turnover rate
Accomplishment of project milestones	Student & resident evaluations	2 nd generation interdisciplinary projects
		Scholarly project dissemination

3. Program Budget and Funding Sources

Activity	Pilot Cost	Subsequent years
.10 FTE for 12 BUSM participants*	~\$210,000	\$210,000
Salary support: Course Director	†	20% + fringe [‡]
Salary support: Administrator	†	30% + fringe [‡]
Edible: Lunch and dinner during retreat, sessions and dinners	†	\$10,000
360 evaluations (e.g. Center for Creative Leadership)	†	\$7,000
Personal Leadership Inventory (e.g. PACE tool)	†	\$200
Honoraria for guest speakers	†	\$2000
**Program evaluation (statistical and analytical support)	†	\$10,000
Administrative supplies	†	\$200
Total	~\$210,000	\$239,400 + ‡
*0.10 FTE not to exceed benefited base (\$255,000). Potentially from CARTS for clinical faculty & from Departments for non-clinical faculty;		
†During the pilot year, all program costs, except participant %FTE, will be covered by ACE /Sloan Foundation grant support;		
**In kind support for program evaluation also provided by BU faculty.		

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II. Scientific Evidence for Mid-Career Faculty Development

A. Mid-career is the longest and, in most cases, the most productive phase of academic life⁸

1. Covers as much as 15 to 25 years of one's professional career
2. During this period, most faculty members teach a majority of their students, produce the bulk of their scholarship and publications, and serve in a variety of expert and leadership roles
3. Faculty in the middle years represent the largest segment of the academic profession

B. Mid-career faculty may be the most dissatisfied¹

1. Preliminary results of a national survey of professors by the Collaborative on Academic Careers in Higher Education (COACHE) at Harvard University has found that on most measures, associate professors have lower job satisfaction levels than both assistant and full professors.
 - Associate professors ranked last at support for interdisciplinary work, mentoring, getting course release time to do research, and obtaining support to present papers at conferences
 - Associate professors ranked last on satisfaction with the share of their time spent on research.
 - On global questions about satisfaction, associate professors were least likely to say that they would choose to work again at the same institution, to say that they were satisfied with their department as a place to work, and to say that they were satisfied with their institution as a place to work
2. Dissatisfaction may result from miscommunication between mid-career faculty and more senior colleagues. Mid-career faculty may also interpret the lack of resources and formal supervision to suggest diminishing institutional support. Meanwhile, their senior colleagues may see this as a sign that the previous level of support is no longer needed and that the faculty member is succeeding.²

C. Mid-career faculty attrition is expensive and losses of mid-career faculty have the largest financial impact on the institution.

1. Precise figures vary by faculty member and specialty, but the Faculty Practice Foundation (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.
2. Arizona College of Medicine studied the hidden costs of faculty attrition⁹
 - Overall turnover rate ranged from 5-8% between 2000-2004 with the highest turnover occurring among assistant professors (10%) and the lowest among full professors (3%).
 - 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.
3. 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.¹⁰
4. Faculty turnover also has negative impacts on patient satisfaction:
 - Not enough physicians to see the volume of patients, leading to increased patient wait time.
 - Patients' frustration with the lack of continuity of care and may lead them to seek care at other hospitals.

D. Faculty development programs may increase faculty retention and facilitate success

- Study at University of California, San Diego School of Medicine between 1988 and 2005 created matched sets of participants and non-participants in a junior faculty development program.⁴
 - Retention of junior faculty who participated in faculty development program was significantly higher.
 - Academic success of faculty development participants was consistently greater for faculty that participated in faculty development program – particularly for leadership and professional activities.
- Literature review conducted at University of Toronto Faculty of Medicine to determine the impact of leadership training programs at academic medical centers, which often target mid-career faculty, on physicians' knowledge, skills, attitudes, behaviors and outcomes.⁵
 - Reviewed ten studies on the implementation and evaluation of a leadership program for physicians in academic medical centers.

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- Results showed that leadership programs have a positive effect on participants' advancement, likelihood of hospital leadership position and number of papers published, when compared with faculty who did not participate in the programs.

E. Although the ideal faculty development program varies from institution to institution, all faculty development programs should have certain components. Baldwin et al. conducted a national web-based investigation to identify strategies designed to address the needs of mid-career faculty in colleges and universities.⁸

- Found that the programs fell into several broad categories:
 - Mid-career awareness/mid-career information resources (websites)
 - Programs for career planning, development and renewal
 - Mentoring or networking
 - Teaching support
 - Research support
 - Awards and recognition
- Proposed that the ideal faculty development program would involve:
 - Career reflection and assessment
 - Career planning (short and long term)
 - Career action/implementation
 - Collegial support
 - Resources
 - Reinforcement

F. Principal components of mid-career programs at peer academic medical institutions (summary of each institution's program(s) can be found in section C of the Appendix)

1. Senior and peer mentorship
2. Leadership training
3. Project based learning
4. Longitudinal
5. Emphasis on diversity
6. Coaching

III. Proposed BUMC/BMC Mid-Career Faculty Development Program

A. Overview

After reviewing the scholarly literature and mid-career faculty development programs at our peer institutions, the BUMC Mid-Career Faculty Development Task Force proposes the launching of a mid-career faculty development program for faculty participants from all BUMC institutions, led by a team of facilitators from across BUMC and the Charles River Campus that meets over the course of one year.

The proposed comprehensive program promotes faculty career development, institutional engagement and academic productivity, through interdisciplinary project-based learning, the creation of mentoring networks and development of effective leadership skills.

B. Core Competencies for Mid-Career Faculty (complete program overview is in Section A of Appendix)

1. Achieving insight: Appraisal of strengths and areas for growth
2. Formulating an individual plan
3. Collaborating laterally with colleagues
4. Developing organizational savvy
5. Change leadership
6. The value proposition: improving quality and efficiency
7. Managing staff and team-building
8. Appreciating and leveraging diversity, bridging differences (generation, sex, race)
9. Communicating effectively
10. Achieving work/life integration

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11. Professional resiliency
12. Being a good mentor and mentee
13. Creating the next advantageous opportunity
14. Finance and budgeting
15. Educating the next generation
16. Scholarship and advancement

C. Key elements of an effective mid-career program

1. **Longitudinal:** A program that meets over the course of one year facilitates participant integration of the theories and skills they are learning in the program by application to their daily work. The longitudinal approach also allows participants to share their successes and challenges with their peers throughout the year and benefit from their peers' experiences and support. By meeting consistently over the course of a year, the impact of the peer mentoring relationships that form is much deeper than it would be from a shorter program. The length of the program also enables inter-disciplinary teams to reach multiple milestones on their projects.
2. **Project-based:** Participants work in teams on projects that are of importance and interest to them and the institution. Over the course of the program participants can apply the skills they are learning and refining to the project, promoting the true mastering of the content. Progress on the project provides a tangible metric to evaluate the program's success and enhances the participant's promotion prospects. Priorities for projects will be determined in collaboration with the BUMC Provost, the President and CEO of BMC, and the CEO of the FPF, or their designees.
2. **Collaborative:** Mid-career faculty often site isolation as a factor contributing to their overall dissatisfaction. The many opportunities for collaboration in this program, through project groups, small group work and case discussions, help faculty members feel more connected to their colleagues across the BU Medical Campus throughout and following the program.
3. **Commitment:** Participants commit to prepare for and actively participate in all sessions and in their group projects. Program participants, department heads, and institutional leaders all demonstrate the seriousness of their participation by devoting resources to the program.
4. **Multilevel:** The program begins with individual self-reflection and development of an individual development plan. Group projects are a cornerstone of the program, and many sessions include experiential learning and case based discussions that foster peer learning. The emphasis on mentoring and relationships built with the senior program facilitators promote mentoring networks and productive relationships with colleagues across disciplines and academic rank.
5. **Needs driven:** The core competencies and curriculum are based on the stated needs of mid-career faculty members at BUMC and across the country. Though there is an established curriculum, there is also flexibility based on assessments and group needs. The topic of the group projects are ones identified by senior BUMC/BMC leadership as institutional priorities.
6. **Evaluative:** The program provides opportunities for ongoing assessment and the incorporation of participant feedback to improve the program. Senior facilitators and institutional leaders involved with the project groups also are asked for their input at the mid-point and end of the program. In addition, by establishing a control group and continuing assessment for two to five years after the end of the program, long term impact will be measured.

D. Program Structure

1. **Target audience**
 - Mid-career faculty [late Assistant Professors and Associate Professors] from across BUMC, including women and under-represented minorities
 - Clinician educators
 - Clinician investigators
 - Basic scientists
 - Faculty with administrative / management responsibilities
2. **Timeline**
 - Applications accepted in summer and early fall 2013

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- Accepted applicants notified in October 2013
- Pre-Program Preparation – fall 2013
 - Pre-program survey measuring faculty satisfaction, confidence, resiliency, and productivity
 - 360 Evaluation
 - Assigned readings
- Program runs from February – December 2014
 - Initial meeting: 2 days
 - Review of 360s
 - Use PACE Personality Assessment Tool
 - Individual Development Plan
 - Projects and groups established
 - Community building
 - Full group sessions: 2 full days every other month over subsequent 11 months
 - Interactive seminars with senior BU/BUMC faculty and select external facilitators
 - Small group work
 - Case-based discussions
 - Problem-based learning
 - Projects:
 - Project ideas generated by all members of cohort and BUMC/BMC leadership prior to program start. Examples include:
 - Recruiting and retaining diverse faculty members
 - Improving opportunities and outcomes from online learning
 - Care in the patient-centered medical home
 - Improving grading and student evaluations
 - How to deliver quality education to students in the current RVU climate
 - Creating a system of scientific review and mentoring for researchers' grants across BUMC
 - ICU care standardization
 - How to effectively engage alumni
 - Expanding call center services
 - Innovations for Health System Transformation
 - Projects selected and groups formed during initial two-day session
 - Conduct project work and meet with groups outside formal meeting 8 hours per month
 - Project group composition:
 - 3-4 people per group
 - Diverse with regard to discipline, skills sets and strengths
 - Conversation Cafe Meetings
 - Participants attend sessions featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers.
 - President Bob Brown
 - BU Provost Jean Morrison
 - BUMC Provost Karen Antman
 - BMC President and CEO Kate Walsh
 - BUSPH Associate Dean of Public Health Practice Harold Cox
 - GMS Provost Linda Hyman
 - FPF President Bill Creevy
 - BUSPH Acting Chair of Health Policy and Management, David Rosenbloom
 - School of Management leader
 - Other inspiring leaders
- Program completion:

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- Graduation and dinner
 - Alumni are involved in improving the program for the following year
 - All alumni serve as mentors for the following year's cohort
3. **Application**
 - Proposed project
 - Clear rationale for participation
 - Personal stakeholders identified
 - Identification of 2-3 colleagues considered a match in section or department
 4. **Group composition**
 - 16-20 mid-career faculty from BUSM, BUSPH and BUGSDM
 5. **Commitments**
 - Commit to full participation in program and as an active group member
 - Securing sponsorship from their academic chairperson
 - Attending at least 80% of the sessions over the year
 - Fulfills team project responsibilities
 - Evaluating the program during the sessions, mid-year, immediately post-program, one year post-program and two to five years post-program
 - Creating their own mentoring network
 - Serving as a mentor for the following year's program participants
 - Completing assigned questionnaires, readings and other projects
 - Achieving stated benchmarks for proposed project

IV. Program Assessment

A. Establish control group

1. Applicants not accepted
2. For each accepted participant:
 - 1 faculty member in the same section/department indicated as an equivalent match by participant's supervisor
 - 2-3 faculty members in the same section/department indicated as equivalent matches by participant

B. Baseline measurements – Fall 2013

1. Individual participant change
 - Faculty resiliency / satisfaction / intention to stay at BU measured through validated instrument(s)
 - 360 evaluation
2. Institutional change
 - 2013 Climate Survey results
 - Student and resident evaluations
 - Patient satisfaction
 - Turnover rates among clinical and non-clinical faculty
 - Stated reasons for leaving, as determined through exit interviews
3. Program mid-point check-in – June 2014
 - Individual interviews to assess participant
 - Progress on group projects
 - Progress in achieving individual milestones of success
 - Change in confidence in skill sets targeted by first half of program
 - Ideas for improving the program in the second half

C. Short term evaluation – December 2014

1. Individual participant change

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- Resiliency/ satisfaction / intention to stay at BU measured through validated instrument(s)
- 360 evaluation
- Presentations at McCahan, Evans or research days

2. Institutional change

- Accomplishment of milestones on group projects

D. Mid-term evaluation – December 2015

1. Individual participant change

- Accomplishment of individually determined markers of success

2. Institutional change

- New faculty initiatives
- Continued progress or completion of program group projects
- Student and resident evaluations
- Patient satisfaction

E. Long-term evaluation – December 2016 – 2020

1. Individual participant change

- Faculty resiliency/ intention to stay at BU measured through validated instrument(s)

2. Institutional change

- Faculty satisfaction
 - Climate survey
 - Faculty annual reviews
- Lower turnover rate
 - Stated reasons for leaving as determined through exit interviews

F. Limitations

1. Small number of participants during the pilot year does not allow for accurate assessment of institutional impact.
2. There are many factors that impact faculty, which make it difficult to attribute success or failure, as determined by evaluation metrics, to the program.
3. Due to financial constraints across the institution, only 0.10 FTE of protected time is being requested for faculty members to participate in this program. However, this may not be enough protected time for participants to fully engage in all program elements, including face-to-face class time, pre-class preparation and group project work.

V. Program Dissemination

A. Communication

1. Outreach across BUMC to raise awareness about the program

B. Research

1. What impact does this mid-career faculty development program have on faculty vitality and productivity?
 - Which elements are most transformative?
2. How does this comprehensive mid-career faculty development program differ from others that focus only on leadership training or mentorship?
3. What are best practices in building an effective mid-career faculty development program?
 - What elements best reinforce the core competencies of mid-career faculty?
 - What are the differences between leadership training and faculty development?

C. Dissemination

1. Publish results of research
2. Impact the field of faculty development

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VI. Program's Anticipated Impact on BUMC/BMC

A. Short-term benefits

1. Participants
 - More engaged
 - Feel valued and heard
 - Increased confidence in skill sets addressed by curriculum
 - Better understanding of how to navigate their careers
 - Improved mentor networks
 - Feel less isolated
 - Interdisciplinary collaborations
 - Better equipped to win NIH K24 awards
2. Departments, BUMC, BMC
 - More vital faculty
 - Participants and their supervisors, colleagues, students/trainees and patients will all reap benefits from more engaged, innovative and collaborative colleagues.
 - Higher productivity
 - Accomplishment of milestones on projects that meet the institution's needs

B. Long-range benefits

1. Participants
 - Feel more supported by institution and are more likely to stay at BUMC
 - Increased rates of promotion
 - Effective leaders
 - Better colleagues / team members
 - More skilled across wide range of areas
 - More productive
 - Sense of connection to colleagues across the medical campus and senior leaders
2. Departments, BUMC, BMC
 - Enhanced cross-disciplinary translational educational, research, and clinical collaborations that promote transformative management and exceed accreditation guidelines.
 - Lower attrition
 - More diversity in institutional leadership
 - Increased clinical and scholarly productivity from segment of faculty that has great potential that is often untapped
 - More attractive to prospective faculty who can see the institution has a real commitment to faculty development at all stages

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VII. Appendices

A. Program Curriculum Overview

Core Competency	Learning Tools/Format	Potential Facilitators	Preparatory work	Learning Goals
Achieving insight: appraisal of strengths & areas for growth	<ul style="list-style-type: none"> • Self-assessment • Review of 360 evaluation • Personal Leadership Inventory (e.g., PACE) 	<ul style="list-style-type: none"> • Luanne Thorndyke, Vice Provost for Faculty Affairs, UMass Medical School, Chair of AAMC Group on Faculty Affairs 	<ul style="list-style-type: none"> • 360 evaluation • PACE 	<ul style="list-style-type: none"> • Self-reflection and awareness • Recognizing personal leadership skills and deficiencies • Importance of establishing a persona of integrity
Formulating an individual plan	<ul style="list-style-type: none"> • Individual Development Plan 	<ul style="list-style-type: none"> • Cynthia Fuhrmann, Assistant Dean, Career & Professional Development, Graduate School of Biomedical Sciences at the UMass Medical School 	<ul style="list-style-type: none"> • Create an Individual Development Plan (at the beginning and end of program) 	<ul style="list-style-type: none"> • Reflect on personal goals <ul style="list-style-type: none"> ○ Short term: 1-2 years ○ Long term: 5-10 years
Collaborating laterally with colleagues	<ul style="list-style-type: none"> • Select project • Project teams <ul style="list-style-type: none"> ○ Establishing roles ○ Establishing ground rules ○ Establish timelines 	<ul style="list-style-type: none"> • Kathy Kram, Richard C. Shipley Professor of Management, Organizational Behavior, BU SMG 	<ul style="list-style-type: none"> • Identify 1-2 projects <ul style="list-style-type: none"> ○ Congruent with career goals ○ Valuable to BUSM / BMC 	<ul style="list-style-type: none"> • Securing commitment from colleagues willing to assist • Establishing roles • Setting ground rules • Reciprocity • Managing conflict
Developing organizational savvy	<ul style="list-style-type: none"> • Organizational Chart BMC/BUSM • Strategic plan BMC/BUSM • Have Institutional Leaders present for 20-30 minutes & 30-40 minutes of Q&A 	<ul style="list-style-type: none"> • Bob Witzburg, Associate Dean and Director of Admissions, BUSM • Ravin Davidoff, Chief Medical Officer, BMC 	<ul style="list-style-type: none"> • Identify & interview 2 institutional leaders relevant to your project • SWOT analysis 	<ul style="list-style-type: none"> • Pitching an idea • Understanding challenges, opportunities and power <ul style="list-style-type: none"> ○ Assessing stakeholder needs ○ Prioritizing goals, projects • Dealing with departure of colleagues • Recognizing influence without authority • Effective negotiation strategies
Change leadership	<ul style="list-style-type: none"> • Case study examining medical student education in context of funding cuts and higher RVU targets • Case studies of change management from industry 	<ul style="list-style-type: none"> • William Kahn, Professor, Organizational Behavior, BU SMG • John F. McCarthy, Associate Professor, Organizational Behavior, BU SMG • Wendy Mariner, Professor of Health Law, Bioethics and Human Rights, BUSPH 	<ul style="list-style-type: none"> • Read cases and prepare for discussion 	<ul style="list-style-type: none"> • Strategies for excelling in a changing field <ul style="list-style-type: none"> ○ NIH funding cuts ○ Changes in healthcare

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Core Competency	Learning Tools/Format	Potential Facilitators	Preparatory work	Learning Goals
The value proposition	<ul style="list-style-type: none"> • Case study of complex challenge facing low resourced healthcare setting • Case study of transformational research in the face of cut backs 	<ul style="list-style-type: none"> • Eric Poon, Vice-President, Chief Medical Information Officer, BMC • Jonathon Simon, Chair, International Health, BUSPH 	<ul style="list-style-type: none"> • Read case and prepare for discussion 	<ul style="list-style-type: none"> • Improving quality and efficiency • How to deliver a better product with fewer resources • Fostering innovation
Managing staff and team-building	<ul style="list-style-type: none"> • 30 minute didactics & 30 minute Q&A <ul style="list-style-type: none"> ○ Leading meetings ○ Difficult conversations ○ Hiring & firing • Role play <ul style="list-style-type: none"> ○ Difficult conversation • Discuss cases <ul style="list-style-type: none"> ○ Conflicts 	<ul style="list-style-type: none"> • Linda Hyman, Associate Provost, Graduate Medical Sciences, BUSM • Linda Heffner, Chair, OBGYN, BUSM • SMG faculty to be named 	<ul style="list-style-type: none"> • Develop a case from own experience of conflict or difficult conversation • Background reading <ul style="list-style-type: none"> ○ Leading meetings ○ Managing teams 	<ul style="list-style-type: none"> • Leading meetings • Drawing on the strengths of team members • Supporting team members • Creating an environment of collaboration instead of competition • Managing conflict • Having difficult conversations <ul style="list-style-type: none"> ○ Giving feedback ○ Effective hiring and firing and role reassignment
Appreciating and leveraging diversity	<ul style="list-style-type: none"> • Discuss cases - Engaging <ul style="list-style-type: none"> ○ Colleague if they are disrespectful ○ Colleague of different race/ethnicity 	<ul style="list-style-type: none"> • Rafael Ortega, Associate Dean of Diversity, BUSM • Robbin Chapman, Associate Provost and Academic Director of Diversity & Inclusion, Wellesley College 	<ul style="list-style-type: none"> • Unconscious bias / implicit assumptions • Take race, gender & age modules 	<ul style="list-style-type: none"> • Recognizing how people's backgrounds impact interactions with colleagues and patients • Appreciating different perspectives (e.g., generation, sex, race, education, job title) • Skill building on how to engage effectively and respectfully with all colleagues
Communicating effectively	<ul style="list-style-type: none"> • Brainstorm dos and don'ts of email • 1 on 1 discussion with colleague about one's own challenges and opportunities for improvement • Large group report out 	<ul style="list-style-type: none"> • Angela Jackson, Assistant Dean of Academic Affairs, BUSM • Rafael Luna, Research Fellow, Harvard Medical School, Scientific Storytelling 	<ul style="list-style-type: none"> • Personal SWOT analysis <ul style="list-style-type: none"> ○ Oral ○ Written 	<ul style="list-style-type: none"> • Oral – being articulate, concise, using appropriate terms and descriptions • Written – business writing, expanding vocabulary <ul style="list-style-type: none"> ○ Electronic media ○ Memoranda ○ Letters of agreement ○ Contracts
Work/life integration	<ul style="list-style-type: none"> • Small group discussion of challenges that generate creative solutions 	<ul style="list-style-type: none"> • Judith Jones, Chair, Department of General Dentistry, BU GSDM 	<ul style="list-style-type: none"> • Reflections <ul style="list-style-type: none"> ○ What is working? ○ Commit to areas for improvement 	<ul style="list-style-type: none"> • Wellness / stress management • Time management • Avoiding burnout • Considering needs at different stages of our careers

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Core Competency	Learning Tools/Format	Potential Facilitators	Preparatory work	Learning Goals
Professional resiliency	<ul style="list-style-type: none"> •Case-based learning •Role play 	<ul style="list-style-type: none"> •Elaine Hylek, Professor, BUSM •David Ozonoff, Chairman Emeritus, Environmental Health, BUSPH •Basic scientist, to be named 	<ul style="list-style-type: none"> •Self-reflection <ul style="list-style-type: none"> ○ Resilient – what worked? ○ Stuck – how did you remobilize 	<ul style="list-style-type: none"> •Accepting setbacks: using setbacks as opportunities for growth and change •Navigating the ups and downs of a career in academic medicine
Being a good mentor and mentee	<ul style="list-style-type: none"> •Case-based learning 	<ul style="list-style-type: none"> •Emelia J. Benjamin, Vice-Chair, Faculty Development & Diversity, DOM, BUSM 	<ul style="list-style-type: none"> •Develop a case from your own experience 	<ul style="list-style-type: none"> •Providing effective support to mentees •Providing and eliciting feedback and evaluation
Creating the next advantageous opportunity	<ul style="list-style-type: none"> •Workshop by Tobe Berkovitz 	<ul style="list-style-type: none"> •Tobe Berkovitz, Associate Professor, BU College of Communication 		<ul style="list-style-type: none"> •Graceful self-promotion •Presentation and public speaking skills •Interacting with public media •Interacting via social media
Finance and budgeting	<ul style="list-style-type: none"> •Case-based learning <ul style="list-style-type: none"> ○ Groups review project budget 	<ul style="list-style-type: none"> •Michael White, Associate Dean for Finance & Administration, BUSM •Bill Creevy, President, Faculty Practice Foundation •Nalin Kulatilaka, Professor, Management, Finance, BU SMG 	<ul style="list-style-type: none"> •Groups develop project budget <ul style="list-style-type: none"> ○ Optimal ○ Contingency 	<ul style="list-style-type: none"> •Understanding finance in healthcare •Creating a budget •Reading a spreadsheet
Next Generation Education	<ul style="list-style-type: none"> •Develop mock curricula •Practice interactive presentations 	<ul style="list-style-type: none"> •Kitt Shaffer, Vice-Chair for Education, Department of Radiology, Chair of BUSM A&P Committee •Lisa Sullivan, Associate Dean of Education, BU School of Public Health •Mary Shann, Professor, Educational Leadership & Policy Studies BU School of Education 	<ul style="list-style-type: none"> •Reflect on a lecture you give and revamp it to be more interactive •Revise after the session to incorporate new approaches learned 	<ul style="list-style-type: none"> •Utilizing creative teaching strategies •Engaging the millennial learner •How to approach curriculum development •Evaluating programs and curricula

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Core Competency	Learning Tools/Format	Potential Facilitators	Preparatory work	Learning Goals
Scholarship and advancement	<ul style="list-style-type: none"> Teams Report out plans, successes & challenges with dissemination 	<ul style="list-style-type: none"> Vasan Ramachandran, Chief, Section of Preventative Medicine & Epidemiology, DOM Barbara Corkey, Vice-Chair of Research, DOM David Center, Associate Provost for Translational Research Director, BUMC, Chief, Pulmonary, Allergy and Critical Care Medicine, DOM 	<ul style="list-style-type: none"> Groups plans project dissemination <ul style="list-style-type: none"> Manuscripts MedEd Portal Meeting Presentations Curriculum Press Commit to project sustainability <ul style="list-style-type: none"> Grants 	<ul style="list-style-type: none"> Dissemination/publication of research and other work Securing financial and strategic support <ul style="list-style-type: none"> Intramural/institutional support, seed money Extramural grants Foundations Scientific writing

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B. Mid-Career Development Models: Other Academic Medical Institutions

1. Leadership Development for Physicians and Scientists (Harvard Medical School)

- Two and a half day program
- Target audience – late assistant and associate professors
- Many panels discussions of hospital and academic leaders on wide range of leadership issues
- Some sessions common to everyone and others specific to phenotype
- High value in networking with senior faculty and peers

2. Brigham Leadership Program “Mini MBA”

- Takes place over one year (4 modules that are 2 ½ days each)
- Overnight stay at Harvard Business School during each module
- Meet with project group separately throughout the year
 - Each person gives a project idea at the beginning of the course
 - VPs also provide ideas of projects they are interested in
 - Projects are selected and people divide in groups of 5-6
 - Team projects are developed over the course of the year

3. Stanford University Faculty Fellows Program

- **Selection Process**
 - Includes 14 to 16 participants each year
 - Candidates are nominated by their department chairs and other supervisor
 - Ranked on the basis of leadership potential and demonstrated commitment to building diversity.
- **Three Major Components:**
 - **Monthly Dinner Meetings** - Fellows attend monthly meetings featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers.
 - **Small-group Leadership Mentoring** - Faculty members with the rank of full professor serve as volunteer mentors to groups of four or fewer participants. The groups meet once between each of the dinner meetings to discuss leadership challenges specifically and in general. Other topics, such as work/life balance issues, are also open for discussion.
 - **Development Planning** - Fellows identify opportunities for growth and development. The result is a personalized career development plan that they work with their chair or division chief to implement. Both the fellow and chair/division chief are encouraged to implement the process for successfully developing career development plans with others they supervise.

4. Stanford Leadership Development Program

- **Selection Process**
 - Includes 25-30 participants each year.
 - Open to all ranks of faculty.
 - Selection for the program begins with being nominated by a senior leader. Nominees who are interested complete a short application.
 - Participants are selected by a committee made up of Senior Deans and Senior Leadership Team members based on demonstrated commitment to building diversity, current leadership activities and potential for growth as a leader.
- **Leadership Projects**
 - With the help of a coach, participants design and implement a three-month team project to improve operations or create or improve programs in the school or hospital.
 - Previous projects have included business planning, clinical process improvement, new curriculum development and creation of interdisciplinary research programs.
- **Leadership Training**
 - Physicians participate in six day-and-a-half long meetings during the year
 - Instruction on topics including leadership, finances, human resources and diversity

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- Curriculum includes affecting change, team dynamics, project management, negotiation, influence without authority, developing diversity, managerial accounting, an overview of the school and hospital, and dealing with difficult conversations.

5. **Indiana Healthcare Leadership Academy (IHLA)**

- Series of monthly workshops for mid-career and senior faculty and healthcare executives
- Aim of the program is to provide participants with a comprehensive understanding of the core competencies for healthcare leaders
- The curriculum for IHLA includes the following:
 - Star Performance Leadership and Change Leadership
 - The Fundamentals of Negotiation
 - Meaningful Conflict Management and Dealing with Difficult People
 - Health Care Finance
 - Health Care Quality
 - Strategy and Marketing

6. **Drexel University: Executive Leadership in Academic Medicine (ELAM)**

- Intensive one-year program of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry and public health
- For **senior women faculty at the associate or full professor level** who demonstrate the greatest potential for assuming executive leadership positions at academic health centers within five years
- The curriculum of this program is designed to address **four fundamental competencies**
 - Strategic Finance and Resource Management
 - Personal and Professional Leadership Effectiveness
 - Organizational Dynamics
 - Communities of Leadership Practice

7. **University of Toronto NEAL (New and Emerging Academic Leaders Certificate Program)**

<http://www.cfd.med.utoronto.ca/programs/leadership.html>

- **Participants**
 - Faculty with appointments in Faculties of Medicine or Health Sciences throughout the world with academic leadership roles/responsibilities (Vice-deans, chairs, vice-chairs, chiefs of academic departments, research program or institute leads)
 - University unit heads (clerkship, residency, graduate program, clinical education, work placement, curriculum or center leaders)
- Participants will be competent in the four practices of academic leadership: Intrapersonal, Interpersonal, Organizational, System
- **Structure**
 - Three 4-day modules over the course of one year
 - Coaching and web-based distance learning in between modules
- **Unique Features of the Program**
 - Focus on university leadership activities or roles within the academic health science network
 - Workplace-based learning
 - Application of learning to an academic leadership project
 - Participants working on context relevant stretch goals and shared issues
 - Individual coaching
 - Leadership shadowing
 - Enabling change in complex academic health science settings.
 - Building collaborative and distributed leadership capacity
 - Development of a network of academic leaders

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D. Additional Resources

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