

# ACLGIM FACULTY RECRUITMENT AND RETENTION WORKSHOP

---

KATIE BENSCHING OREGON HEALTH SCIENCES UNIVERSITY

MARK EARNEST UNIVERSITY COLORADO

MO NADKARNI UNIVERSITY OF VIRGINIA

# WORKSHOP AGENDA

- 145-155 intro
- 155-200 selection of role plays
- 205-210 role plays #1 session
- 210-215 table debrief
- 215 -235 group debrief
- 235--240 break
- 240-245 role plays#2 session
- 245-250 table debrief
- 250--310 group debrief
- 310- 315 Key points/ wrap up.

# WORKSHOP AGENDA

- 315-325 intro
- 325-330 selection of role plays
- 330-335 role plays #1session
- 335-340 table debrief
- 340-400 group debrief
- 400-405 break
- 405-425 role plays#2 session
- 425-430 table debrief
- 430-450 group debrief
- 450-500 Key points/ wrap up.

# RECRUITMENT AND RETENTION

40% report problems recruiting new faculty

Fundamental shift in workforce , nationally

4.4 million left jobs in February

The Great Resignation of 2021

Healthcare Turnover

54% physicians leave their first job within 5 years. 45% planned to leave within a year 43% retire

High cost of turnover.– 500K to 1 million for institution 979 million for Medicare alone

Covid highlighted remote work so thoughtful flexibility is vital

# VITAL COMPONENTS OF RECRUITMENT

- Know and disseminate the job description you are looking for
- Cast a wide net for applicants : online ads, journals, social media , professional associations listserves colleagues
- Balanced search committee
- Look for best fit ( mutual)
- Be able to highlight the best parts of your division
- Have a dedicated admin and MD ( you or delegate())overseeing the process
- Onsite interviews: applicant hosted well...hotel, greeted for breakfast, meals with other faculty, have the right people in the room, ensure wrap up with chief/hiring MD
- F/u rapidly as possible after visit./ regular communication with applicant
- Well overseen onboarding process ( clinical buddy)
- Don't Forget Spousal/Family Needs



# VITAL COMPONENTS OF RETENTION

- Listen first then listen some more
- Discover driver/motivating force for staying or leaving
- Acknowledge excellence of faculty
- Mission Based care/culture of collaboration ( how fast does clinic coverage occur?)
- Ongoing communication
- Mentoring/Formal and informal Faculty Development
- Create and train for leadership roles
- Diversity is a good thing Try to avoid shoulder tapping.
- Nonfinancial Incentives

# SPECIFIC COMPONENTS OF RETENTION

- Ongoing communication; weekly updates, informal vs formal
- Ensuring a dedicated faculty development and mentoring program
- Tracking progress and regular meetings regarding Promotion and Tenure ( spreadsheet)
- Nominate faculty for awards: track timing to coincide with P and T
- Create leadership roles and train many for them ( LEAD/TEACH/LEAHP/ELAM executive leadership etc.)
- Thoughtful Flexibility
- Collaboration outside division. –divisions, depts., deans office, practice plan ,community
- Transparency: explain hard decisions.
- Equity/Inclusion: everyone has a seat at the table

# RECRUITMENT RETAINMENT SCENARIOS

- 1. The new recruit
- 2. Early faculty wants to expand teaching/research role
- 3. mid career faculty expert being recruited by another institution
- 4. Prima Donna senior faculty trying to leverage outside offers
- 5. Post Covid requests for change: work more remote
- 6. Family obligations: managing faculty caring for either new child or eldercare
- 7. Faculty feels disrespected/under appreciated
- 8. Managing “special deals made, addressing older faculty with Salary inequity
- 9. Faculty being recruited to community/private practice for much higher pay
- 10. Internal Candidate passed over for external Candidate



# #1 NEW FACULTY RECRUIT : CHIEF

- You are division chief of a moderate sized academic GIM division who is recruiting for three positions
- 1) Academic clinician educator faculty working 8 sessions per week precepting and direct care at the resident faculty clinic
- 2) Clinician mainly seeing direct patients 8 sessions a week with opportunity to teach some residents and students periodically rotating through the practice. Can do some inpatient if desired
- 3) Clinician seeing direct patients 8 sessions per week in a satellite clinic, which has a 20K higher salary than the other two.
- You would really like to fill the third position as this has been hard to recruit for.
- You have had some difficulty in the past organizing interviews, doing onboarding and ensuring a smooth ramp up period, but want to make sure this goes better with these recruits.

# #1 NEW FACULTY RECRUIT : FACULTY

- You have are just finishing up a GIM/Primary care residency and looking for your first job. There are 3 open positions at your home institution with varying pay, clinical time and teaching responsibilities. Your spouse has accepted a GI fellowship at this institution. You would like to remain academic and do at least some teaching. You would like to stay in the area, you also have significant student loans. You are a bit nervous about starting up in attending role and want to make sure you have adequate mentoring both clinically and academically; but in the end staying in the area is your top priority.

# #1 NEW FACULTY RECRUIT : DISCUSSION

- Need to assess priorities of applicant. What is most important? What are leverage points amongst the three jobs? Balance divisional needs with Applicant's needs. Find best fit
- Need to assess skill level. Comfort level and potential for both clinical and educational roles
- Need to assure excellent interview and onboarding process, with explicit ramp up period clinically and assigned mentoring academically
- Need to assure good communication during this interaction but also excellent and close f/u with applicant
- interview day tip. Make sure applicant greeted in am, has meals with current faculty and has a wrap up session with div chief /hiring supervisor prior to departure.

## #2 EARLY FACULTY PROTECTED TIME: CHIEF

You are a division chief of a large clinical faculty that mostly has clinicians and clinician educators with a few research faculty. The faculty member is a very busy and good clinician looking to get protected time to do some medical education research. You would like to retain him/her. Time is generally not protected without a funding source. You do have a limited endowed fund that could be used for research support but others might want to use this too and the faculty member does not have research experience.



## #2 EARLY FACULTY PROTECTED TIME :FACULTY

You are a busy clinician in an academic practice working 6 sessions per week seeing patients directly and 2 session's precepting residents. You are mildly burning out on clinical care but have some ideas you'd like to pursue in GME related educational interventions in the clinic setting and would like some protected time. You are asking for support to have a day per week to pursue these research/educational ideas. If you don't get the time you will likely cut down to part time instead.



## #2 EARLY FACULTY PROTECTED TIME :DISCUSSION

- Listen well to establish needs of faculty.
- Acknowledge burnout issues, and that she is doing an excellent clinical job your desire to support faculty member.
- Assess for other sustainable resources available for protected time. ( faculty development fund .other grants? Do you have an open inclusive process to assure equity.
- Weigh whether protecting her time is good use of funds if yes, negotiate outcome parameters that warrant further funding and expectations for productivity and future grant funding. If No, work with him/her to adjust clinical burden to address his/her burnout.
- set up objective measures and possibly committee to decide on funded time.

## #3 MID CAREER FACULTY RECRUITED OUTSIDE: CHIEF

You are a division chief of a growing academic GIM program which has been mostly clinician/education oriented but is starting to see headway in the research arena, with several funded outcomes researchers, and many medical education research projects ongoing. Your fellowship trained faculty member approaches you to let you know she/he is considering interviewing at a larger institution which is recruiting research faculty. She/he indicates that there is an active recruitment with an offer of 50% protected time (she/he now has 20%) and a salary which is 25K higher albeit in a much more expensive city. You would definitely like to retain this faculty member. There is an endowment fund that could possibly protect some of the faculty's time. You are also starting a GIM fellowship program and could use leadership for that program.

## #3 MID CAREER FACULTY RECRUITED OUTSIDE: FACULTY

You are a 35 year old GIM fellowship trained faculty member at the institution for about 7 years. You are active clinically but have also gained success in outcomes research and last year obtained funding via both the Robert Wood Johnson Foundation and AHRQ. You like your job at this institution but are now being recruited by several more research based institutions, one of which is offering you 50% protected time and a 25K higher salary, albeit in a much more expensive city. You would like to negotiate to stay at your current institution.

## #3 MID CAREER FACULTY RECRUITED OUTSIDE: FACULTY

- 1) Acknowledge and compliment faculty on their great success
- 2) listen and assess faculty needs. Is she/he considering staying at all? What things would you need to provide in order to retain the faculty member? More protected time? A salary increase? An offer to lead the fellowship program? Tailor your offer to the faculty's highest priorities.
- 3) consider other sources for retention ( departmental , SOM other)
- 4) Focus on positives of your division (we helped you get successful) and how she/he can succeed here and what support you can provide going forward/commitment to faculty's success if stays.
- 5) Grass not always greener: might get lost in bigger institution, higher salary negated by higher cost of living;



## #4 PRIMA DONNA DEMANDING FACULTY :CHIEF

You are a new Division Chief of a successful large GIM division. A senior faculty member requests a meeting with you to discuss his/her future in the division. This Faculty member is successful but has a long history of interviewing at other institutions and then demanding salary increases and other concessions. His/her salary is already higher than other faculty at the same level. The prior division chief has acquiesced to prior demands when she/he notifies the chief of outside offers... She/he does not collaborate well with others and has not stepped up to mentor younger faculty, however she/he has a successful small practice and is academically very active, with many publications and some grant funding. This faculty member, frankly, has been a thorn in your side but to date you always felt positives outweigh the negatives. Depending on his/her demands you would consider not changing his/her contract/duties/support.



## #4 PRIMA DONNA DEMANDING FACULTY :FACULTY

You are a senior faculty member at a successful academic GIM division. You have sought job positions in the past at other institutions and successfully negotiated with the past division chief increased salary and support related to outside offers. Because of your stature You do not feel you have to do some of the duties of other faculty such as weekend call, med student precepting, and have not successfully mentored younger faculty. You feel you are one of the superstars of the institution and would rather stay at the current institution.

## #4 PRIMA DONNA DEMANDING FACULTY :DISCUSSION

- 1) Listen and assess faculty's intent and likelihood of leaving
- 2) Decide if you actually want to retain this faculty member at all.
- 3) If not willing to provide salary increases /support/ new titles, ensure faculty that he/she is valued but due to equity issues you cannot provide the desired requests.
- 4) Inform him/her that you would be sorry to see him/her leave but understand if the outside offer is too good to pass up.

## #5 POST COVID REQUEST FOR REMOTE WORK : CHIEF

Virtual visits are not filling consistently as patients want to be seen in person again and access for new patients is limited in most of the PC clinics. Your clinic leadership announces the next schedule pivot: those faculty limited session per week will no longer have all virtual sessions; they will need to come into for office again for each session. Several faculty have asked for exceptions and your medical director and practice manager seek your input. In addition one faculty has emailed you directly asking to meet. She/he is a dedicated clinician educator, was offered an SOM UME coach role and need further schedule changes. She is requesting, in addition to reduced CFTE , a 'non-standard' schedule to facilitate remote work as much as possible (continued batched virtual visits, in person clinics ending by 2 pm, no afternoon precepting sessions).

## #5 POST COVID REQUEST FOR REMOTE WORK : FACULTY

You have two school aged children and a spouse who has a demanding career. Covid has also lead you to reconsider priorities. You want to do more educational work so , applied and was offered a SOM UME coach position, AND you work only during school hours ( would love to coach the kids soccer team, eg ). You realize the working remotely has reduced your stress significantly ( avoid commute, able to manage small household chores during the day, etc) and want to limit in person clinics to once a week. You are willing to do virtual visits other days for an hour a day. You worry that leadership will not be receptive to such a request, especially since you are asking/ expected to reduce your clinical fte to take the educational role. You decide to go to the division head first, as opposed to medical director, as you you will be asking for a cfte reduction AND you think they will be more receptive to your schedule request.



# #5 POST COVID REQUEST FOR REMOTE WORK :DISCUSSION

- Articulate your support and laud the faculty for their success and the new role.
- Acknowledge the “conflict” between standardization and customization/ flexibility -to both practice leadership and the individual faculty. There will always be “conflict” between our various missions ( academic, service, clinical, educational ; staff/ faculty wellness ). You need to navigate/ balance these conflicts.
- • Outline principles / guidelines for consideration of scheduling exception requests.
- o Including impact on patients/ clinical team/ faculty – in no particular order
- o Seek to be “consistent,’ “fair” “unbiased” in these decisions
- • When you meet this faculty , avoid managing what is not your role (in this case detail of clinic scheduling )
- • Is there a compromise?
- o Suggesting to practice leadership a pilot for a defined time period with review ( add more virtual sessions if successful)
- o Consider negotiating the transition / start date with the SOM UME FTE
-



## #6 FAMILY OBLIGATIONS REQUIRE CHANGE: CHIEF

- You are division head of a large division with lots of pressure to improve access for more PC patients. You have a new rather 'green' medical director who has been fielding a lot of sick calls from stressed faculty. You also notice there seem to be more pages for urgent coverage and learn the nearly all have been to cover this new faculty whose parents just moved in with her due to health issues. Faculty member wishes to meet about options given her mother's illness.

## #6 FAMILY OBLIGATIONS REQUIRE CHANGE: FACULTY

- You started as new faculty positions just 2 months. You have let the division head know about your mom's illness and uncertain course. Before starting the new role you had time off and moved both parents across the country to live with your family ( husband, two teenage children) anticipating your mom will need care and support. You are grateful that you were allowed several months off between positions but know that the clinic team has been covering extra patients and precepting sessions. Many patients have been waiting to see you, their new doctor. Two months into this new role, your mom's cancer progresses, requiring many appointments and treatments , as well as medication changes. You have tried to keep up with your clinic and precepting but have had to cancel at the last minute several times in the last few weeks.

## #6 FAMILY OBLIGATIONS REQUIRE CHANGE: DISCUSSION

- Express empathy to faculty's difficult home situation.
- • Most of our faculty are highly engaged professionals who feel a strong sense to duty to their patients and colleagues. It can relieve sometimes of the guilt of the faculty to know the team would rather have them out a little more with time to plan than manage the last minute cancellations.
- • Rely on your admin and HR staff to understand options and rules about leave, esp FMLA. Eg need to 1250 hours employed to qualify for FMLA.
- • Be sure to communicate with those one your team who process time off, leave, FMLA, and other leaves.
- Consider encouraging donations of vacation/sick time to a "time bank"
- • Always assume employee wishes no info is shared of course. But if appropriate situation I do ask what does the employee wish to share ?
- • Physicians as employees and physicians managers must remember they are not the ones to decide how much an employee can work, etc. – the care team of the employee should .

## #7 FACULTY DISRESPECTED/UNDERAPPRECIATED: CHIEF

- You have hired 2-3 clinician educators each year for several years as your institution wants to grow GIM. One faculty has been quite successful and has been described as 'a star.' They have received a mini educational grant from SOM their first year on faculty, started a new ms 1 and 2 preceptorship which is spreading to other clinic and disseminated this innovation. Yet, clinic and admin leaders have noted they have expressed dissatisfaction when requests have not been fully granted ( schedule issues eg). Others have told you this faculty has said "I don't feel supported by the institution." The faculty has asked to meet with you about FTE, check in. Note this faculty has applied for more position , grants and awards then any of the other new faculty in recent years. They are on trajectory for earlier promotion ( at 5 years).



## #7 FACULTY DISRESPECTED/UNDERAPPRECIATED: FACULTY

- You are an md phd ( in epidemiology) early in your clinician educator career. You are quite discouraged. As a first year faculty you received a mini education grant ( but not FTE) with another new faculty and started a new preceptorship program. You are told that this is an outstanding program but when you propose growing this program to the UME leadership, they do not support transitioning all the preceptorships to this model nor will they split fte support now given to the preceptorship directors. You have asked for some admin support but SOM nor the DOM ED office nor the Division can provide it. You decide to stop this novel preceptorship program and vow never to commit to a project without FTE support .



## #7 FACULTY DISRESPECTED/UNDERAPPRECIATED: DISCUSSION

- You do not yet have all the information you need. Listen, ask questions, understand as best as possible their concerns, goals, career direction
- \* Part of your job is to help them feel valued and to honor the work they have done in that role and the value they bring to the organization.
- \* Can you find a way to offer them a different leadership role or set of responsibilities that would keep them whole in their academic time? (either in your division, the department, or perhaps through a negotiation with the Dean's office?)
- \* Can you work with the Dean's office to find a way to recognize and celebrate their contributions?
-

## #8 OLDER FACULTY PAID LESS THAN NEW RECRUITS: FACULTY

- You have worked hard at your job for 20 years and have built a reputation as a master clinician and educator. Many of the school's faculty come to you for primary care and students and residents seek you out for mentorship. You were initially excited to learn that one of your mentees was offered a job on the faculty. When they disclosed their salary offer, you learned that they would be making 10% more than you in their first month on faculty. You feel angry and unappreciated. You've made an appointment with the division chief to share your complaint and demand an explanation. You like your job, but the unfairness of the situation has made you wonder if you can stay in it.

## #8 OLDER FACULTY PAID LESS THAN NEW RECRUITS: DISCUSSION

- You need to acknowledge the unfairness that is real and apparent to the faculty member AND the challenge of recruiting against much higher pay in the community.
- • You need to defend your need to hire people (if you cannot, clinical work for existing faculty will get harder, practice performance metrics will get worse)
- • You need to voice your commitment to use this opportunity to raise everyone's salary and work diligently to make this happen

## #9 PRIVATE PRACTICE HIGHER PAY COMPETITION : CHIEF

- You are the division chief of a medium sized division. Your faculty are mostly clinician educators. Compensation for your faculty is typically 15-20% lower than clinical jobs in the community. Your faculty have a number of opportunities to teach including precepting residents in their continuity practice, attending on the wards and precepting students who work with them in clinic. In addition, there are a small number of opportunities for protected time for education in the undergraduate medical curriculum and the residency. You are approached by a faculty member who tells you of an offer they have received to take a job in the community. The job would mean a \$35,000 raise. They are trying to decide what to do and are asking if you could increase their compensation.



## #9 PRIVATE PRACTICE HIGHER PAY COMPETITION : DISCUSSION

- You should seek to understand as much as you can about their perspective
- o Is the financial dimension of this offer primarily an issue of how they feel valued and respected for their work or is it related to financial challenges they face at home?
- o What are the non-financial rewards they value in their current job? How much do they value teaching and mentoring and the creative aspects of an academic career?
- • If they are under a lot of financial pressures, you may have fewer options. If they greatly value the non-clinical aspects of their work that they would lose in another job, this is an opportunity for appreciative inquiry to help them really explore these aspects of their current job
- • Is there an equitable way to increase their pay a little or to offer some protected time for something they do that is of value to the division or the department? Stipends or protected time for leadership responsibilities can offer you some flexibility for recognizing them in a way that may help them feel more appreciated and respected without having to fully match the \$35,000 that the other job would pay.

## #10 INTERNAL CANDIDATE PASSED OVER: CHIEF

- You are division chief of a medium sized division. One of your faculty members is an outstanding teacher and for the past year, has been working as an assistant dean on an interim basis, overseeing a portion of the medical school curriculum. They have enjoyed the role very much. There was a national search to fill the position permanently. After several months, a candidate from another institution was offered the job. Your faculty member comes to you for advice. They are struggling to see their future here and are feeling unappreciated. They are considering looking for jobs elsewhere. You would like to retain them.

## #10 INTERNAL CANDIDATE PASSED OVER: FACULTY

A little over a year ago, a much beloved member of the faculty retired, leaving open their position as an assistant curricular dean. The Senior Associate Dean for Education asked you to fill the role as an interim, explaining that there would be a national search but you would be welcome to apply for the permanent position. You took the job and gave up some FTE in the primary care residency to enable you to do it. You put your heart into it and instituted a number of new innovations in the curriculum. Last week, the SADE informed you that they had selected someone from an outside institution for the permanent position. She sincerely thanked you for your service, but let you know that the support for your role would go to this person in two months. She did not offer you any other opportunities. You do not want to increase your clinical FTE and feel you've lost ground relative to what you had before you took the job. You feel unsupported and unappreciated and wonder if you need to look for a job somewhere else.

# #10 INTERNAL CANDIDATE PASSED OVER:DISCUSSION

- People in interim roles often become very attached to the roles. When they are passed over for the permanent position, they may interpret that not in light of the other person's qualities, but as fundamentally a personal rejection.
- Part of your job is to help them feel valued and to honor the work they have done in that role and the value they bring to the organization.
- Part of your job is try to mitigate their loss in as concrete a way as you can.
- Can you find a way to offer them a different leadership role or set of responsibilities that would keep them whole in their academic time? (either in your division, the department, or perhaps through a negotiation with the Dean's office?)
- Can you work with the Dean's office to find a way to recognize and celebrate their contributions?



# KEY POINTS

- Listen Listen and Listen again
- Know faculty goals and Division goals and work for best fit
- Understand Divisional and Institutional Resources Available
- Thoughtful Flexibility, Creative Solutions
- Express Appreciation and Demonstrate You Value Their Work