

It's Not Me, It's You:

Organizational Goals for Addressing Faculty Retention

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Learning Objectives

By the end of this workshop, attendees will be able to:

- ☐ **Describe challenges contributing to faculty retention on a national level**
- ☐ **Problem-solve retention challenges at division/department levels**
- ☐ **Identify retention strategies to address faculty retention issues at the local level**

Discussion

Is faculty retention an issue at your institution?

- What are the driving factors?
- What strategies, if any, has your department implemented to mitigate this?

If faculty retention is not an issue... what are factors that contribute?

The doctor is out? Why physicians are leaving their practices to pursue other careers



The New York Times

Why Doctors Are Calling It Quits

News & Analysis

Medical News & Perspectives

Pushed to Their Limits, 1 in 5 Physicians Intends to Leave Practice

Jennifer Abbasi

Background

- Academic Medicine & "The Great Resignation"
- The Business Case: **~\$500K price tag** to replace a faculty physician
 - Recruitment, hiring, training costs
 - Lost clinical revenue
 - Lost academic productivity
- **Human costs**
 - Increased burnout
 - Increased medical errors
 - Decreased quality of patient care





Is it me? Is it you?

Individual Responsibility (20%)

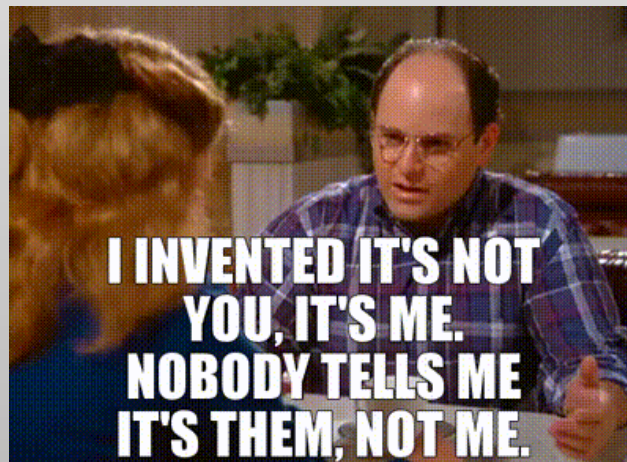
Resilience

Practice Efficiency

Self-care (sleep, exercise, etc.)

Self-compassion

Meaning in work



Organizational Responsibility (80%)

Culture of wellness

Addressing system inefficiencies

Values alignment

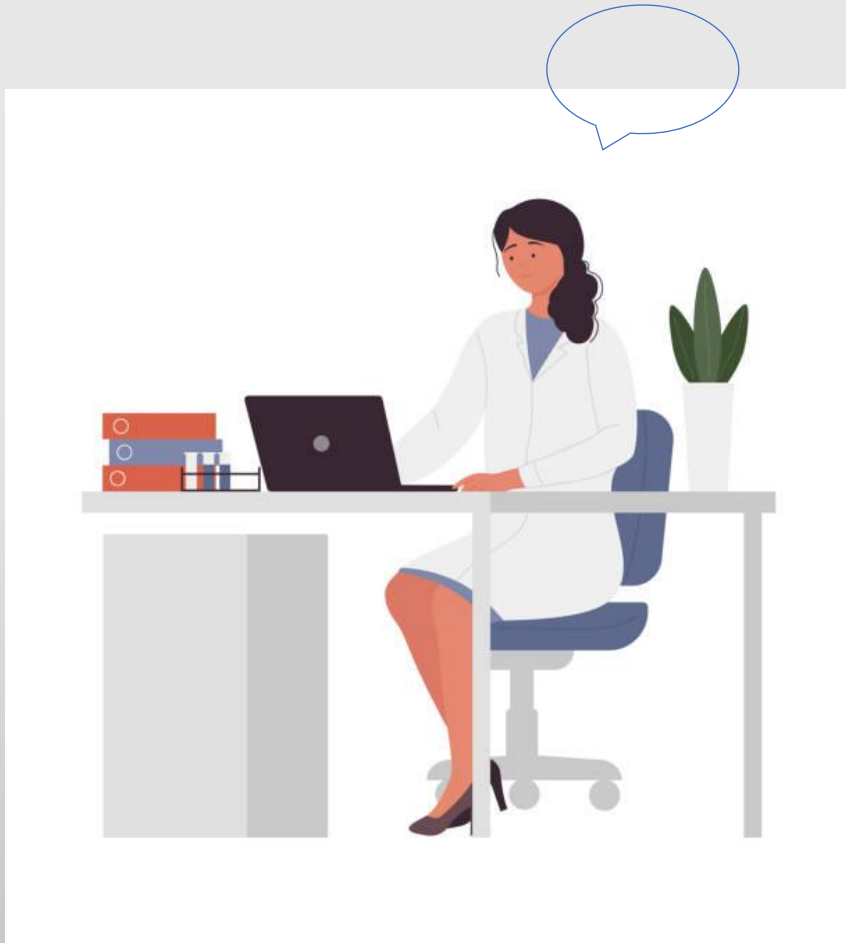
Leadership

Flexibility

Compassion

Faculty appreciation

National Contributors to Faculty Retention Challenges



- Overburdened
- Infrastructure – Am I Supported?
- Growth – Can I Advance?
- Value – Am I Compensated?

National Contributors to URM Faculty Retention Challenges



Poor diversity climate



Exchange of Social Capital

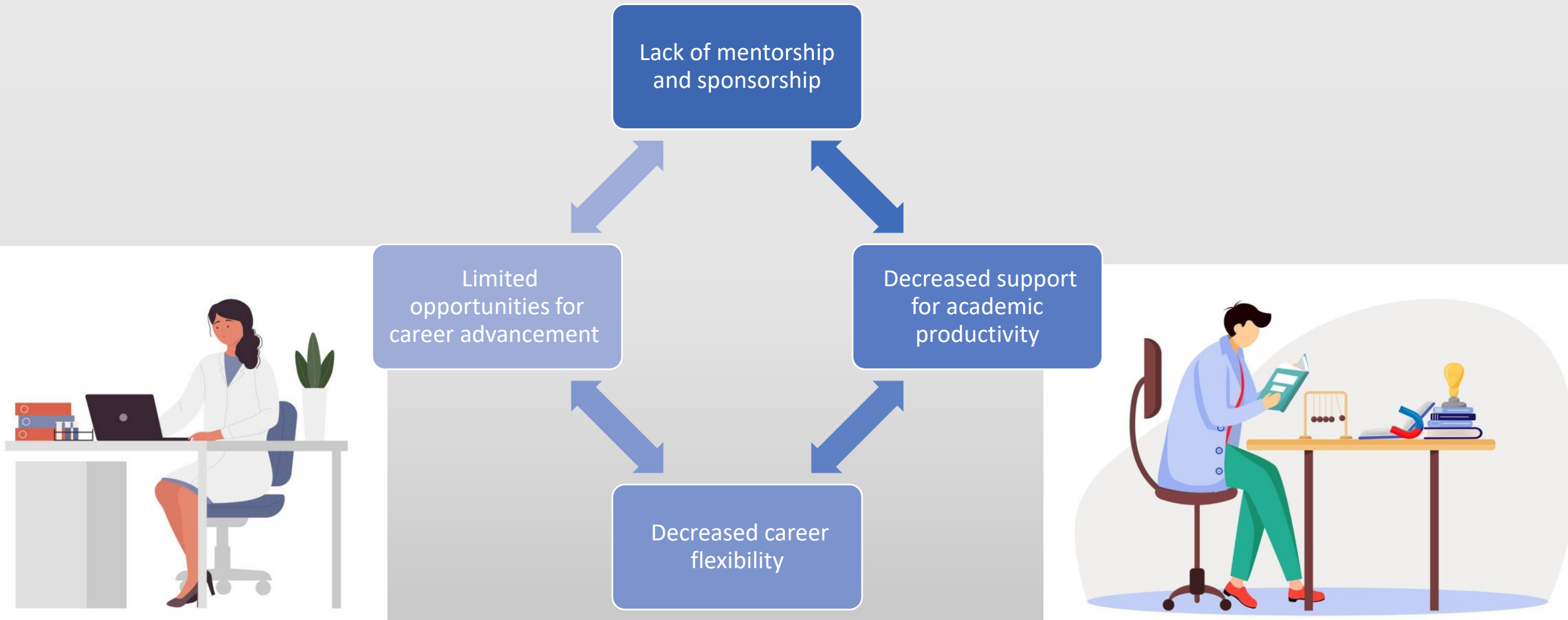


Lack of leadership buy-in



Organizational
Accountability

National Contributors to Female Faculty Retention Challenges



Data on Faculty Turnover

Interpreting Turnover Data

- Where does the data come from?
 - Pros/cons of exit interviews
- Known short-term employment
 - Partner completing training
 - First-year hospitalists going to fellowship

Interpreting Turnover Data

Gender (N=223)

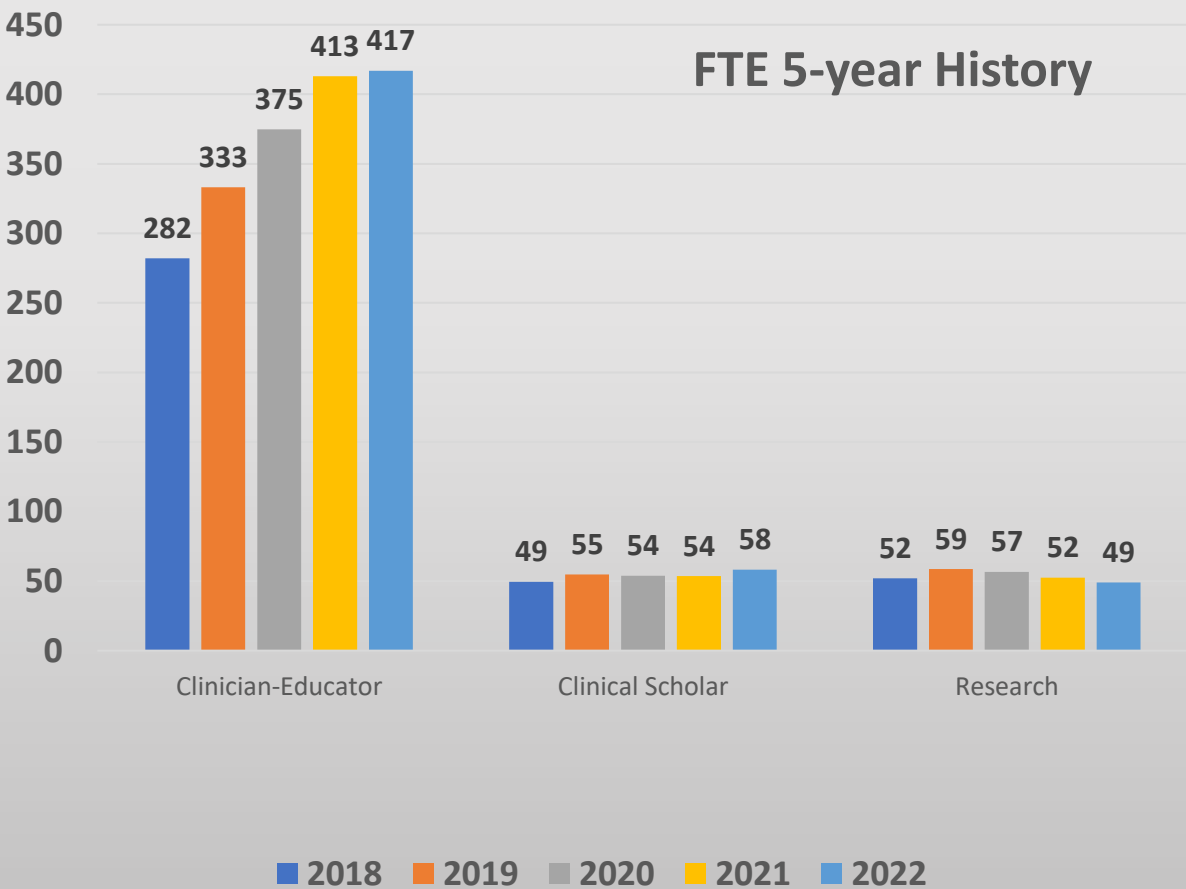
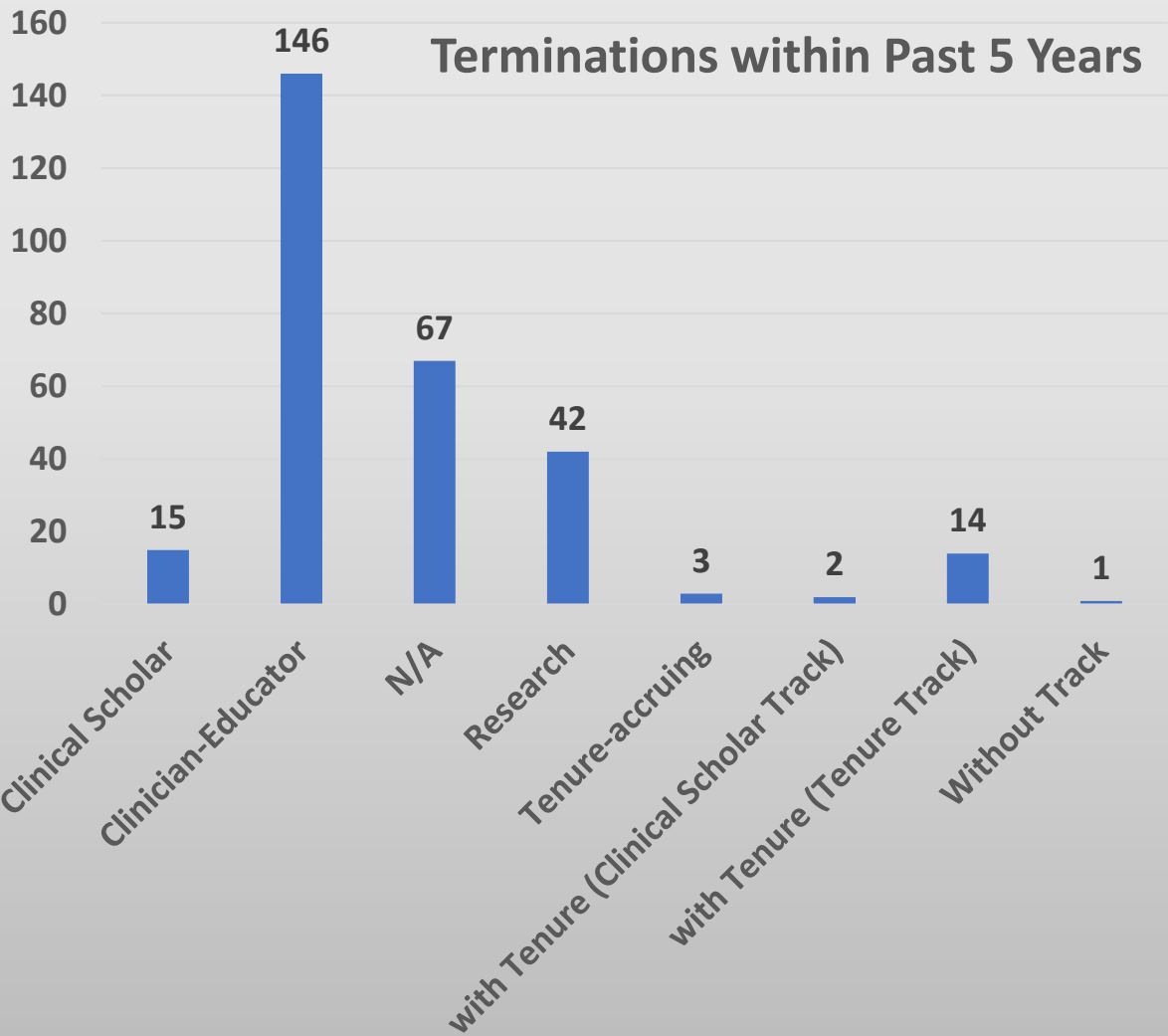
Year	2017	2018	2019	2020	2021	2022	Total	Current
Male	17	17	22	28	30	8	122 (55%)	346 (52%)
Female	12	18	16	22	26	7	101	319
Total	29	35	38	50	56	15	223	665

Ethnicity (N=225)

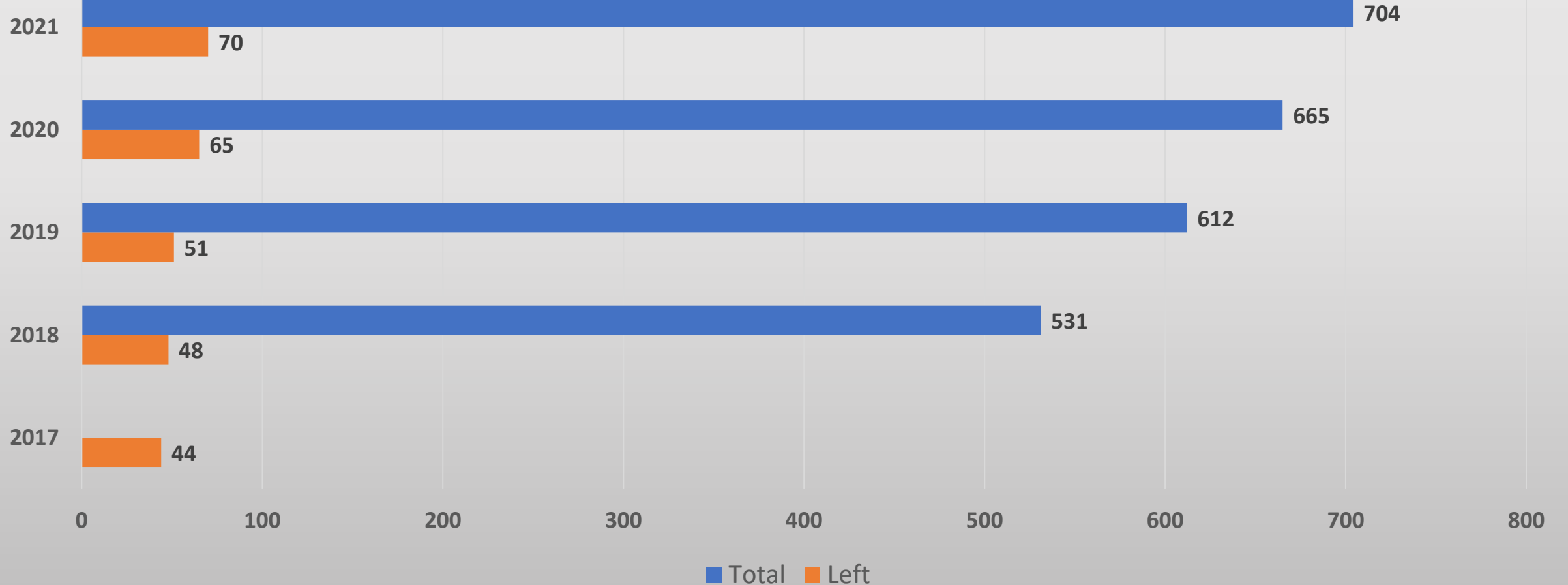
	2017	2018	2019	2020	2021	2022	Total	Current
Black or African American	4		1	1	3		9	
American Indian or Alaska Native								
Hispanic or Latinx	2	3	1	7	5		18	
Asian	8	18	15	22	23	11	97	
White	15	15	21	20	25	4	100 (44%)	306 (46%)
Native Hawaiian/Pacific Islander								
Other			1				1	
Total							225	665

Interpreting Turnover Data:

Departure by Track – Number of Faculty per Track

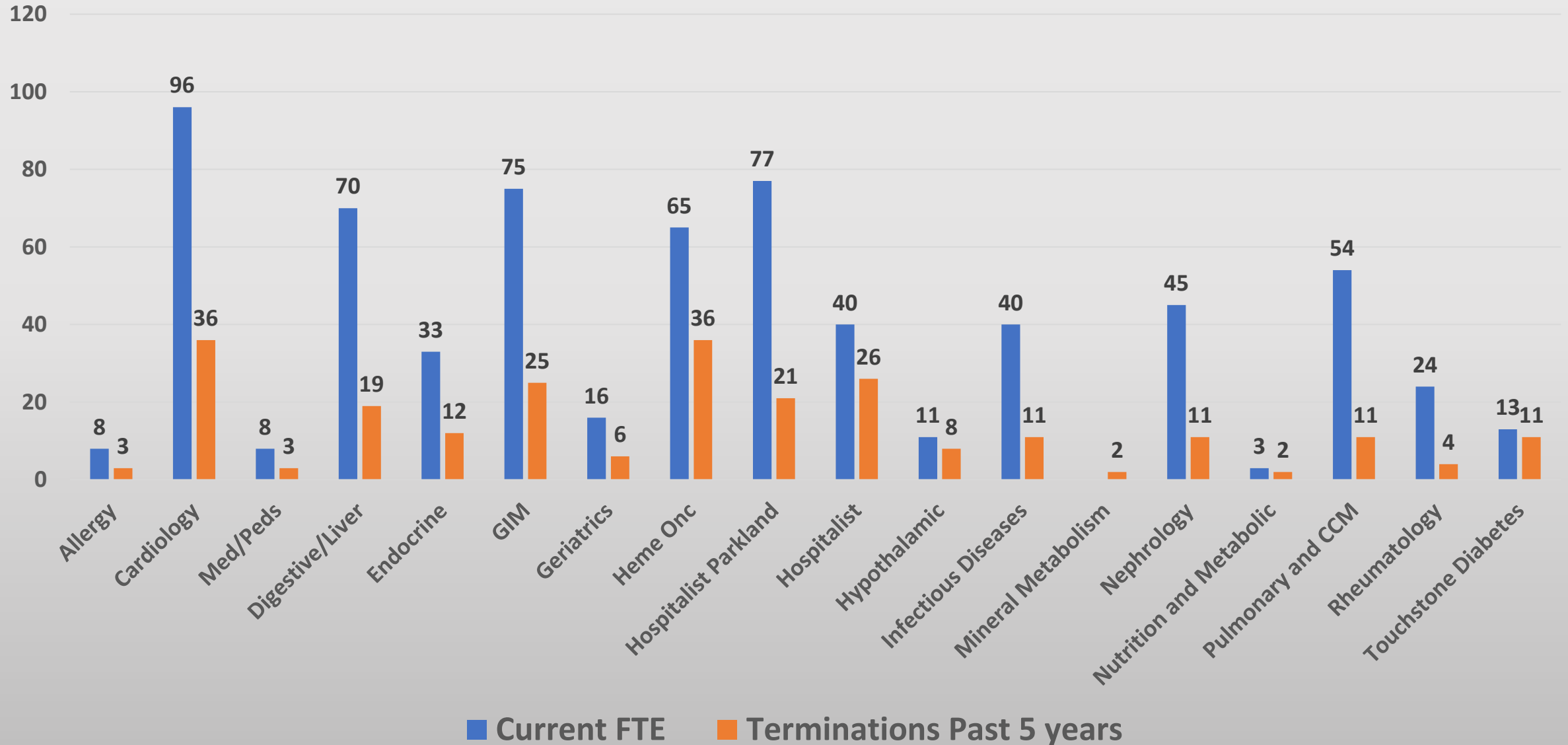


Interpreting Turnover Data: Faculty Numbers vs. Departure



Division Count	2017	2018	2019	2020	2021	2022	Total
Allergy		1		1			2
Cardiology	3	7	5	8	5	2	30
Digestive & Liver	2	2	7	4	3		18
Endocrinology	3	4		2	1		10
Epidemiology	1			1			2
General Internal Medicine	3	2	2	3	6	4	20
Geriatrics	1		2	3			6
Hematology Oncology	2	4	6	4	10	7	33
Hospital Medicine PHHS	2	4	2	1	7		16
Hospital Medicine CUH	2	3	6	4	9	1	25
Hypothalamic	1			5			6
Infectious Diseases	2	2	1		4	1	10
Med Peds	1	1			1		3
Nephrology	1	2		5	3		11
Nutrition	1			1			2
Pulmonary & Critical Care	2	1	3	3	1		10
Rheumatology			1	1	2		4
Touchstone		2	1	1	3		7

Division: Current FTE vs. Departure



Faculty Retention at UT Southwestern

Internal Medicine Departure Data

- 5 year period: 2017 – 2022
- N = 296
- > 50% under age 45
- 44% Assistant Professors
- 49% Clinician Educators

Largest Division Departures

Cardiology: 30

General Internal Medicine: 20

Hematology/Oncology: 33

Hospital Medicine: 25

Faculty Retention at UT Southwestern

Key Themes & Concerns:

Clinical
Practice

Promotion &
Tenure

Compensation

Institutional
Culture

Faculty Retention at UT Southwestern

Clinical Practice

- Increased EHR burden
- Non-billable hours
- Staffing shortages
- EMR training & support
- Unlimited practice size
- APP integration

Promotion & Tenure

Compensation

Institutional Culture

Faculty Retention at UT Southwestern

Clinical Practice	Promotion & Tenure	Compensation	Institutional Culture
	<ul style="list-style-type: none">• Delay in promotions among CE faculty• Lack of transparency• Unclear expectations• Inadequate mentorship & sponsorship• Academic productivity requirements• Time for teaching & scholarly work		

Faculty Retention at UT Southwestern

Clinical
Practice

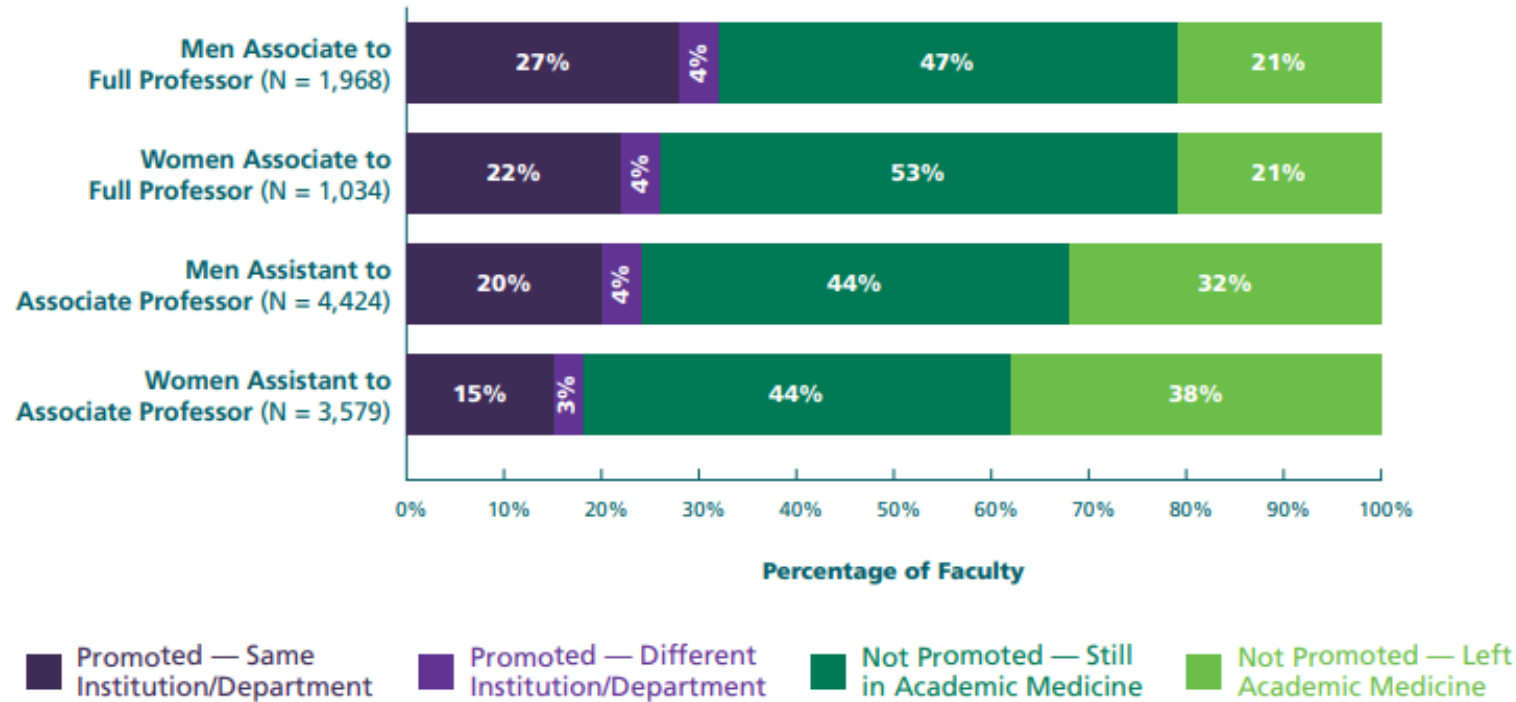
Promotion &
Tenure

Compensation

Institutional
Culture

- Perceptions of gender pay discrimination
- Salary compared to national averages
- Incentive plan focus on productivity
- Lack of transparency
- Use of patient satisfaction scores

Full-Time Clinical Science Faculty Promotions

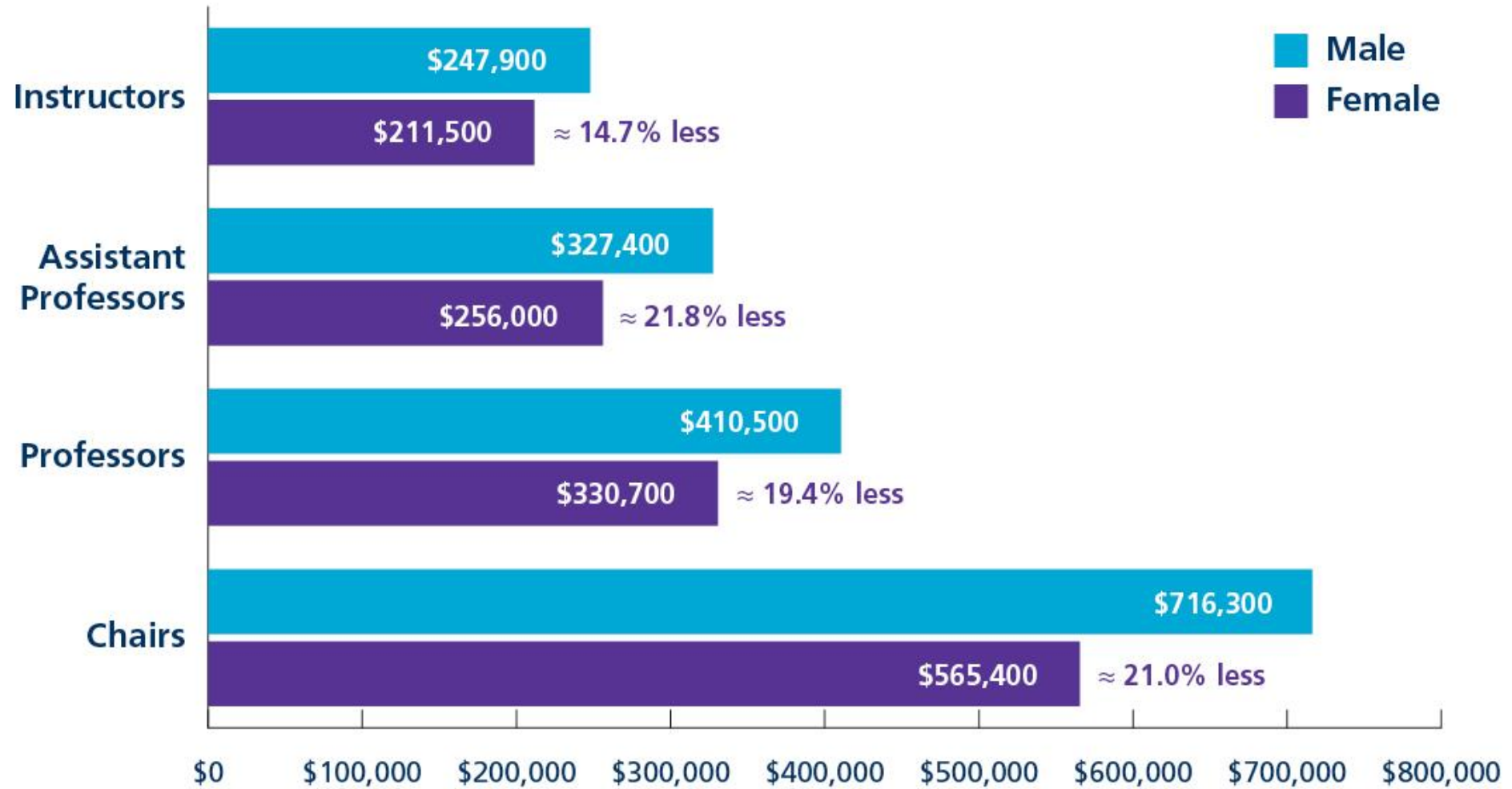


KEY TAKEAWAY

The percentage of full-time women faculty who advanced in rank during a seven-year period was smaller than that for men during the same period.

■ Source: Dec. 31, 2018, snapshot of the AAMC Faculty Roster.

Gender Salary Disparities Among MD Clinical Faculty



Source: AAMC Faculty Salary Report, FY 2019.

Faculty Retention at UT Southwestern

Clinical
Practice

Promotion &
Tenure

Compensation

Institutional Culture

- Values alignment
- Mentorship
- Community
- Emphasis on productivity
- Culture of wellness
- Family leave policies

Organizational Interventions Promoting Faculty Engagement

Organizational Interventions Promoting Faculty Engagement: Division of GIM

	Clinical Practice	P&T	Compensation	Culture
Onboarding—30/60/90d meetings, guidance re: teaching/campus resources	X	X		X
Executive coaching availability		X		X
Peer Mentoring Group for junior faculty	X	X		X
Leadership Book Club				X
Review of faculty salary, equity/market adjustments			X	

Done for the cost of lunch, accessing campus resources



Organizational Interventions Promoting Faculty Engagement: Division of GIM

Budget notes:

- Dr. R Bonnema hired 2018, 0.4FTE covered by division; many programs fell under her role

	Clinical Practice	P&T	Compensation	Culture
Onboarding—30/60/90d meetings, guidance re: teaching/campus resources	X	X		X
Academic Development Award --application process for 3 faculty		Protected 0.1FTE, divided over 2 FY Directed by RB		
Nursing triage after-hours/weekends call	X		X	
Protected basket time during clinic --blocking 20min “appt”	X	Pilot: no issue with productivity, ongoing discussions re: access		

Organizational Interventions Promoting Faculty Engagement

	Clinical Practice	P&T	Compensation	Institutional Culture
Department				
New Compensation Plan • <i>productivity & merit increases for scholarly contributions</i>			X	
Analyzing salary for equity			X	
SWAG Committee: Women in Medicine	X	X	X	X
Retention Committee	X	X	X	X
Mentorship Committee		X		X

These are working committees tasked with developing recommendations and programming

- Help build culture; junior faculty involved, not simply leaders
- Work acknowledged via compensation plan (not solely volunteerism)

Organizational Interventions Promoting Faculty Engagement

	Clinical Practice	P&T	Compensation	Institutional Culture
Institution				
Office of Faculty Wellness <ul style="list-style-type: none">• <i>UT Southwestern Funds to Retain Clinical Scientists (UT-FOCUS) Grant funding</i>• <i>Coaching (Peer/Professional)</i>• <i>Measuring culture/faculty needs</i>		X		X
Analysis of salary equity (hard to access)			X	X



Exit Interviews

- Who will do it? (HR, not direct supervisor)
- What did you like about [UTSW, division, job]?
- If you could make any changes, what would you improve?
- What suggestions do you have to make this a better place to work?
- Did you have what you needed to perform effectively?
- Did you feel you received good professional development opportunities?
- Did you feel properly supported by leadership?
- What would it have taken to convince you to stay?

Are these even useful??



“...if you are asking these questions after someone has said they are leaving it is too late.”

Entry interview: when people start, find out what they want and how they see their career progressing

1. Employees feel valued from day one
2. Gain valuable insights for motivating employees, crafting positions that are developmental and engaging



Adam Grant, Organizational Psychologist

Have an organized “onboarding” process to include faculty/professional development

Stay Interviews

2-3 years in a position, someone other than direct supervisor

- What are your goals in the next few years?
- What are the things that are broken and how can we fix it?
- What do you need next year to stay happy and what would you love for us to try?
- Do you have what you need to be successful?



Our next step at UTSW: organizing inter-divisional check-ins



Group Discussion: Strategies to deploy at local level

What is one thing you heard today that you think could be deployed at **your** institution?

Who are you going to talk to about it?

How will you find the **right** person to talk to about it?



Summary Points

- ✓ Institutional factors will aggravate existing national contributors to faculty turnover
- ✓ Organizations bear the greatest responsibility in addressing faculty retention challenges
- ✓ Addressing institutional factors can promote faculty engagement

Division of General Internal Medicine

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