Chapter 3
Faculty Recruitment and Retention

Mohan Nadkarni and Ira Helenius

Introduction

The ACGME requires that internal medicine residents have "clinical experiences in efficient, effective ambulatory and inpatient settings with at least one-third of residency training occurring in ambulatory settings" [1]. Additionally, the Next *Accreditation System* includes increased ambulatory training requirements as well as the need for competency-based assessment. Shifts in care delivery models emphasize efficient patient-centered ambulatory programs which require a large ambulatory faculty workforce capable of both providing and teaching high-value medical care. However, recruiting, training, and retaining clinical educators have become increasingly difficult [2]. Data from the 2010 Association of Program Directors in Internal Medicine (APDIM) survey demonstrates that greater than 40% of programs reported difficulty recruiting core ambulatory faculty as well as training them in competency-based assessment [3].

With increasing workload and productivity demands, stress levels can be high in ambulatory settings with increasing rates of faculty burnout reported. Volume-based outcome metrics and compensation plans can place teaching faculty at risk. Fortunately, educational activities and roles can offset these challenges if adequate protected teaching time, salary support, job security, faculty development, and academic advancement

M. Nadkarni, M.D., F.A.C.P. (✉)
University of Virginia Health System,
Charlottesville, VA, USA
e-mail: MMN9Y@hscmail.mcc.virginia.edu

I. Helenius, M.D., M.P.H.
University of Virginia Health System,
Charlottesville, VA, USA
e-mail: IH4B@virginia.edu

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can be provided. A recent Alliance for Academic Internal Medicine (AAIM)/Society of General Internal Medicine (SGIM) position paper on faculty recruitment, retention, and development outlined factors to consider in order to overcome barriers such as productivity demands, volume metrics, and workplace inefficiencies and promote excellence in faculty engaged in teaching in ambulatory clinics [4].

Learning Objectives

1. Recognize the forces affecting faculty recruitment and retention.
2. Understand the interventions to enhance faculty recruitment and retention.

Outline

- Value Teaching
- Career Development: Promotions and Tenure
- Faculty Development Program
- Mentoring
- Innovative Clinical Learning Models
- Optimize Clinical Work Environments
- Develop Faculty Interests
- Nonfinancial Incentives
- Mission Based Care

Value Teaching as an Institution

One key element in demonstrating institutions placing value on ambulatory teaching is to provide adequate time and compensation for those providing this education. Studies note that teaching during a clinical session adds significant time and complexity to the workday. One study with medical students estimated that 30–50 min extra time was spent with learners embedded in an ambulatory clinical session [5]. Additionally, relative value unit (RVU)-based productivity may be compromised during teaching sessions. Clinical educators should not be "penalized" for teaching and should have protected time to teach. Systems which provide "teaching RVUs" to supplement clinical RVUs may be useful in offsetting decreased clinical productivity [6, 7]. Similarly, ramping down the number of patients scheduled per session can enhance teaching performance and highlight the value placed on such educational activity while decompressing clinical pressures. Another mechanism utilized is "mission-based funding," with specific salary support provided for those faculty regularly precepting learners thus recognizing the inherent clinical productivity losses necessitated by time spent actively teaching and mentoring trainees. Indeed, paying faculty to teach is

positively correlated with better teacher evaluations [7, 8]. Freeing up faculty time by the use of scribes or advanced practice providers is another mechanism to protect faculty time while demonstrating institutional commitment to support clinical teaching.

Career Development: Promotion and Tenure

Academic faculty with large clinical demands may still face traditional pressures to obtain research grants and publish formal peer-reviewed articles, which may not be feasible for clinicians focused on clinical care of patients and direct teaching of trainees.

Promotion criteria must value teachers for advancing the educational mission, including recognition of curriculum development, teaching portfolios, mentoring activities, educational presentations, evaluations by learners, and awards. Teaching excellence should be measured and rewarded [9].

Institutional recognition via teaching awards is a simple and cost-effective way to demonstrate institutional commitment to the promotion of teaching excellence but must be coupled with appointment and promotion criteria that recognize success in education. Furthermore, career paths focused on education, as in the model of a group of "master educators" who receive salary support and resources for education, may encourage faculty to pursue education as the main focus of their academic career [10].

Faculty Development

Formal faculty development has been widely recognized as vital to the success of clinician educators. Often these clinician educators are more confident in their clinical skills than their educational efficacy. The implementation of milestones and competency-based medical education requires new skillsets to mirror changes in the educational paradigm [11]. Importantly, faculty development programs require sufficient time for meaningful engagement. This may be accomplished via workshops that build on both clinical and practical educational skills, such as those in quality improvement or "high-value care" [12]. Regardless of the content and venue, departmental leadership must demonstrate and embrace protected time for specific faculty development.

Faculty Mentoring

In addition to faculty development workshops, faculty mentorship must be highly developed in order to successfully retain talented faculty. An APDIM position paper on educational redesign emphasized the need for qualified clinician educators to

lead faculty development and provide mentorship to junior teaching faculty [13]. Components of peer observation and "learning communities" with an emphasis on faculty collaboration appear to be most successful in supporting clinician educators in their work. The Association of American Medical Colleges (AAMC) has catalogued 16 successful mentoring programs which can provide a basis for institutions to develop robust programs. Components of successful programs included mentor engagement, presence of a steering committee, mentor-mentee relationships, formal curricula, regularly scheduled mentoring activities, and dedicated program funding [14, 15].

Innovative Clinical Learning Models

Recruiting and retaining faculty into sites with innovative clinical learning models which can enhance clinical care and education is an attractive mechanism for attracting committed institutional leaders in clinical education. Examples such as clinics utilizing long-block curriculum or the increasingly popular x + y block system can enhance continuity and resident satisfaction while decreasing the stress of simultaneous clinic and inpatient duties. Faculty and trainees have recognized that decreased stress in the clinic can lead to improved educational outcomes and less burnout [16]. The presence of learning collaboratives has also demonstrated benefits in faculty engagement to enhance retention [17].

Optimize Clinical Work Environments

Many resident-faculty continuity clinics are under-resourced and may not operate efficiently placing significant administrative burden on clinician educator faculty [18]. This can lead to decreased satisfaction and burnout detracting from faculty retention. Focusing specifically on the "quadruple aim" enhancing patient experience, improving population health, and reducing costs but including work life balance improvement can be vital to retention [19]. Advocating for increased administrative and clinical support while involving faculty in quality and efficiency improvement programs may be helpful. Working in a culture which rewards collaborative cooperation among faculty (flexible coverage, peer support) creates a positive environment which can go a long way toward offsetting any financial disincentives that may be inherent in the system. In an analysis of high-functioning primary care practices, the tenets of "Joy in Practice" indicated that optimization of clinical practice can be achieved via focusing on team-based care with distribution of clinical and clerical duties among team members, co-location of team members, nonphysician order entry, and enhanced team communication [20].

Develop Faculty Interests

Faculty members may have specific niche interests that lend themselves well to development of a specialized subclinic within the regular continuity clinic setting. Examples such as women's health, sports medicine, integrated psychiatric care, high-risk patient, or procedures clinics have been reported. Faculty members with a passion in such areas can often spur educational interest among trainees and may lead to enhanced faculty satisfaction and retention.

Nonfinancial Incentives

Direct funding for clinician educators as mentioned is important in demonstrating institutional commitment to education. However, other mechanisms of incentivization of the faculty can be employed. Simple interventions such as providing an academic title can assist with career advancement. Providing teaching faculty with extra exam rooms or dedicated parking if possible and other simple recognitions can go a long way to demonstrate appreciation for the work provided. Ambulatory teaching awards, letters of recognition provided to departmental leadership, and certificates of appreciation are all inexpensive but palpable interventions which may enhance faculty satisfaction.

Mission-Based Care

One of the strongest motivators for many faculty is the sense of participation in a valued mission shared by the faculty as a whole. Whether that be pride in providing the best teaching experience for trainees available, or as in many resident continuity clinics, dedicating the practice to care of vulnerable populations often shunned by other parts of the institution can create an atmosphere of collaboration and support that more than offsets the challenges of practicing in often under-resourced environments. Leaders who identify these core missions and prominently highlight the importance of the mission may often be rewarded by faculty teams who dedicate themselves to providing the highest level of care and education.

Conclusion

Ambulatory education in the continuity clinic setting is a vital part of medical training. Recruitment and retention of excellent clinician educators can be increasingly difficult. However, focusing on valuing clinician educators as demonstrated

by protected teaching time, warding off clinical burnout, educational parity with other academic endeavors, rigorous faculty development, and promotion and tenure advancement, as well as nonfinancial incentives and mission-focused goals, can enhance leaders' ability to recruit and retain the highest quality clinician educators.

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