

**Proposal for the
Office of Academic Career Development
Case Western Reserve University
School of Medicine**

Submitted By:

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I. Foundation for the Development of the Office of Academic Career Development

An academic health center's greatest resource is its faculty. To maximize its return on this asset and investment, support and development of faculty is critical, especially given rising demands on faculty to generate revenues, accelerating competition for grant funding, and the explosion in biomedical knowledge. Faculty clearly do not arrive with all of the leadership and professional development skills they will require to keep growing and thriving, and given increasing complexity in all domains, academic health centers need to address this in order to remain competitive and vital. Hence, a mission-aligned faculty development initiative is essential. This office will partner with Department Chairs and Center Directors on all aspects of faculty vitality, will enhance faculty productivity, will facilitate recruitment and retention of the best faculty, will offer proactive career management, and will act to strategically increase the "bench strength" of departments for leadership succession.

Under the direction of the School of Medicine (SOM) administration, Dr. Peggy Stager, President of the Women Faculty Organization of the School of Medicine, designed and executed a needs assessment to help prioritize the features and functions of the new office. In the fall of 2005, Dr. Stager conducted focus groups interviews with SOM women faculty to elicit feedback on their mentoring experiences and career building challenges. The participants reported poor or non-existent mentoring, gender bias and discrimination, and exclusionary practices as major barriers to their career advancement at Case. (See Appendix I, Reference 1)

In 2006, Stager collected comprehensive data on the various elements and infrastructures of Faculty Development Programs at Cases' peer institutions, the 13 Medical School Consortium. The only national survey of U.S. medical schools faculty affairs/ faculty development designees dates back to 2000.¹ The majority of medical schools reported at least one office devoted to faculty affairs/ faculty development functions. One finding was that most schools have more evolved administrative structures and responsibilities in faculty affairs than faculty development services. The Association of American Medical Colleges (AAMC) concluded that due to increasing demands for academic health centers to rapidly assimilate new faculty, to enhance faculty productivity, and to retain the most talented faculty, they need to expand and improve

their faculty development offices. This year in response to academic health centers' needs in these areas, AAMC gave group status to this focus. The findings from Stager's peer institution investigation demonstrate that faculty development infrastructure is indeed evolving in most of these institutions in response to identified faculty development needs. Many schools have performed comprehensive studies on the status of women faculty at their school as evidenced by open access web-based task force reports. In response, most schools have responded with a variety of means to address career development of women and minority faculty through special committees, tailored programs, and newly established offices. The relatively newly formed programs and initiatives are complimentary to and in concert with the conventional offices of faculty affairs and aid in fostering the academic advancement and career development of faculty members. These findings were consistent with the national trend of creation of faculty development offices as an essential extension of the Offices of Faculty Affairs. (See Appendix I, Reference 2).

In order to investigate a broader perspective on the career development needs of the SOM faculty, Dr. Stager designed and is currently performing structured interviews with Academic/Departmental Chairs and Center Directors of the School of Medicine. To date, Stager has completed interviews with 26 Department Chairs and Center Directors on faculty's career development needs from their unique perspective (See Appendix I, Reference 3) Discussions with faculty development deans around the country reveal that few have methodically conducted interviews with Departmental Chairs, and there are no published reports from medical schools in the literature on this topic. None to our knowledge has transcribed and analyzed the results of their interviews. Therefore Case's large scale and comprehensive investigation along these lines is clearly innovative and deserving of publication. Moreover, our results provide an excellent starting point and baseline for the design of the Office. Perhaps most importantly of all, these interviews build "buy-in" from the major stakeholders. Critical to the success of any faculty development office is credibility with, and support from the Chairs such that effective partnerships and bridges are created and cemented.

In addition, the ACES Program at Case, (National Science Foundation ADVANCE grant), and appointed committees of Case, have gathered substantial evidence and longitudinal data

which support the need for centralized faculty development efforts with specific emphasis on the career development needs of women and minority faculty (See Appendix I, References 4-6).

In response to the data generated by Stager and the ACES team to date, the School of Medicine administration is creating an innovative Office of Academic Career Development (OACD). In partnership with Department Chairs, and in alignment with the institution's goals, the OACD will foster the academic career development of all faculty members, with specific attention to the career development needs of women and minority faculty, and promote a mutually respectful environment for academic success and achievement.

II. Starting Points for the New Office

Data collected via focus group sessions, Academic/Departmental Chair interviews, and faculty career satisfaction surveys will determine the OACD's priorities. Given resource constraints, the pace of change, the complexities of the challenges, and the extent of the possibilities for this office, it is premature to predict the entire spectrum of the OACD features and functions. The design will emerge from the needs assessments, chair and faculty feedback, and identification of resources in the context of the institution's strategic plan.

However, three especially promising areas of concentration for the first year of the OACD appear to be:

- A) Encouraging more effective mentoring practices and expanding our mentoring culture
- B) Building research skills and funding opportunities for the junior faculty
- C) Improving understanding of and communications on the promotion and tenure process.

Establishing more effective mentoring practices and expanding our mentoring culture: Mentoring represents the most tangible bridge to continuing traditions of excellence in academic medicine, but our Focus Groups revealed that many of the SOM faculty, particularly women, are not obtaining effective mentoring.

Mentors are vital to research productivity, publication success, and academic promotion.² Furthermore, faculty members with mentors have higher career satisfaction scores than those faculty without mentors,³ and are more likely to stay at the institution.⁴ Since time available for mentoring is at such a premium, it is critical to assist busy senior and mid-career faculty to make the most of

each opportunity to mentor and guide our junior faculty. In addition to providing traditional mentoring, many senior faculty members could use supportive coaching in acquiring new competencies in mentoring “across differences,” i.e., to individuals of a different generation, gender, race, or career pathways.⁵

The OACD aims to address mentoring needs of all faculty members with the following activities:

1. Highlight existing effective mentoring practices in various SOM departments that hold promise for replication. Also assist departments in facilitating more peer and collaborative group mentoring among junior faculty and trainees.⁶
2. Offer on-line and hard copy mentoring resources including guidelines for both mentor and mentee and addressing the competencies of mentoring “across differences”, e.g., active listening, reflecting back and avoiding assumptions. This will encourage mentoring approaches and techniques that value differences among our faculty.
3. Offer workshops: a.) for mentors to build competencies and to address their concerns; and b.) for junior faculty on obtaining and managing the mentoring they need and building their professional network.
4. Create a new faculty resource guidebook highlighting various career development resources available to them.
5. Advance a culture of mentoring by rewarding and recognizing excellence in mentoring.

Building research skills and funding opportunities for the junior faculty: While research and scholarship skills are central to academic success, many faculty do not acquire these during training. In this competitive age, junior faculty members increasingly require support to be successful at writing grants, publishing their work, and managing their research projects, staff and laboratory. These are the professional development building blocks which lay the foundation for faculty to secure continual and uninterrupted funding, advance the science of their discipline, and achieve recognition for their findings and innovations. Furthermore, in the current and likely future milieu of highly competitive NIH funding, young investigators need assistance in establishing themselves. By providing support we are maximizing the academic potential of our faculty, protecting our investments, and “growing” our human capital.

The OACD aims to address research and scholarship skill needs of the faculty with the following activities:

1. Build on existing resources in both the SOM and the greater University. Examples include increase communications and marketing of the various SOM research seminars allowing for interdepartmental sharing and learning. Also, highlight and replicate the grants writing workshops currently offered on the SOM and University campus.
2. Coordinate workshop offerings with the Office of Research Administration. These may include: How to prepare an electronic NIH submission, grant writing 101, manuscript preparation, budget management, and how to hire new research/laboratory staff.
3. Offer workshops tailored to the different research needs of basic science versus clinical science faculty.
4. Create a web-based repository of funding sources and grant opportunities.
5. Offer competitive young investigator awards (both clinical and basic science) annually to support pilot research projects. (Amount to be determined)

Improving understanding of and communications on the promotion and tenure process: The third initial focus area for the OACD is improving faculty understanding of promotion and tenure. There exists a notable discrepancy in the advancement of women faculty at our institution. While the School of Medicine has a similar overall percentage of women faculty in comparison to the national data (35% versus 32%, respectively), we remain below the national average of women faculty at the Associate Professor and full Professor ranks.

Distribution of Women Faculty by Academic Rank, 2005-2006

Academic Rank	National data*	CWRU SOM
Instructor	18%	18%
Assistant Professor	38%	56%
Associate Professor	28%	17%
Professor	16%	9%

* AAMC, Analysis in Brief, 2005-2006.

Despite substantial increases in the number of women entering academic health centers over the last four decades, there remain blatant gender disparities in academic advancement.^{7,8,9,10} Even though substantial numbers of women have been in the pipeline for decades, only 9% of our professors are women. According to national cohort studies, while men and women begin their first faculty appointment with the same degree of preparation for an academic career in terms of board certification, advanced degrees, and research during fellowship training, women are less likely to have office or laboratory space, protected time for research, or to have begun their faculty careers

with grant support. In addition to disparities in advancement, more women are exiting academia-- a “leaky pipeline” effect.¹¹ In 2006, the SOM faculty terminations for women (45%) were a greater percentage than the total women faculty (32%) and were at all levels of academic rank.[§] Possible reasons for the “leaky pipeline” phenomena here were identified by faculty involved in an equity resource study. These reasons included inequitable start up packages (such as lab space, staff and salary), difficulties in retaining women who are hired, and a slower rate of promotion in comparison to male peers (See Appendix I, Reference 4).

Why and how academic medicine still favors the development of men are thus questions of continuing importance. Women are a burgeoning source of “intellectual capital,” but without targeted action to facilitate its realization, this talent will not reach fruition. As women compose ever increasing percentages of the talent pool and as the multifaceted challenges facing our institution continue to multiply, access to and realization of this talent becomes more critical. Another critical but very different academic advancement problem that we must address is the lack of racial/ethnic diversity of our faculty. The United States is becoming more ethnically diverse, with Black Americans, Native Americans, and Hispanics now representing 30% of the population. Despite this growing racial and ethnic diversity of the general American population, under-represented minorities (URMs, which does *not* include Asian) constitute only 7.6% of the faculty at U.S. medical schools. At Case School of Medicine under-represented minorities comprise only 4% of the full time faculty (excluding clinical faculty).[§] This lack of progress stems from multiple factors, including low numbers of minority medical school graduates, indebtedness of minority postgraduates, lack of recruitment into faculty positions, and a paucity of academic role models.¹² Once on faculty, URM faculty advance at a much slower pace than majority faculty even with equivalent credentials,^{9, 10} resulting in limited numbers of minority faculty in senior ranks and leadership positions.¹³ We must address expanding the racial/ethnic distribution of our faculty in order to best serve our community and prepare for the nation’s growing diversity. Investing in a racial /ethnically diverse workforce contributes significantly to the cultural competence of tomorrow’s researchers and physicians.

The OACD aims to address faculty needs for information, skills and support relative to the promotion and tenure process with the following activities:

1. Coordinate with the Office of Faculty Affairs and Human Resources to offer frequent workshops on the promotions and tenure process and guidelines.

[§] Data provided by Office of Faculty Affairs

2. Post the promotion and tenure guidelines, and frequently asked questions about the promotion process on the OACD website.
3. Highlight good annual performance review practices from various departments which optimize the annual performance review process.
4. Identify and address insofar as possible the extra career development needs of women and minority faculty which will aid in their academic advancement.
5. Submit an annual report to the Dean to include tracking of promotion and tenure awards outcomes by gender and race/ethnicity; number/proportion of women and minorities by academic rank; and number of women and minorities in major leadership positions such as Department Chair, Center Director, or Endowed Professorship.

III. Additional Functions of the New Office:

1. Improve communications and coordinate resources with those SOM administrative offices which have related initiatives and functions. Examples include the Office of Faculty Affairs, the Office of Graduate Education, and the Center for the Advancement of Medical Learning. Expand the reaches of the OACD to the greater University community to establish close linkages and share resources with those CWRU agencies having similar goals and initiatives to the OACD such as the ACES Program, the Diversity Office, UCITE, and the Weatherhead School of Management.
2. Create a career development library in the OACD with books, journals, and reprints addressing the various elements of career development.
3. Pursue fund raising with the guidance of the Office of Development to offer opportunities to alumni and corporate sponsors for the naming of young investigator awards, naming of mentoring awards, and sponsoring donations to add resources to the OACD library.
4. House the Women Faculty School of Medicine Organization (WFSOM). Now in its 28th year, the WFSOM is the principle organization credited with providing career development programming and networking events for women faculty. The OACD would provide the necessary infrastructure to the WFSOM to insure that the unique career development activities remain available to the women faculty.
5. Confer with the Advisory Committee of the OACD. This committee is comprised of a diverse group of individuals including Case SOM alumni, women faculty, minority faculty, basic scientists, clinicians, and educators. Advisory Committee members will meet 3-4 times per academic year and will be charged with charting success factors for the OACD such as strategic prioritizing of initiatives, increasing the visibility of the office's functions, pursuing avenues of

external funding such as foundation support, or grant monies, as well as brainstorming about innovative activities and events.

IV. Conclusion

There are many present and future costs to not acting to ensure and improve faculty vitality. Faculty are one of the principle investments as evidenced by the large proportion that faculty salaries and fringe benefits represent in an academic health center's budget. Conversely, the costs of faculty turnover have been estimated to be 5% of academic health center budgets (not including costs of lost opportunity, lost referrals, overload on other faculty, and reduced productivity and morale).¹⁴ With the increasing complexity of the fundamental skills set, and mounting competition for research funding, there has never been a more challenging time to build an academic career. Clinical faculty have an unprecedented demand to produce higher revenues resulting in less time to pursue their scholarly activities. Scientists and researchers are being lured away from academic life to private enterprises where salaries are significantly higher. These factors are making academic appointments less attractive, especially to young graduates because of their high debt and preferences for more free time.⁴

Therefore it is imperative that we act decisively and proactively in cultivating our "human capital" and transform the School of Medicine's culture of academic career development. Just as the Case School of Medicine is known as an institution with a strong tradition of educational innovation and scientific leadership, we must continue to remain competitive in attracting the top talent and be seen as a desirable place of employment. The SOM administration has the opportunity to take a leading role in academic medicine in creating the Office of Academic Career Development. The establishment of the OACD will demonstrate the SOM administration's strong commitment and investment in its most vital resource, its faculty members. By aligning with the institution's strategic goals in these times of constrained resources, the OACD will focus on those career development areas that will have the greatest impact for all faculty members to reach their full professional potential and build a highly successful career at the Case School of Medicine.

APPENDIX I: Reports Referenced

1. The 2005 WFSOM Focus Group Report

A total of 35 women faculty from 17 departments of the SOM participated in the focus group sessions. The distribution of the participants by academic rank resembled the greater women faculty as a whole. Participants were asked to discuss their experiences with mentoring and to describe barriers and challenges to building their career. The barrier with the most pervasive and extensive effect was the lack of a robust and fulfilling mentoring environment, and lack of a mentoring infrastructure. Also identified were widespread exclusionary practices and system-wide insufficiencies which impede the career development of women faculty. The participants identified examples of insufficiencies such as the lack of promotion and tenure support, the secretive nature of salary structure, and the overall exclusion and marginalization of women faculty from positions of authority such as search committee chairs, division heads, or department chairs. The authors concluded that the findings paint a picture of repeated and wide ranging gender bias and discrimination, and support the need for a formal centralized structure, such as an office of faculty development, to address the concerning issues. The report concluded with a list of priority strategies for advancing the career development of women faculty at the SOM.

A full copy of this report is located at:

<http://casemed.case.edu/wfsom/Reports&Presentations.cfm>

2. Faculty Development Programs at Peer Institutions

The initial action plan for the establishment of an office of faculty development in the School of Medicine included a determination of the scope of faculty development offices or programs at Case's identified peer institutions, the 13 Medical School Consortium. In 2005-2006, Dr. Stager contacted faculty development and/or faculty affairs representatives at each school and gathered specific information about each program such as annual budget, staff support, description of the program or office, descriptors of job responsibilities, source of funding, and examples of services and offerings provided. Data was also collected on programs, initiatives, tasks forces, ad hoc committees or other unique entities created to address issues of faculty development or concerns related to the status of women and minority faculty. Essentially nearly every school surveyed had an established Office of Faculty Affairs to address the administrative needs of the faculty body. In contrast, the faculty development services were represented in a wide array of entities and varied greatly in fiscal support, mission statement and infrastructure. Exact expenditures for these unique programs were not readily available. Many schools had performed comprehensive studies on the status of women faculty at their school as evidenced by open access web-based task force reports. In response, most schools had responded with a variety of means to address career development of women and minority faculty through special committees, tailored programs, and newly established offices of faculty development. These findings were consistent with the national trend of faculty development needs and programming as an essential extension of and complimentary to the Offices of Faculty Affairs. (Full data set available upon request.)

3. Career Development Needs of the Faculty: The Chairs' Perspectives

The goal of this study is to investigate the career development needs of the faculty from the unique perspective of the Chairs. Academic/Department Chair and Center Director are

responsible for the growth and success of all of their faculty members and have the “view from the top” as well as a longitudinal or developmental perspective. This qualitative study is performed via structured interviews, one-on-one with Dr. Peggy Stager, and includes 10 open ended questions inquiring into mentoring practices, utilization of an annual performance review, career development of women and under-represented minorities, and desired outcomes of the new office. To date, Dr. Stager has completed 26 interviews and will aim to complete the entire group of Chairs. The final report is in preparation and will be submitted to the Interim Dean upon completion of the few remaining interviews.

4. Resource Equity at CWRU: Results of Faculty Focus Groups, 2003.

The authors of this report, the Resource Equity Study Committee, were commissioned by the University Provost to design and implement a study to investigate the academic resources available to faculty on the CWRU campus. The study employed focus group interviews with faculty concerning their perceptions of the distribution of departmental and university resources by gender, and barriers, both formal and informal, that faculty encounter in their careers. Forty seven faculty (male and female) participated in the focus groups of which 15 (32%) were SOM faculty. The participants identified areas of concern to be: underrepresentation of, and token dynamics for women faculty; lack of women in top academic and administrative positions; the existence of a double standard for male versus female faculty; unfair and unequal access to, and allocation of tangible resources; and a campus culture which is experienced by women faculty to be exclusionary and unwelcoming. The report concluded with specific recommendations for improving the overall campus climate to include coaching and mentoring of all levels of faculty, develop systems to hold administrators accountable for their actions, and create specific initiatives to address the identified issues.

A full copy of this report is located at: www.case.edu/admin/aces/resources.htm

5. 2004 Community and Climate Survey Report

The authors of the study, the Subcommittee on Faculty Engagement, Motivation, and Commitment, and the Resource Equity Committee, administered an online, confidential survey on university climate and community to faculty members of Case Western Reserve University. The survey's purpose was to examine the quality of the university's academic community and its impact on the experience of being a faculty member at Case, and to assess factors that may be adversely affecting the recruitment and retention of highly qualified faculty members, especially women and under-represented minorities. Questionnaire items pertained to faculty involvement in campus activities, faculty interactions and collegiality, academic leadership, access to resources, and overall levels of satisfaction. The data obtained were primarily quantitative ratings, with one open-ended qualitative question at the end of the survey. 508 full-time faculty members responded to the survey. Twelve percent of the total SOM faculty responded (N = 206). Female faculty members and assistant professors were more likely to report less support for work life integration issues, feel less valued, rate mentoring lower, report inequity of resource distribution and service assignments, and describe less satisfaction in their job experience and overall community workplace in comparison to male faculty members. In addition, respondents were invited to write comments in an open ended section at the end of the survey. In this section, respondents related that teaching and service are undervalued relative to research activities.

Some faculty expressed concern that the resources, infrastructure, and rewards are inadequate relative to their contribution. Conversely, a number of faculty feel they are only valued for the income they generate for the University. In summary, the SOM participants would like to see CWRU work at building and enhancing a community of inclusion, fostering greater intellectual and informal interaction among all colleagues. This involves recognition of diversity across multiple dimensions including academic discipline, gender, ethnicity, sexual orientation, physical ability and/or family status.

A full copy of this report is located at: www.case.edu/admin/aces/resources.htm

6. NSF ADVANCE ACES Annual Report, Year 3

The ACES annual report year 3 reports on the Activities, Publications, Baseline Data Collection, and Research and Evaluation findings for the third year of implementation. The purpose of the report is to summarize the ongoing evaluation of the impact of intervention/transformational activities. Quantitative data are primarily used for assessing institutional transformation and are derived from a comprehensive database established by members of the ACES team, the Provost's office, Deans' offices and department administrators. The following is a summary of the data pertinent to the OACD proposal. In the SOM, the eight ACES-targeted basic science departments were reviewed. Twenty-five percent of the full time basic science faculty were women (n=38) which is lower than the overall percentage of women in the SOM (32%). Hiring rates for women in science and engineering departments (28%) are lower than hiring rate women in other non-hospital departments (49%), and lower than the hiring rates of women university-wide (41%). Based on a faculty ratio of 25% women, women in the ACES targeted basic science departments are underrepresented at all academic ranks and the trend has not improved over the three years of ACES initiatives. The attrition rate for women in science and engineering is 10% (6/59) and for men it is 6% (14/231). Of the women who left, 100% of them resigned, after an average of 6.5 years at the university and 4.5 years in their present rank.

A full copy of this report is located at: www.case.edu/admin/aces/resources.htm

References:

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- ¹ Morahan P, Gold J, Bickel J. Status of Faculty Affairs and Faculty Development Offices in US medical schools. *Acad Med* 2002;77:398-401.
 - ² Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA* 2006;296(9):1103-14.
 - ³ Palepu A, Friedman RH, Barnett RC, Carr PL, Ash AS, Szalacha L. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med* 1998;73:318-23.
 - ⁴ Benson CA, Morahan PS, Sachdeva AK, Richman RC. Effective faculty preceptoring and mentoring during reorganization of an academic medical center. *Med Teach* 2002;24:550-57.
 - ⁵ Bickel J, Brown A. Generation X: implications for faculty recruitment and development in academic health centers. *Acad Med* 2005;80:205-10.
 - ⁶ Pololi, L.H., Knight S. Mentoring faculty in academic medicine. *JGIM*. 2005; 20:866-70.
 - ⁷ Tesch B, Nattinger. Promotion of women physicians in academic medicine: glass ceiling or sticky floor? *J Amer Med Assoc* 1995;273:1022-25.
 - ⁸ Carr PL, Friedman RH, Moskowitz MA, Kazis LE. Comparing the status of women and men in academic medicine. *Annals of Intern Med* 1993;119:908-13.
 - ⁹ Nonemaker L. Women physicians in academic medicine: new insights from cohort studies. *NEJM* 2000;342:399-405.
 - ¹⁰ Fried L, et. al. Career development for women in academic medicine: multiple interventions in a department of medicine. *J Amer Med Assoc* 1996;276:898-905.
 - ¹¹ AAMC, Analysis in Brief, 2005-2006.
 - ¹² Hung R, McClendon J, Henderson A, Evans Y, Colquitt R, Saha S. Student perspectives on diversity and the cultural climate at a US medical school. *Acad Med* 2007;82(2):184-92.
 - ¹³ Palepu A, Bickel J, Carr P, et al. Racial/Ethnic Disadvantages of Minority Faculty. In Carr, Phyllis, Janet Bickel, Thomas Inui, editors. *Taking Root in a Forest Clearing: A Resource Guide for Medical Faculty*, Boston: Boston University School of Medicine, 2004.
 - ¹⁴ Wenger D. Conducting a cost-benefit analysis of faculty development programs. *Acad Phys Scientist* May/June 2003.