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Creating a Program for Junior Faculty Professional Development: A Tool Kit

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Abstract

Introduction: Junior academic faculty must balance increasing clinical responsibilities whilst maintaining academic portfolios aimed at promotion. Our goal was to design, implement, and evaluate a curriculum for career development amongst junior faculty in pediatrics. **Methods:** Following the Kern method of curriculum development, we performed a needs assessment of junior faculty via an electronic survey to identify areas for career development. We created objectives based on the themes identified and developed associated learning activities, including (1) a monthly seminar series, (2) an orientation day for new hires, and (3) a formal mentoring program for junior faculty. At the end of each academic year, we sent electronic surveys to junior faculty participants for program evaluation. **Results:** Of 50 junior faculty, 60% completed the initial needs assessment and identified a need for a forum for junior faculty orientation, career development, and formal mentoring. Local experts were solicited to create and lead a 10-part seminar series to cover topics such as CV review, promotions, and mentoring. Twenty-one junior faculty (42%) who did not already have established mentors joined the formal mentoring program. All incoming new junior faculty attended a formal orientation day held annually. At the end of the first year, a follow-up survey for program evaluation was completed by 17 (27%) junior faculty, and 98% reported satisfaction with the learning activities. **Discussion:** We successfully developed and implemented a junior faculty career development program at our institution that can be replicated at other institutions.

Keywords

Faculty Development, Tool Kit, Junior Faculty, Seminar Series, Mentoring Program, New Faculty Orientation

Educational Objectives

After participation in the seminar series, faculty participants will be able to:

1. Examine and correct common mistakes in the academic CV and CV supplement using strategies described in Seminar 1.
2. Recognize the time line and criteria for promotion after reviewing the guidelines for faculty in Seminar 1.
3. Assess qualities of a good mentee-mentor relationship using examples provided in Seminar 2.
4. Describe what hospitals use to measure clinical productivity and benchmarks utilized to gauge physician performance and expectations by providing examples described in Seminar 3.
5. Identify challenges of teaching in a busy clinical setting following a discussion of common issues encountered in clinical areas (Seminar 4).
6. Devise teaching strategies to incorporate into their respective clinical settings using tools described in Seminar 4, such as the One-Minute Preceptor.
7. Identify teaching opportunities at their medical school and/or residency program using resources provided in Seminar 5.
8. Practice accessing teaching evaluations from students and residents through an electronic feedback database such as MedHub (Seminar 5).
9. Select avenues for publishing scholarly work in medical education using examples described in Seminar 6.

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Appendices

- A. Needs Assessment.docx
- B. Seminar Series Speakers Discussion Guide Program Workflow and Checklist .docx
- C. Seminar 1 - Promotions Overview and Updating Your Academic CV and CV Supplement.pptx
- D. Seminar 2 - Mentorship and Being a Mentee.pptx
- E. Seminar 3 - Understanding Clinical Productivity.pptx
- F. Seminar 4 - Teaching in the Clinical Setting.pptx
- G. Seminar 5 - Opportunities for Junior Faculty in Education.pptx
- H. Seminar 6 - Educational Scholarship.pptx
- I. Seminar 7 - How to Develop a Curriculum.pptx
- J. Seminar 8 - Broadening Your Academic Network .pptx
- K. Seminar 9 - How to Review Manuscripts.pptx
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- M. Mentorship Needs Assessment.docx
- N. Mentorship Program Guidelines.docx
- O. Orientation Agenda.docx
- P. Program Evaluation.docx
- Q. Orientation Evaluation.docx
- R. New Faculty Member Orientation.pptx

All appendices are peer reviewed as

10. Design a curriculum in medical education using Kern's model of curriculum development in medical education (Seminar 7).
11. Employ strategies to begin to broaden their academic network using examples described in Seminar 8.
12. Develop an approach to reviewing and critiquing manuscripts when asked by a journal editor using the strategies discussed in Seminar 9.
13. Identify resources available to assist with finding and writing grants at their institution (Seminar 10).

integral parts of the Original Publication.

After participation in the mentoring program, faculty participants will be able to:

1. Establish a mentoring relationship with a senior faculty member with similar career interests through regular meetings and expectations outlined in the mentorship program guidelines.
2. Create an individualized learning plan with their mentor and meet yearly to review progress.

After participation in the orientation day for new hires, faculty participants will be able to:

1. Identify the leadership structure of the department and hospital.
2. Recognize the mission and values of the department and hospital.
3. Network with key members of the department and hospital to begin to establish connections in order to ensure a successful transition to the institution.

Introduction

Junior faculty at academic institutions have increasing clinical responsibilities with expectations to meet clinical productivity benchmarks whilst maintaining academic portfolios aimed at promotion. Balancing clinical responsibilities and professional development as a junior faculty independently can be challenging. Stressors facing faculty in academics include financial remuneration, clinical workload, and lack of academic time.^{1,2} There is evidence to suggest that the success of academic health centers relates to the degree to which junior faculty are recruited, nurtured, and promoted.³ Creators of the junior faculty development program at the Penn State College of Medicine showed that empowering junior faculty through faculty development programs contributed to career advancement and success.⁴ Faculty development programs that include a framework for formal mentoring have been associated with greater satisfaction among junior faculty.^{5,6} In 2014, Cutrer et al. published a guide for junior faculty development in *MedEdPORTAL* using the Vanderbilt Department of Pediatrics Hazinski Society for Faculty Development as a framework.⁷ The authors used facilitated peer mentoring in small-group settings to cover topics such as career planning, CV preparation, and defining scholarly activity.

In large academic centers such as ours, newer junior faculty are trying to make connections with other faculty, transitioning to a new position, and learning the culture of both the institution and the department.⁸ Within the Yale Department of Pediatrics, there were anecdotal experiences from newer junior faculty about a perceived lack of faculty development for early career individuals and struggles with navigating the appointments and promotions process. In response to these concerns, we created a junior faculty development program using Kern's six-step approach to curriculum development in medical education.⁹ Although there is some similarity with the mentoring aspects and topics covered in Cutrer et al.'s program,⁷ our junior faculty development program includes additional topics such as networking, teaching in a busy clinical setting, and funding opportunities, which are delivered with a more didactic approach. Another unique aspect of our junior faculty development program is the orientation day for new faculty.

Our target audience includes junior faculty seeking to develop a similar program at their institution. However, this program could be tailored to include faculty at all academic ranks in any department. There is no prerequisite knowledge, skill, or experience needed, and this junior faculty development program can be reproduced at other institutions.

Methods

We designed and implemented the junior faculty development program in the following manner.

Step 1: Needs Assessment

We performed a needs assessment of current junior faculty in our institution using the needs assessment survey provided Appendix A. The sample included all new and current junior faculty (instructor or assistant professor level within 5 years of initial academic appointment). Junior faculty were contacted via email from an administrator in the department chair's office. The needs assessment survey in Appendix A was administered electronically using a Qualtrics (Provo, Utah) survey tool commonly employed at our institution.

Step 2: Learning Activities

We reviewed the results of the needs assessment with the department chair and used them to create three learning activities: (1) a monthly seminar series, (2) a new faculty orientation, and (3) a mentoring program.

Seminar series: For the seminar series, we utilized the sample seminar topics provided in Appendix B to identify faculty within the department with expertise in the topic. With support from our department chair, we contacted a diverse group of faculty to lead a specific seminar once a month for 1 hour. We coordinated with the department chair's administrative team to identify dates, times, and location for the seminars, as well as a plan for notifying junior faculty of upcoming seminars and ordering food for the seminars. We either audio- or video-recorded the seminars for junior faculty who were not able to attend. At Yale, we placed the video recordings in a secure file-sharing location (Box; Redwood City, California).

The 10 sample seminars (Appendix B) can be adapted for individual institutions by the faculty member leading the seminar. The presentation content is meant to generate discussion amongst participants and allow the speaker to provide institution-specific information. In the seminar on "Promotions Overview and Updating Your Academic CV and CV Supplement" (Appendix C), the speaker provides an overview of the promotions process and advice on the academic CV. We utilized the Yale academic CV and CV supplement as an example, but these can be adapted for a specific institution's requirements. In the seminar "Mentorship and Being a Mentee" (Appendix D), the speaker presents an overview of what a successful mentor-mentee relationship is and what a mentee can bring to the relationship to ensure success. In the seminar on "Understanding Clinical Productivity" (Appendix E), the speaker reviews the process for how the institution determines clinical productivity and what that means for junior faculty. In the seminar on "Teaching in the Clinical Setting" (Appendix F), the speaker offers tips on how to incorporate teaching in increasingly busy clinical settings. In the seminar "Opportunities for Junior Faculty in Education" (Appendix G), we review areas within the medical school or residency program where junior faculty can get involved in medical education. In the seminar on "Educational Scholarship" (Appendix H), the speaker provides junior faculty, particularly clinician educators, with ideas on how to turn their existing expertise in education into scholarly work. In the seminar on "How to Develop a Curriculum" (Appendix I), the speaker gives junior faculty an overview of the Kern approach to curriculum development in medical education, and participants share examples of curricula with each other. In the seminar "Broadening Your Academic Network" (Appendix J), we discuss ways in which junior faculty can begin to expand their network locally, regionally, and nationally. In the seminar on "How to Review Manuscripts" (Appendix K), the speaker provides tips and resources to junior faculty on how to review articles for academic journals. In the final seminar, "Grant Opportunities" (Appendix L), the speaker reviews resources available to junior faculty to begin to identify grant opportunities and how to navigate the process. We used an example from

Yale, but this can be modified to fit an institution's individual approach. The seminar templates provided should be updated with institution-specific practices where noted.

Mentoring program: We administered an electronic survey to junior faculty to identify research, professional, and personal interests, as well as mentorship needs for career and/or research. A sample survey is provided in Appendix M. With the help of the department chair, we created a Faculty Advisory Committee comprising two to three junior faculty and two to three senior faculty (associate and professor levels). The Faculty Advisory Committee met to review and adapt the "Expectations for the Mentoring Program" guide provided in Appendix N. The committee worked with the department chair to identify and approach senior faculty to participate as mentors to junior faculty in the program. The Faculty Advisory Committee matched junior faculty to senior faculty and emailed the "Expectations for the Mentoring Program" guide to each mentor-mentee dyad.

Orientation day: We created an agenda for an orientation day for new faculty (see Appendix O). We worked with the department chair to identify and approach speakers and coordinated with the chair's office's administrative team to select a date and location for the orientation. We created a customizable template presentation outlining suggested speakers and content to consider reviewing with new faculty (Appendix R).

Regarding timing of the curriculum implementation, please see the suggested time line for activities in Appendix B.

Step 3: Program Evaluation

For program evaluation, we designed electronic questionnaires featuring both questions rated on 5-point scales and open-ended questions; these questionnaires were distributed to junior faculty. Program evaluation for the seminar series was administered electronically at the end of the year (Appendix P). An evaluation of the orientation day program was also distributed to faculty participants at the end of the program (Appendix Q). The copies included in this resource can be adapted for use at other institutions.

A flowchart of the overall program is provided in Appendix B.

Results

The needs assessment survey was sent to 50 junior faculty in 2014, with a response rate of 60% ($n = 30$). Mentorship needs of survey respondents are shown in the [Figure](#). In the needs assessment, junior faculty identified the following specific areas for their own career development:

- Understanding benchmarks and time line for promotion.
- Consistent annual reviews with the section chief.
- Optimizing the academic CV and CV supplement.
- Understanding metrics by academic track.
- Building a new clinical practice.
- Incorporating teaching into a busy clinical setting and getting academic credit for teaching.
- Mentorship.
- Work-life balance.
- Understanding the structure of the business office and how to utilize the available resources efficiently.
- Research collaborations.
- Getting national recognition and obtaining grants.

Figure. Initial needs assessment of mentors identified by junior faculty (*N* = 30).

Goals and a targeted action plan were developed to address these areas (see the [Table](#)).

Table. Goals and Action Plan for Junior Faculty Development Program

Goals	Action Plan
To increase the percentage of junior faculty who report that they understand the basic criteria for promotion	Provide a document that outlines requirements for promotion to all junior faculty members. Provide a yearly didactic session on time lines and metrics for promotion. Ask the department chair to require annual reviews with the section chief for each faculty member within the first 5 years of appointment.
To increase professional development activities for junior faculty members	Invite outside speakers to discuss basic issues with junior faculty via a seminar series. Create a forum for junior faculty to meet monthly with support from the department chair (lunch or dinner)
To increase the number of junior faculty who can identify a mentor	Develop a formal mentoring program.
To foster cohesiveness among junior faculty within the department	Require regular section meetings to include updates on what faculty within the section are doing, as well as a year in review. Provide updates to the faculty about changes within the section/department. Include teleconference availability for grand rounds and monthly department meetings for satellite practice locations. Provide resources for clinical practice development. Send a regular dashboard about clinical productivity at individual, section, and department levels.

Results of the needs assessment were presented to and reviewed by the chair. We developed the seminar series to address faculty development needs. For Year 1, two times were chosen to maximize attendance (the noon hour and 5:00-6:00 p.m. after clinics) every month. For Year 2, the timing of the seminars was changed to exclusively over the noon hour. This change was made following the year-end program evaluation where we learned that some faculty were having difficulty getting to the seminar following afternoon clinics that might run past 5:00 p.m. and that many faculty had personal responsibilities, including picking up children from child care or after school. Attendance at the seminars ranged from five to 12 junior faculty per session.

We created semistructured seminars with learning objectives and content (Appendices C-L). The seminars included time for discussion and question and answers for the speakers. During the seminars about appointments and promotions and CV development, participants shared their experiences meeting with the department promotions committee and what was perceived to be important with regard to gaining an emerging national reputation when being considered for promotion from assistant professor to associate

professor. There was discussion around how to identify referees for letters during promotions. For junior faculty on the clinician-educator track, there was discussion about scholarly work in education—specifically, how to disseminate work in education that would be counted toward promotion. In the seminar about networking, in addition to the speakers, participants shared their experiences in different subspecialties and how they approached networking opportunities at conferences and in various regional and national committees. We found that using the first 10-15 minutes for introductions, including research interests, sparked conversations and questions amongst participants, and many faculty stayed past the end of the session to continue discussions.

The program evaluation at the end of Year 1 was completed by 38% ($n = 19$) of junior faculty. Key findings included the following: Of junior faculty who responded to the program evaluation, 71% attended seminars on the promotions process and reported a better understanding of the promotions process, and 71% had meetings at least once per year with their section chief. Over the course of the first 2 years, we incorporated additional opportunities for junior faculty development into the curriculum. These included expanding networking opportunities for junior faculty to meet and socialize with invited grand rounds speakers prior to their weekly formal presentations to the department. We identified an established Speakers Bureau of faculty within the department who speak on topics of their expertise to clinicians in the community and made this available to junior faculty to be listed along with their topics of expertise. This gave junior faculty an opportunity to gain regional exposure that could be added to their academic portfolio. We added teleconferencing and video-conferencing capabilities to grand rounds and monthly department meetings for off-site faculty to access. We advocated for all faculty to routinely receive a summary report (dashboard) of clinical productivity at individual, section, and department levels.

We sent a follow-up program evaluation to junior faculty in 2017. Overall, 98% of junior faculty found the seminars somewhat or very useful. Faculty comments included the following: “[The seminar series is] extraordinarily helpful,” and “It was nice to see other junior faculty.” The topics were “relevant and important.” The most common reasons why faculty did not attend a seminar included being at a satellite clinic or other clinical or research responsibilities at the main hospital/university campus. Some also reported being unaware that the seminars were recorded. Of respondents, 77% felt that podcasts would be useful, with a similar percentage preferring a combination of live seminars and podcasts. The faculty universally reported that a seminar for junior faculty to socialize and network at would be helpful at least once or twice a year.

We created a new orientation program in the Department of Pediatrics based on a program in the Department of Internal Medicine at Yale (Appendix O). We invited new faculty to attend, and eight (out of 11), 11 (out of 13), and 12 (out of 13) new junior faculty attended in the first, second, and third years, respectively. Eight of 11 faculty completed the evaluation survey given after the second orientation day; 88% stated the day was good to excellent, and a similar percentage would recommend the day to new faculty. Faculty respondents liked “the diversity of speakers” and that “both hospital and university” speakers were included. The orientation was useful for “helping to know the history and state of the department,” “learning department structures,” and “meeting new colleagues.” In Year 3, 10 of 12 faculty completed the evaluation, with 100% stating that the day was good to excellent and that they would recommend the day to new faculty. Faculty respondents liked the “short talks,” “concise info,” “link to handouts,” and overall “explanation of the department.”

Discussion

We successfully created a robust and sustainable junior faculty development program consisting of a monthly seminar series, a formal Department of Pediatrics orientation for new faculty, and a mentorship program offered to all junior faculty. Following program evaluation at the end of Year 1, we made some changes to topics offered in the seminar series, changed the time of the seminar to the noon hour to accommodate more junior faculty, and videotaped the lectures. We had tremendous support from the department chair, whose office provided administrative support to assist with scheduling rooms, emailing

faculty, and planning the orientation. We created opportunities for local and regional networking by tapping into existing resources such as grand rounds and the Speakers Bureau.

We encountered some challenges during development of the program. There was considerable survey fatigue, so getting responses to online surveys was sometimes challenging. There were varying levels of attendance at seminars, although this improved after changing the time from 5:00 p.m. to the noon hour. For the two junior faculty representatives, this was a rewarding experience, but it was challenging to pull away from clinical responsibilities in the absence of protected time to run the program. We gained many insights, such as the importance of having lunch at the seminar series for faculty participants and that administrative support (emailing faculty participants, scheduling rooms, ordering lunch) was key to successful event planning. Faculty participants could network within the group, and we found that videotaping the seminars was helpful for faculty who could not attend in person.

Limitations of Our Curriculum

This curriculum was developed based on the needs of junior faculty at a specific institution; such needs may differ elsewhere. Some surveys had a low response rate. Our program evaluations asked questions about learner satisfaction and did not address practice change resulting from participation in the program.

Future opportunities include soliciting feedback on speakers from faculty participants at the end of each session through an electronic survey on a mobile device and modifying the program evaluation from asking about participant satisfaction with the program to asking about practice change resulting from participation in the program. We modified our initial needs assessment, orientation evaluation, and program evaluation to include questions about faculty competency.¹⁰ Next year, we plan on sharing the competency assessments with mentors of the junior faculty members to facilitate discussion and individualized goal setting. Another plan is to negotiate for protected time for the physicians leading the junior faculty development program to ensure the success of the program.

Planned Revisions

Moving forward, we are learning about alternate ways for junior faculty, particularly those at satellite offices, to access the materials presented in the seminar. These alternatives include video or audio podcasts and posting materials on a secure website. We plan to continue to offer an orientation day to new incoming junior faculty, utilizing advance planning so as not to interfere with patient care and clinic appointments, and also to coordinate the agenda with a new faculty orientation scheduled by the dean's office of the medical school to limit overlap of topics. We plan continued evaluation of the mentorship program. Additional work includes development of (1) a new faculty "survival guide," which would feature information about administrative hierarchy, contacts within the department, and requirements for promotion; (2) a LISTSERV to allow peer-to-peer networking and problem solving; and (3) a website for the junior faculty development program.

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