

Find and Hire New Faculty

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Overview

- Experience from two programs with the challenge of a sudden large faculty turnover
- Where to find faculty members
- How to support new faculty in the hiring process
- How to provide a supportive atmosphere with early faculty development

Objectives

Learners will be able to:

- Identify potential sources of finding new faculty members, including new residency graduates.
- Strongly advocate for new faculty members in the hiring and contracting stages.
- Outline the basics of a plan to support new faculty members in their new role, from developing faculty skills to creating a supportive environment.

Audience Response Question #1

How many faculty members is your program currently seeking?

- 0
- 1
- 2
- 3
- >4

The Challenge

- Residency programs are facing challenges in finding, hiring and retaining faculty members
- The number of programs looking for family medicine residency faculty is increasing
- More than 2/3 of programs are looking for faculty
- The percentage of programs looking for faculty has been increasing since at least 2012
- Data from Quick-hitter Survey of Program Directors in attendance at the AFMRD Annual Meeting, results available in the AFMRD toolbox

Source: <http://www.afmr.org/p/do/sd/topic=59&sid=1144>

Our Stories

- Karen B. Mitchell MD, Program Director
 - Providence Family Medicine Residency
 - Providence/Providence Park Hospital, MSU Southeast Michigan Clinical Campus
 - 27 residents, 17 core faculty, also Sports Medicine Fellowship
 - Two residency office sites: Southfield (urban, just outside of Detroit); South Lyon (small town, semi-rural, 30 miles west of Detroit)

The Providence Story (cont.)

- Prior to 2013: Searched/advertised
 - Biggest needs: maternity care, DO
 - STFM sites/books/online/meetings
 - AFMRD discussion forum/meetings
 - Local and state network notices
- 2013-2014: found 7 new faculty:
 - 2 “practicing” program grads
 - 5 hired straight from residency/fellowship
 - 1 internal, 4 from other programs
 - 4 doing maternity care
 - 2 DO's

Our Stories

- Raj Woolever MD, Program Director
- Central Maine Medical Center FMR
- Central Maine Healthcare; University of New England COM Clinical Campus
- Boston University, University of Vermont
- 21 residents, 12 core faculty: Sports Medicine, Hospitalist, Neuromuscular Medicine Fellowships
- 3 residency office sites: Lewiston (urban underserved), Rumford (rural), Bates College

The CMMC Story (cont.)

- Prior to 2015 - period of faculty stability
- Retirement, family move, transfer within program, faculty expansion created 5 openings, including OB and DO needs
- Little interest generated thru traditional ads
- Ultimately found :
 - 2 practicing program grads in the area
 - 2 hired straight from residency/fellowship
 - Both external, but both trained in Maine
 - 1 practicing hospitalist in “home” hospital
 - 4 DO’s; 1 doing maternity care

Our Stories

- Emily Block Soni, DO
 - Providence FMR faculty, hired 2013
 - Led the Providence new faculty development efforts in 2014 due to her experience the previous year
 - Not present today due to increasing faculty responsibilities necessitating her presence at other meetings
- Nik Fulbright, MD: hired in 2014

Our Stories

- Nik Fulbright, MD: hired in 2014
 - Started at Providence FMR as faculty after Residency
 - Co-Chief Resident at William Beaumont Hospital
 - Approach to job search
 - How I found Providence
 - What the hiring process was like

Audience response question #2

Finding new faculty: Where have you looked/posted to find new faculty member(s)? (answer all that apply)

- STFM Opportunities
- AFMRD discussion forum
- Posted at national meeting (STFM, PDW, etc)
- Journal ads
- Local networks
- Word of mouth
- Your own residents
- Other

Discussion

- What were your results?

Audience Response System #3

- Would you hire one of your senior residents as a new faculty member?
 - Yes
 - No

Senior Resident as New Faculty Member

- Pros
- Cons

Our Experience

- New grads offered significant advantages
- Enthusiasm
- Same generation as current residents
- “Blank slate”, hired for attitude/aptitude, train for knowledge and experience
- Need balance of experience—hire some from outside of program
- Recent inpatient and maternity care experience
- Lack practice and practice management experience

Audience Response System #4

The hiring process: how long does it take from first contact to signed contract?

- A. 2 to 4 months
- B. 5 to 7 months
- C. 8 to 10 months
- D. 11 months or longer

The Hiring Process

- **Pre-Recruitment Assessment**
- **Role Definition/Job Description**
- **The Search**
- **The Interview/Evaluation**
- **The Decision**
- **The Offer and Agreement**

Pre-Recruitment Assessment

New Role or Existing Role?

What Skills Are Needed?

What Personality is Needed?

Faculty, Resident, Staff Involvement?

A Selection Committee?

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Role Definition

(Job Description)

- **Written Process is Best (required)**
- **Institutional Requirements/HR classifications**
- **Educational/Accreditation Requirement**
- **Physical and Skill Needs**

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Role Definition (Cont.)

(Job Description)

- **Duty and Time Distribution**
- **Compensation Matrix/Salary Range**

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The Interview

- **Talk with prospective candidates before the formal interview (get references, CV, indication of interest, etc.)**
- **Invite serious candidates**
- **Prepare the interviewers: first impressions are very important**

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The Interview (Cont.)

- **Structure the Visit**
 - **Who, What, Where, When, How long?**
Use available in-house resources
 - **Interviews**
 - **Meals**
 - **Educational component**

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The Interview (Cont.)

- **Structure the Visit**
- **Remember Questions You Should Not Ask**
- **Assess for “Fit”**
- **Try to Identify the “Real Person”**
- **Keep candidates updated**

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The Decision

- **Gather Input From All Participants (Committee)**
- **Contact References**
- **Contact Others Shared Connections (as needed)**
- **Clarify Any Questions**
 - Personal Recommendations
- **Keep “Fit” in Mind**
- **Rank Candidates**

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The Offer And Agreement

- **Transparency**
 - Avoid making it a “game”
 - Cover all important points up front
 - Know what is negotiable; say what is not

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The Offer And Agreement

- **Transparency**
 - Avoid making it a “game”
 - Cover all important points up front
 - Know what is negotiable; say what is not
- **Include details**
 - Salary
 - Duties
 - Time

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The Offer And Agreement

- **Transparency**
 - Avoid making it a “game”
 - Cover all important points up front
 - Know what is negotiable; say what is not
- **Include details**
 - Salary
 - Duties
 - Time
- **Be consistent; be direct**

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The Offer And Agreement (cont.)

- **Use Available Resources**
 - HR
 - Administrative structure
 - Offer sheet
 - Compensation matrix

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The Offer And Agreement (cont.)

- **Use Available Resources**
 - HR
 - Administrative structure
 - Offer sheet
 - Compensation matrix
- **Letter of Agreement vs. Contract**
 - License
 - Hospital Staff Appointments
 - Background Checks

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The Offer And Agreement (cont.)

- **Use Available Resources**
- **Letter of Agreement vs. Contract**
- **Send Letter of Agreement the same day a verbal agreement is made**
- **Stay on top of the contracting process**

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Summary

- **Understand Your Needs**
- **Preparation is Rewarded**
- **Time taken to hire correctly is NEVER wasted**
- **Follow Appropriate Rules and Regulations**
- **Take Care of Institutional Issues**

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Summary (cont.)

- **Interview More Than One** (if possible)
- **Do Not Rush a Decision** (avoid feeling desperate)
- **Hire Enthusiasm/Look for Fit** (be willing to DNR)
- **Do Not Leave Applicants “Hanging”**
- **Close the Process Appropriately**

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Audience Response Question #5

Upon hiring new faculty, which of the following do you believe is most important?

1. Formal skills training
2. Mentorship
3. Peer support
4. Continuing development
5. Other

Retaining Faculty

1. Formal skills training
2. Mentorship
3. Peer Support
4. Continuing Development

The Providence Plan: Desired Outcomes

1. Develop/maintain basic faculty competencies
2. Foster resilience, avoid burn-out
3. Maintain environment where all faculty members feel connected and valued
4. Develop new skill sets
5. Leadership development
6. Identify faculty strengths and interests and correlate with faculty assignments
7. Early introduction of institutional knowledge and resources

Impart Institutional Knowledge

1. Resource packet (developed by recently-hired faculty, reviewed by all, ongoing additions)
2. Inpatient skills: co-round; also OB proctoring for maternity faculty
3. EHR training
4. Office orientation: sit with staff to learn their job/area of expertise

Basic Faculty Competencies

- Precepting
- Giving feedback
- Assessing resident core competencies
- Didactic presentations
- Research and scholarly activities
- Procedural skills
- Clinical knowledge including maintaining board certification
- Advising skills
- Dealing with residents having difficulties

Formal Skills Training

- Didactic faculty development:
 - Online Modules (STFM)
 - Bring Speakers in (STFM On the Road)
 - Conferences (STFM, CPI, SEMCME)
 - Faculty Development (fellowships, U of M)
 - Faculty Development Meetings at Providence
- Other?

Formal Skills Training

- Experiential learning:
 - Co-precepting (x 2 wks)
 - Co-Rounding (x 1 wk)
 - Co-Advising (x 1 yr)

Mentorship

- New faculty paired with senior faculty member (formal assignment)
 - Meet monthly x3 months, then quarterly x1 yr
- Specific clinical areas: formal and informal pairs (procedures, OMT)

Peer Support

- Formal new faculty support group
 - Monthly x 1 yr, with Behavioral Medicine faculty
- Informal social gatherings
 - New faculty only
 - All faculty
 - Residency-wide
- Mid-year faculty retreat:
 - Build community, resiliency, focus on wellness

Continuing Development

- Early meeting with PD and Dept Chair to define specific faculty duties and goals
 - Define individual faculty responsibilities
 - Define 3-5 year goals
 - incorporating talents, interests, passions
 - Define measurable one-year goals (approx. 4)
- Responsibilities and goals are based upon faculty member's interest and program needs
- Meet q 3-6 months to review goals/provide support to meet goals

Lessons Learned

Results of survey of new faculty members:

- Valuable: Early establishment of individual faculty goals
- Ongoing faculty development takes continued vigilance
 - Some efforts tapered off mid-year
 - Mentorship had diminishing returns
- New faculty bring a need for renewed clarification of expectations (office precepting, inpatient rounding, etc.)
 - Lots of faculty meeting discussions
- New faculty would have liked earlier opportunity in development of feedback skills (especially dealing with struggling residents)

Summary

- Where to find faculty members
- How to support them in the hiring process
- How to provide a supportive atmosphere with early faculty development

Take-Home Points

- One of your best new faculty member prospects may be one of your current residents. Know your program needs, grow residents as teachers, encourage faculty skills in residents with interest/aptitudes. Look at new grads from other programs to keep your program diverse.
- Recruiting faculty requires your full attention – you know the position and you can sell it better than anyone else. Bird-dog the contracting/paperwork part of the hiring process and be a strong advocate for your recruit.
- Develop a deliberate plan to support new development of faculty skills, mentoring, and wellness.

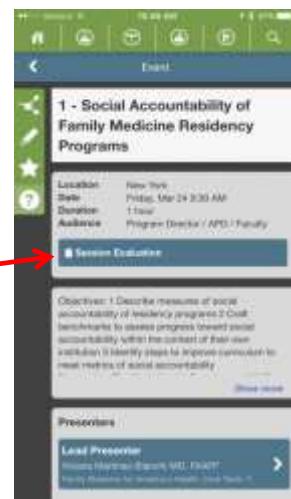
Audience Response Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



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