Growing Your Own Faculty

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Disclosures

• Dr. Blake: None

• Dr. Jenkins: None

• Dr. Wilson: None
Which title best describes your position in your program?

A. Program Director  
B. Chairman  
C. Faculty  
D. Program Coordinator  
E. Program Administrator  
F. Nurse  
G. Resident

How long have you been a faculty in your program?

A. ≤ 3 years  
B. 4-6 years  
C. 7-9 years  
D. > 9 years  
E. Not applicable
What was your background prior to joining your residency program?

A. Graduation from residency program
B. Non-academic practice for \( \leq 3 \) years
C. Non-academic practice for \( 4-6 \) years
D. Non-academic practice for \( 7-9 \) years
E. Non-academic practice \( > 9 \) years
F. Military medicine
G. Other

Does your residency program have a full compliment of physician faculty?
Of all academic positions in medical schools, Family Medicine had the second highest vacancy rate (5.3%)

What are the reasons for less than a full compliment of faculty?
How have you sought to fill your faculty vacancies?

Do you have a formal orientation program for new faculty?

A. Yes

B. No
If you have an orientation program, what does it include?

<table>
<thead>
<tr>
<th>Practice Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
</tr>
<tr>
<td>Private practices with some group practices</td>
</tr>
<tr>
<td>Full-scope family medicine</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Market Changes

<table>
<thead>
<tr>
<th>1996</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private payers insurance best return for physicians</td>
<td>Increase in physician extenders</td>
</tr>
<tr>
<td>Medicaid/Medicare</td>
<td>Now with ACA and other federal/private initiatives impacting practice</td>
</tr>
</tbody>
</table>

## Academic Changes

<table>
<thead>
<tr>
<th>1996</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation duration – 5 year max</td>
<td>More flexible RRC-FM requirements</td>
</tr>
<tr>
<td>More detailed RC-FM</td>
<td>Now with 10-year accreditation and yearly data to ACGME</td>
</tr>
<tr>
<td>Best faculty felt to have private practice experience</td>
<td>Many private practices FP’s limited practice</td>
</tr>
</tbody>
</table>
What’s Changed

August 5, 1997 Balanced Budget Act

<table>
<thead>
<tr>
<th>Number</th>
<th>1996</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Residencies</td>
<td>452</td>
<td>491</td>
</tr>
<tr>
<td>PGY-1 Residency Slots</td>
<td>3,572</td>
<td>3,260</td>
</tr>
<tr>
<td>Medical Schools</td>
<td>124</td>
<td>141</td>
</tr>
<tr>
<td>Osteopathic Schools</td>
<td>19</td>
<td>44</td>
</tr>
</tbody>
</table>

Osteopathic College Growth

2016 AOA Commission on Osteopathic College Accreditation.
Practice Models and Activities of Family Medicine Physicians Here Today

![Bar chart showing practice models and activities of family medicine physicians. The chart represents the percentage of physicians involved in different types of care, with the highest percentage in outpatient care and the lowest in Obstetrics. Source: American Academy of Family Physicians Member Census, December 31, 2015.](chart.png)
Procedures Performed By Family Medicine Physicians Here Today

Procedures Performed By Family Medicine Physicians

Source: American Academy of Family Physicians Member Census, December 31, 2015
How many family medicine physician faculty are you currently recruiting?

2012

Percentage of Respondents

- None
- One
- Two
- Three
- Four or more

Quick Hitter Question Data from AFMRD Annual Meetings 2012-2016

How many family medicine physician faculty are you currently recruiting?

2013

Percentage of Respondents

- None
- One
- Two
- Three
- Four or more

Quick Hitter Question Data from AFMRD Annual Meetings 2012-2016
How many family medicine physician faculty are you currently recruiting?

2014

Percentage of Respondents

2015

Percentage of Respondents

Quick Hitter Question Data from AFMRD Annual Meetings 2012-2016
How many family medicine physician faculty are you currently recruiting?

- None
- One
- Two
- Three
- Four or more

Percentage of Respondents

If you have hired new FM faculty within the last two years, approximately how long did it take to fill the position?

- Not applicable
- Less than 6 months
- 6-12 months
- >1 year

Percentage of Respondents
If you have hired new FM faculty within the last two years, approximately how long did it take to fill the position?

**2015**

- **Not applicable**
- **Less than 6 months**
- **6-12 months**
- **>1 year**

Percentage of Respondents

Quick Hitter Question Data from AFMRD Annual Meetings 2012-2016

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If you have hired new FM faculty within the last two years, approximately how long did it take to fill the position?

**2016**

- **Not applicable**
- **Less than 6 months**
- **6-12 months**
- **>1 year**

Percentage of Respondents

Quick Hitter Question Data from AFMRD Annual Meetings 2012-2016
Benefits of Recruiting Faculty from Within the Residency Program

• Known academic performance

• Known teaching ability

• Familiarity with:
  – Healthcare system and people
  – Full-scope practice
  – Scholarly activity

Challenges of Recruiting Faculty from Within the Residency Program

• Timing

• Changing priorities

• Limited ‘real-world’ experience

• Supervising former resident colleagues
Our Approach

- Identify students and residents interested in an academic career
- Ensure “good fit” for the department
- Allow shadow precepting (an attending and a “pretending”) on inpatient service and in clinic for up to a month
- Make elective opportunities available to introduce academic roles
- Critique lectures
- Upon appointment as faculty, designate a faculty mentor
- Attend a faculty development fellowship

Workforce Challenges In Modern Family Medicine

- What is one word to describe healthcare at this time?
Workforce Challenges In Modern Family Medicine

• Aging ‘baby boomer’ patient population
• Aging ‘baby boomer’ physician population

At what age does the average Family Medicine physician retire?

A. 55
B. 60
C. 65
D. 70
E. 75
• Family Medicine Physicians retire from direct patient care at mean age of 65.1

• Negligible differences in location, time, and gender

Workforce Challenges In Modern Family Medicine

• Aging ‘baby boomer’ patient population

• Aging ‘baby boomer’ physician population

• Supply / Demand imbalance

• Need for robust family medicine faculty is established
My Story – What Am I Going To Do?

- LMU-DCOM 2013
  - Dual DO/MBA
  - Focus on holistic primary care and healthcare management

- Family Medicine @ UTMCK 2016
  - Recruiting chief
  - Chief resident

- After graduation…
  - Outpatient primary care
  - Hospitalist
  - Fellowship?
  - EVERYTHING!

My Story - You mean I can actually do that?!

- Approached by faculty mentor in late second year

- “AHAH!” moment

- Re-focusing of third year
  - Elective in junior faculty role
    - Supervised supervision of residents
    - Large and small group teaching
    - Committee exposure
    - One-on-one meetings with organization leadership
    - Away rotation with UT Chattanooga Family Medicine Department
  - Enhanced experience with scholarly activity
    - National presentation
My Story – Now I get to do (all of) that!

- Full time faculty member and associated privileges
  - Inpatient/Outpatient/OB
  - Resident supervision
  - Scholarly Activity
  - Quality Improvement
  - Department / Hospital Committees
  - Protected time

- Faculty mentor guidance

- UNC Chapel Hill Faculty Development Fellowship

Growing Your Own Faculty – Development Resources

- The Grant Generating Project
- The Medical Student Educators Development Institute
- The CAFM Educational Research Alliance
- The Emerging Leaders Fellowship
- The Residency Accreditation Toolkit
- “Faculty for Tomorrow” project

Cullison S. Time to Change Our Paradigm for Faculty Recruitment; Old Rules Are Falling Us: We Need to Recruit New Faculty Before They Graduate. Fam Med 2015;47(3):235-237.
Growing Your Own Faculty: Identify Potential

- Needs Assessment
- Know your players
  - Medical students
  - Residents
  - Fellows
- Keen awareness of potential candidate interests
  - Full scope
  - Underserved
  - Research
  - Teaching

Growing Your Own Faculty: Nurture / Cultivate Skills

- Open Ear / Open Eye
  - Direct observation of skills
    - “Proof is in the pudding”
  - Feedback
    - Faculty
    - Advisors
- Establish as mentor
  - Increases retention
  - Age match
  - “Speak the language”

Margaret M. Steele, Sandra Fisman & Brenda Davidson (2013). Mentoring and role models in recruitment and retention: A study of junior medical faculty perceptions. Medical Teacher, 35(S), e1130-e1138.
Growing Your Own Faculty – Onboarding

• Collaborative appraisal
  – New faculty skills and interests
  – Department needs
  – Areas for skill development
• Orientation to new roles
  – Mentorship is key
  – Embrace role-shift with residents early
• Skill development through fellowship

Growing Your Own Faculty - Reflections

Pros
• Diversity of practice
• Familiarity with:
  – Patients
  – People
  – System
• Career advancement
• Employee benefits
• Loan forgiveness option

Cons
• “Imposter Syndrome”
• “Van Wilder Syndrome”
• Compensation
• Expansive scope
• Resident friction
## Faculty Skill-Set Inventory

<table>
<thead>
<tr>
<th>General</th>
<th>Procedures</th>
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<tbody>
<tr>
<td>• Board Certifications</td>
<td>• Women’s Health</td>
</tr>
<tr>
<td>• Academic Degrees</td>
<td>• Sports Medicine</td>
</tr>
<tr>
<td>• Certificates of Added Qualifications</td>
<td>• Surgical</td>
</tr>
<tr>
<td></td>
<td>• Hospital/Emergency</td>
</tr>
<tr>
<td></td>
<td>• Ultrasound</td>
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<table>
<thead>
<tr>
<th>Academic Skills</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• NIPPD</td>
<td></td>
</tr>
<tr>
<td>• Academic Fellowships</td>
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## Faculty Development

### By Program
- Teaching style
- Practice role-modeling
- Evaluation
- Administration

### By NIPPD, Independent Fellowship
- Research skills
- Teaching techniques
- Financing
- Problem solving

### By National Meetings – RPS/RPP, STFM, NAPCRG
- Changes in national requirements – Milestones, EPA's
- Networking
- Problem solving
- Best-practices
Poll Question:
Enter your email address to be included in any follow-up communication from the presenter(s).

Social Q & A
Please…
Complete the session evaluation.
Thank you.

Thank You For Your Participation!