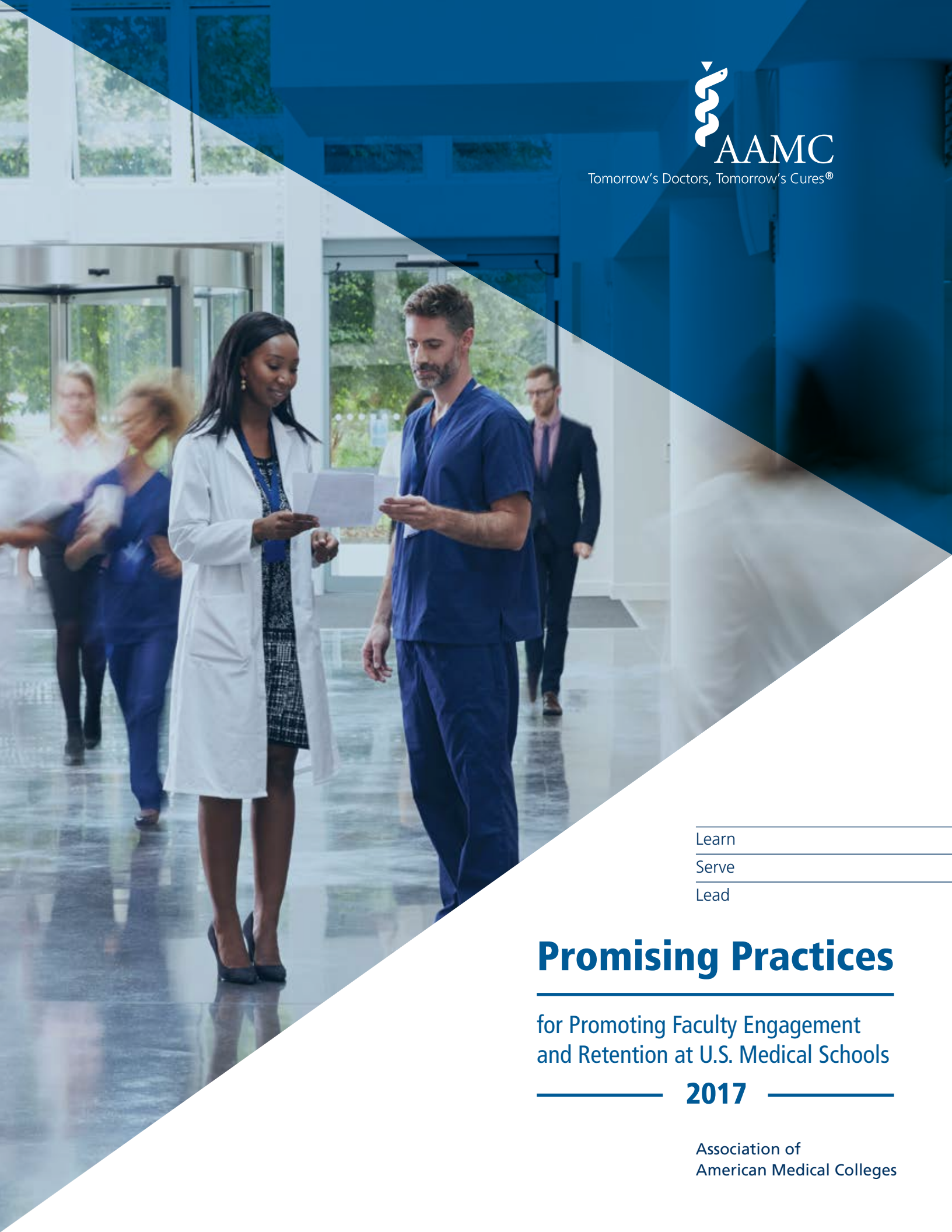AAMC

Tomorrow's Doctors, Tomorrow's Cures®

Learn

Serve

Lead

Promising Practices

for Promoting Faculty Engagement
and Retention at U.S. Medical Schools

2017

Association of
American Medical Colleges

This is a publication of the Association of American Medical Colleges. The AAMC serves and leads the academic medicine community to improve the health of all.

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EXECUTIVE SUMMARY

Since 2008, the AAMC has been offering the StandPoint™ Surveys program to help member medical schools address the high cost of faculty turnover by enhancing faculty engagement. Organizational management research has shown a strong link between employee (i.e., faculty) engagement and retention, as well as between engagement and organizational performance.[1–5] To date, more than 60 AAMC member medical schools have participated in StandPoint Surveys to create positive change in the workplace culture.

The AAMC developed the StandPoint Faculty Engagement Survey in 2007 as a tool to help medical schools learn what drives faculty engagement at the institutional level and how engagement compares across peer institutions. The survey instrument measures 17 areas of faculty engagement. It was piloted in 2008 and fully launched in 2009. Based on psychometric analyses, revisions were made to the survey in 2010 and 2016.

This publication describes the experiences of 12 schools with the StandPoint Faculty Engagement Survey and provides examples of how the faculty engagement data were used to take action and improve the workplace. Each profile is based on interviews with institutional leaders who spearheaded the StandPoint Surveys initiative at their schools. They describe how they used their survey results to improve faculty experiences over time through the implementation of targeted strategies to drive organizational change. Aggregate data from the 2013–2016 surveys are provided as context for these profiles. The efforts and experiences of these 12 schools underline the need to collect faculty data to improve faculty engagement and retention. The hope is that dissemination of their promising practices will help inform ongoing efforts to build faculty engagement at medical schools across the country.

Overview of Institutional Profiles*

University of Mississippi Medical Center, a longstanding user of StandPoint Surveys, expanded use of the survey beyond the medical school to the other health professions schools at the academic medical center. This facilitates greater institutional transparency by enabling academic leaders to separate the shared faculty concerns from the school-specific concerns.

Sidney Kimmel Medical College used StandPoint data across all five schools of the academic medical center to promote strategic change. This allows academic leaders to focus on issues facing faculty campus–wide and create tailored interventions to fit school-specific challenges.

University of Missouri School of Medicine used data to drive change in three core areas: financial transparency, mentoring, and departmental leadership. As a result, faculty report greater understanding of institutional issues and more connection to the medical school as a whole.

University of Florida College of Medicine used StandPoint data to address faculty stressors such as changes in benefits packages as a result of decisions the State of Florida has made. As a result of findings from their customized survey questions, the College developed physician-wellness programming to address burnout.

Texas Tech University School of Medicine used the benchmark reporting capabilities in StandPoint Surveys to separate Texas Tech challenges from the ones that are common to academic medicine. In particular, data prompted academic leaders to create programming to better align their main and regional campuses.

University of Virginia School of Medicine gained clarity on key faculty challenges by examining its data from the department level to the system level. As a result, the School strengthened the diversity programming for women and minorities and added accountability measures to ensure shared responsibility for institutional actions.

*Ordered by number of survey administrations, starting with the most.

Medical College of Wisconsin used the data to monitor faculty perceptions and stress in response to institutional changes and growth over time and to identify ways to best recruit and retain high-quality faculty.

David Geffen School of Medicine at UCLA navigated a series of leadership changes by listening to issues faculty raised in the survey. Addressing diversity challenges and strengthening administrative communications helps maintain faculty cohesion and engagement.

University of Nevada, Reno School of Medicine used its data to address promotion and tenure concerns, strengthen faculty-mentoring programs, and educate the faculty on medical school finances. The faculty report more engagement and enthusiasm for their place of work.

Stanford University School of Medicine used StandPoint data to foster diversity, equity, and inclusion to help all faculty thrive. The result is increased retention and higher levels of faculty satisfaction.

Wake Forest School of Medicine used the survey data to address administrative communication challenges that resulted from local policy changes. As a result, new governance structures provide a more direct faculty voice in administration decisions, which will help rebuild trust.

Baylor College of Medicine used StandPoint data to address multifaceted communication challenges and perceptions about the promotion and tenure process. Regular survey efforts with faculty provide them with an ongoing mechanism to enhance institutional learning.

INTRODUCTION

Faculty are a critical resource at U.S. academic medical centers, where full-time academic medicine educators, clinicians, and researchers now number more than 165,000.[6] Highly engaged faculty are interested in their work and invested in the success of their institution. They also raise the level of organizational performance and pursue longer careers. Successful leaders understand that engaging and retaining these valuable faculty members helps create a productive and positive work environment and saves hundreds of thousands of dollars in turnover costs.

To help medical school leaders understand faculty engagement better, the AAMC began collaborating with its members in 2007 to create a program now called StandPoint™ Surveys. The program sought to address the high cost of turnover in faculty members within academic medicine. Organizational management research shows that there are strong links between employee engagement and retention and between engagement and organizational performance.[1–5] Looking at faculty engagement and retention is essential to the success of academic medical centers given the financial costs, the loss of organizational knowledge, and the effects on remaining employees of faculty turnover.

The StandPoint Faculty Engagement Survey is a research-validated tool the AAMC built to help institutions measure their faculty's satisfaction and engagement, as well as compare measures with peer institutions across the country. The survey assesses levels of U.S. faculty engagement—defined as the emotional and cognitive attitudes that faculty members have toward their workplace experiences and the associated behavioral outcomes, such as greater organizational contribution, individual productivity, and retention. Since the survey's official launch in 2009, more than 60,000 faculty responses have been collected.

> **"[StandPoint Surveys are valuable in helping you to] be able to use your resources wisely and target how you're investing your time and energy."**

Why Faculty Engagement Matters

Collecting faculty engagement data helps leaders make informed, evidence-based decisions about improving the workplace. Health care organizations that have sustained, well-designed talent-management strategies and positive organizational cultures experience:

- Higher levels of employee satisfaction, engagement, and retention
- Positive individual-level performance of faculty and staff
- Positive organizational-level performance

This research also shows that engaged individuals give more than is expected of them in their workplace and are happy to do so. Academic physicians and faculty who are engaged are more likely to stay at their institutions, provide better-quality patient care, and foster greater patient satisfaction.[7] However, to be fully engaged and leverage their sense of mission and passion, employees require access to their organization's resources, support, and tools. Figure 1 illustrates how faculty data can be transformed into action.

"Faculty are the most important resource and asset in academic medicine."

Figure 1: How information from faculty can be applied to create CHANGE in the academic medicine workplace

Improvements to TALENT MANAGEMENT STRATEGIES > Higher Levels of FACULTY ENGAGEMENT > Better FACULTY PERFORMANCE / Higher RETENTION / Better ORGANIZATIONAL PERFORMANCE
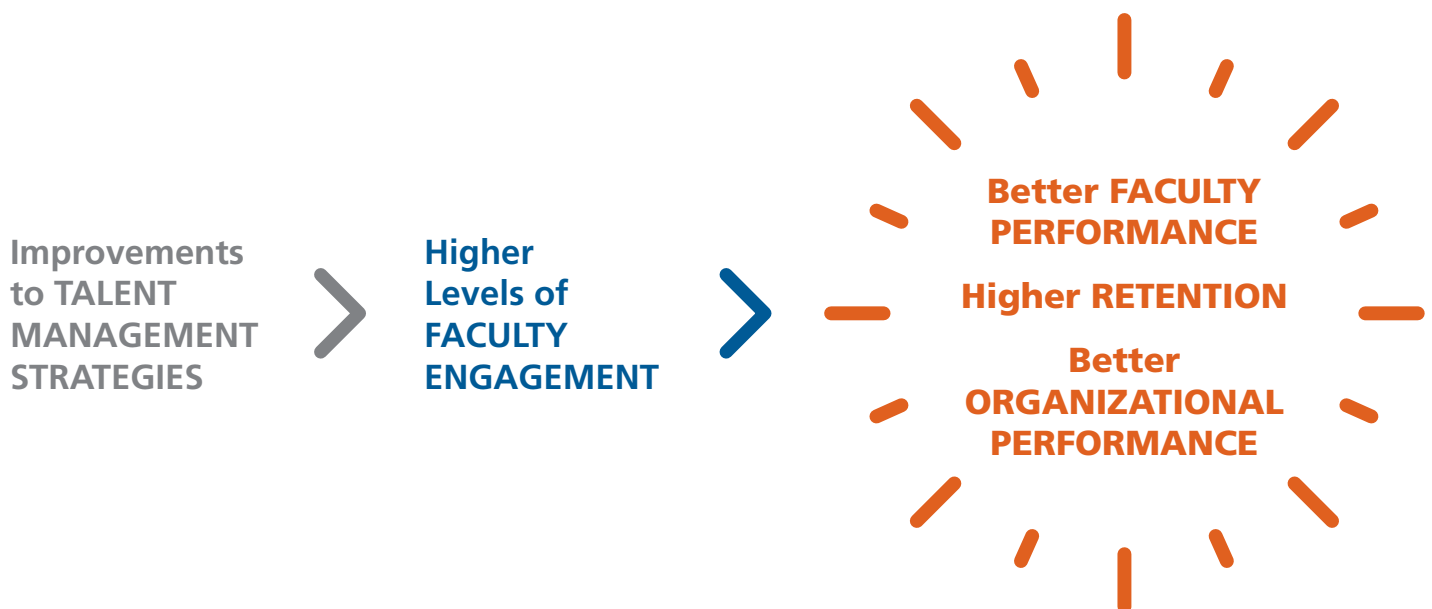
Why Measurement Matters

The administrators interviewed for this publication, including deans, senior associate deans, and associate deans, also explained that measuring faculty engagement makes sense for reasons other than those mentioned above, especially to surface underlying cultural issues and to build organizational trust.

> **"The human side of engagement is, 'Here's this precious group of people that are the most important resource the school has, and if they're engaged, they're happier, they're more productive, they're more likely to stay.'"**

Building Organizational Trust

Interviewees said that administering faculty engagement surveys fosters greater trust between faculty and their institutional leadership given that leaders implement initiatives to address the results that show areas of faculty dissatisfaction. Developing this relationship based on trust between faculty and administration has allowed participating institutions to thrive, interviewees said. Faculty feel as though they are appreciated and cared for and that there is opportunity for growth.

The value in building faculty trust through confidential surveys, such as StandPoint, is that leaders are able to clearly communicate that faculty are recognized as the institution's most valuable resource. As one interviewee said, engaged faculty members "are drivers of higher-quality care [and an] improved work environment, contributing to fewer departures." Interviewees repeatedly made statements such as, "Schools that are not assessing their faculty engagement are missing an opportunity," and, "The administration of the survey itself says that the administration cares enough to ask."

The StandPoint Faculty Engagement Survey allows participating institutions to express appreciation and respect for their faculty, resulting in better communication between these two parties and a relationship built on trust and support. One interviewee summarized this by saying that surveying "provides a structured way to get input from our faculty or for us to invite their comments, their critiques, their assessments of how their professional lives are going and what we can do about it."

You Don't Know What You Don't Know

A recurring sentiment among our interviewees was that without StandPoint, "you don't know what you don't know." Administrative leaders may believe that the institution is doing well, that faculty are satisfied with the infrastructure and their jobs when, really, faculty feel as though they are lost and unable to perform their best work. Or perhaps certain faculty groups are thriving while others lack support. An effective way to find out how all faculty perceive their workplace is a validated survey.

The StandPoint Faculty Engagement Survey assesses engagement via data points, not individual discussions or anecdotal evidence. Participating institutions can gather information about how faculty feel across departments and demographics and can assign numbers to these feelings to make them quantifiable. Interviewees have stated, "If you've got a survey that's validated [and] benchmarked, and [StandPoint supports] the analysis . . . , why wouldn't you administer it?" Further, they agree that "it's helpful when you know at a department level how you're doing relative to other departments at the school, as well as across the country. There's no other survey that lets you do that."

Depending on the amount of organizational change taking place at any given time, it can be daunting for some institutions to survey faculty knowing that they may uncover immense dissatisfaction. However, as one interviewee said, "We will never thrive in this institution if the faculty does not feel supported. We won't know how to do that unless we hear from you." Another administrator added, "Don't be afraid about what you might find. Sometimes there's an implicit fear of what's in Pandora's Box. What you don't know won't hurt you, but actually, [it] could kill you. StandPoint is a tool that supports progress, a tool that helps us utilize our resources."

While institutions may be concerned that the data will uncover information about immense dissatisfaction, institutions stand to face greater consequences if faculty dissatisfaction is not addressed.

Moreover, the survey also reveals points where faculty feel satisfied, supported, and engaged. Administrators have felt that using the StandPoint Faculty Engagement Survey provides an opportunity to identify the "positive values on your medical school campus that maybe you had previously discounted."

THE STANDPOINT FACULTY ENGAGEMENT SURVEY

What Is the StandPoint Faculty Engagement Survey?

The AAMC's StandPoint Faculty Engagement Survey is a validated tool that addresses the issues unique to faculty engagement in academic medicine. This independent, research-based survey, developed and reviewed by experts in survey design, academic medicine, talent management, and organizational development, grew from a series of in-depth focus groups with medical school clinical and basic science faculty members in 2007.

> ## "StandPoint Surveys create a baseline, and you can assess whether change is happening or not."

The survey was pilot-tested in 2008, and the expanded administration of it in 2009 created the largest-ever collection of workplace engagement and satisfaction data for U.S. medical schools. In 2010 and 2016, the AAMC conducted a detailed review of the survey content to refine the tool's ability to clearly measure faculty engagement.

The StandPoint Faculty Engagement Survey's 17 dimensions align with research on the factors that drive employee engagement (Figure 2). For reporting purposes, summary scores from conceptually related items with compatible response scales across the survey dimensions were calculated (e.g., on the five-point Likert scale). This means that some dimensions, such as "Mentoring and Feedback" and "Part-Time Faculty Experiences," do not have summary scores because they contain questions that used incompatible response scales (e.g., "Yes/No" or "Check all that apply" responses).

Survey Methods

Data from the 2013–2016 StandPoint Faculty Engagement Survey are presented here to provide context for the profiles in this publication. From 2013 to 2016, 36,839 full- and part-time faculty from 35 academic medical centers were invited to participate in the web-based survey (see page 56).[8] Survey respondents were defined as those faculty members who answered at least one core survey item (defined as a question not related to demographics). In total, 23,249 faculty (63.1%) responded to the survey. Nonresponse bias indicated that the distribution of respondents differed slightly from the expected distribution of respondents, with slightly more basic science faculty responding than expected ($X^2 = 54.51$, $p < 0.05$). However, the overall populations of participating institutions were fairly representative of all LCME-accredited schools in terms of distribution of faculty by department type (basic vs. clinical), as reported in the AAMC Faculty Roster.[6]

Figure 2: The StandPoint Faculty Engagement Survey dimensions

Dimension Name	Dimension Description	Summary Scores
Nature of Work	Number of hours worked; time spent on mission areas; control over schedule; autonomy	**My Job**
Focus on Medical School Mission	Mission clarity and alignment; commitment to mission-based excellence; value the medical school and department places on various mission areas; whether the workplace culture cultivates collegiality, innovation, and other ideals	**Focus on Medical School Mission** **Workplace Culture**
Department Governance	Opportunities for faculty participation in decision making; communication from the department chair; department's explanation of finances to faculty	**Department Governance**
Medical School Governance	Opportunities for faculty participation in governance; communication from the dean's office; medical school's explanation of finances to faculty	**Medical School Governance**
Relationship With Supervisor	Supervisor's support of individual goals; good communication; perceptions of equity	**Relationship With Supervisor**
Mentoring and Feedback	Quality of mentoring and feedback on career performance	**N/A**
Opportunities for Career and Professional Growth	Opportunities for professional development; pace of advancement; application of promotion criteria; whether promotion criteria are clear and reasonable within various mission areas; equal opportunities regardless of sex, race, and sexual orientation	**Opportunities for Career and Professional Growth** **Promotion and Tenure Requirements** **Promotion Equality**
Collegiality and Collaboration	Opportunities to collaborate with other faculty; personal "fit" (i.e., sense of belonging); interactions with colleagues; intellectual vitality within the department and medical school; appreciation by colleagues	**Collegiality and Collaboration**
Compensation and Benefits	Evaluation of overall compensation; health and retirement benefits	**Compensation and Benefits**
Faculty Recruitment and Retention	Success in hiring and retaining high-quality faculty; success in hiring and retaining diverse faculty	**Faculty Recruitment and Retention** **Faculty Diversity and Inclusion**
Clinical Practice	Ability to provide high-quality care; how well the clinical practice functions overall	**Clinical Practice**
Part-Time Faculty Views	Assess decisions for part-time status and support from institution	**N/A**
Global Satisfaction	Overall satisfaction with department and medical school as places to work, including two open-ended questions to solicit suggestions for improvement	**N/A**

Who participated in the StandPoint Faculty Engagement Survey during 2013–2016?

	Population	Survey Respondents	Respondent Demographics[1]	Overall Response Rate
All Faculty	36,839	23,249	100.0%	63.1%
Appointment Status				
Full-Time	31,105	21,199	91.6%	68.2%
Part-Time	3,940	1,953	8.4%	49.6%
Department Type				
Basic Science	4,289	3,270	14.1%	76.2%
Clinical	32,041	19,914	85.9%	62.2%
Rank[2]				
Senior (Full or Associate)	N/A	11,822	54.9%	N/A
Junior (Assistant)	N/A	9,695	45.1%	N/A
Gender				
Male	21,022	13,735	59.2%	65.3%
Female	14,306	9,455	40.8%	66.1%
Race/Ethnicity				
Majority (White or Asian)	27,116	19,524	89.9%	72.0%
Minority (All Other)	3,290	2,189	10.1%	66.5%

1. Not all participants responded to demographic questions.
2. Rank is not collected from institutions prior to surveying.

Comparison of 2013–2016 StandPoint Surveys Institutions to AAMC Member Medical Schools

	StandPoint Surveys Institutions		All AAMC Member Medical Schools	
Ownership Type[1]				
Private	**11**	**31%**	**57**	**39%**
Public	**24**	**69%**	**88**	**61%**
Total	**35**		**145**	
Regional Breakout[1]				
Northeast	**6**	**17%**	**40**	**28%**
Central	**6**	**17%**	**34**	**23%**
Southern	**16**	**46%**	**52**	**36%**
Western	**7**	**20%**	**19**	**13%**
Total	**35**		**145**	
Full-Time Faculty Counts[2]				
Basic Science	**3,855**	**12.4%**	**19,208**	**11.5%**
Clinical	**27,154**	**87.3%**	**146,121**	**87.7%**
Other	**96**	**0.3%**	**1,384**	**0.8%**
Total	**31,105**		**166,713**	
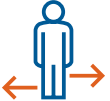
1. For more information on organizational characteristics, see services.aamc.org/ocd/index.cfm.

2. Faculty count source: AAMC Faculty Roster, U.S. Medical School Faculty, 2016, Table 1. Full-time faculty counts reflect information from the AAMC Faculty Roster as verified and updated by medical schools for purposes of LCME reporting. Available at www.aamc.org/data/facultyroster/reports/index.cfm. Accessed June 14, 2017.

StandPoint
Faculty Engagement
Survey Data Snapshots
2013–2016

	Number of Respondents[1]	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied or Very dissatisfied	Mean
All Faculty	21,337	67%	22%	11%	3.72
Appointment Status					
Full-Time	19,516	67%	22%	11%	3.71
Part-Time	1,739	70%	22%	8%	3.81
Department Type					
Basic Science	3,096	64%	20%	16%	3.61
Clinical	18,180	68%	22%	10%	3.73
Rank					
Senior (Full or Associate)	11,067	66%	21%	13%	3.68
Junior (Assistant)	8,823	68%	24%	8%	3.74
Gender					
Male	12,837	67%	21%	12%	3.71
Female	8,455	67%	24%	9%	3.73
Race/Ethnicity					
Majority (White or Asian)	18,386	68%	22%	10%	3.72
Minority (All Other)	2,027	69%	22%	9%	3.77

1. Not all participants responded to demographic questions.

Overall Satisfaction With Departments: A Look at Satisfaction by Specialty

Basic Science Departments
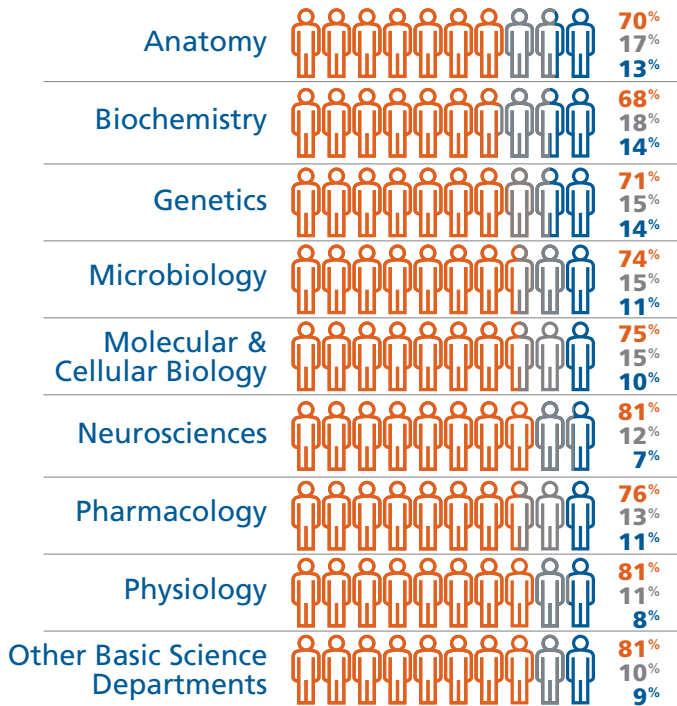
Department	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied or Very Dissatisfied
Anatomy	70%	17%	13%
Biochemistry	68%	18%	14%
Genetics	71%	15%	14%
Microbiology	74%	15%	11%
Molecular & Cellular Biology	75%	15%	10%
Neurosciences	81%	12%	7%
Pharmacology	76%	13%	11%
Physiology	81%	11%	8%
Other Basic Science Departments	81%	10%	9%

- ■ Very Satisfied or Satisfied
- ■ Neither Satisfied nor Dissatisfied
- ■ Dissatisfied or Very Dissatisfied

Clinical Departments

Department	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied or Very Dissatisfied
Anesthesiology	73%	15%	12%
Dermatology	81%	10%	9%
Emergency Medicine	79%	11%	10%
Family Medicine	78%	12%	10%
Medicine	72%	16%	12%
Neurology	70%	14%	16%
Neurosurgery	79%	10%	11%
OB/GYN	77%	12%	11%
Ophthamology	80%	11%	9%
Orthopedic Surgery	80%	12%	8%
Otolaryngology	82%	12%	6%
Pathology	71%	17%	12%
Pediatrics	75%	14%	11%
Physical Med & Rehab	77%	14%	9%
Psychiatry	71%	14%	15%
Radiation Oncology	77%	14%	9%
Radiology	72%	15%	13%
Surgery	71%	15%	14%
Urology	74%	14%	12%
Other Clinical Departments	71%	15%	14%

Average across all departments

74% Very Satisfied or Satisfied	14% Neither Satisfied nor Dissatisfied	12% Dissatisfied or Very Dissatisfied

Plan to retire in the next 1–2 years

Plan to leave this medical school in the next 1–2 years (excludes retirees)

3% **Yes**

89% No | **8% Don't Know**
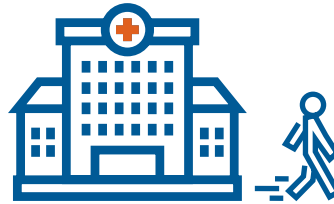
10% **Yes**

71% No | **19% Don't Know**

> **Almost a third of faculty are planning to leave or considering leaving their medical school in the next 1–2 years.**

Summary Scores for Assessing Faculty Engagement

Percent Favorable Responses[1]

> **Faculty show consistent dissatisfaction with medical school governance. Yet, research shows that it is one of the most important factors in driving one's overall satisfaction with their school as a place to work.**

Category	Percent
My Job	83%
Focus on Medical School Mission	67%
Workplace Culture	69%
Department Governance	64%
Medical School Governance	47%
Relationship With Supervisor	73%
Growth Opportunities	65%
Promotion & Tenure Requirements	60%
Promotion Equality	74%
Collegiality and Collaboration	75%
Compensation and Benefits	64%
Faculty Recruitment and Retention	60%
Faculty Diversity and Inclusion	70%
Clinical Practice	56%

1. These data reflect summary score calculations. Please refer to Figure 2 for explanation of survey content.

What factors predict faculty satisfaction and intent to leave their institution?[1]

These factors affect one's overall satisfaction with their **department...**

| Faculty Diversity and Inclusion | Growth Opportunities | Compensation and Benefits | Faculty Recruitment and Retention | Collegiality and Collaboration | My Job | Relationship With Supervisor | Department Governance |

These factors affect one's overall satisfaction with their **medical school...**

| My Job | Compensation and Benefits | Growth Opportunities | Collegiality and Collaboration | Workplace Culture | Faculty Recruitment and Retention | Focus on Medical School Mission | Medical School Governance |

If faculty feel positive about these factors, they will be more likely to stay at their **medical school...**

| Focus on Medical School Mission | Compensation and Benefits | Collegiality and Collaboration | Relationship With Supervisor | Faculty Recruitment and Retention | Growth Opportunities | My Job |

1. Regression analyses were used to determine the factors significant in predicting each outcome. Factors presented were significant at $p < 0.05$ and are listed in the order of significance.

Basic Science Departments

16%
23%
1%
60%

Mission Area	Mean Hours
Teaching/Education	12.7
Research/Scholarship	33.3
Patient Care/Client Services	0.4
Administration/Institutional Service	9.0
Total Hours	**55.5**

Clinical Departments
(Provides Patient Care)

15%
16%
13%
56%

Mission Area	Mean Hours
Teaching/Education	9.2
Research/Scholarship	7.7
Patient Care/Client Services	32.0
Administration/Institutional Service	8.5
Total Hours	**57.4**

Clinical Departments
(Does Not Provide Patient Care)

17%
17%
6%
60%

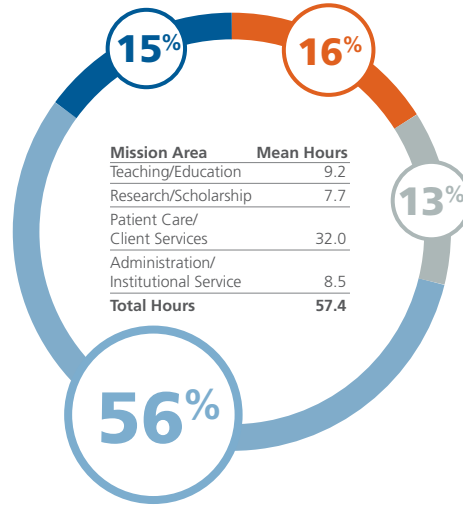| Mission Area	Mean Hours
Teaching/Education	9.0
Research/Scholarship	32.2
Patient Care/Client Services	3.1
Administration/Institutional Service	9.1
Total Hours	**53.4**
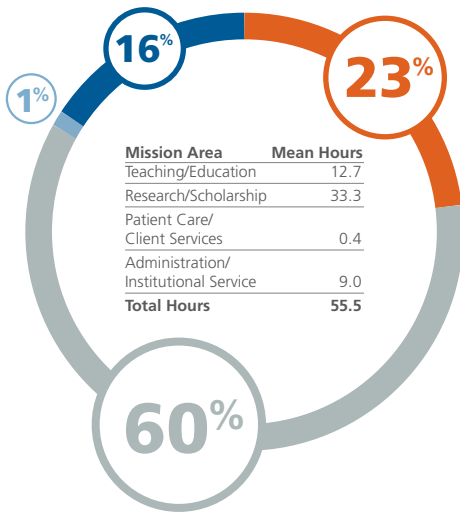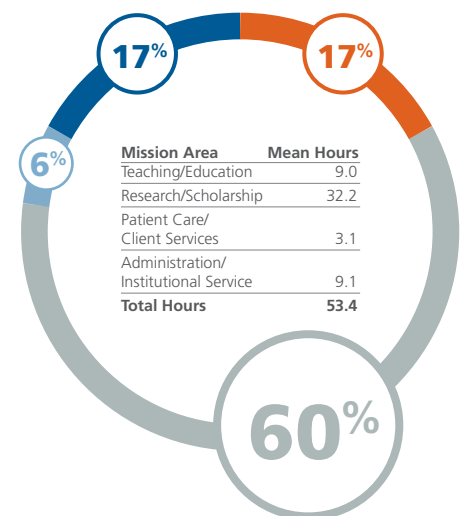
■ Teaching/Education　■ Research/Scholarship　■ Patient Care/Client Services　■ Administration/Institutional Service

Respondents estimated the total number of hours spent on all work activities in an average calendar week and the percentage of time spent on each mission area. Mission areas included:

Teaching/Education: teaching, grading, course preparation, developing new curricula, advising or supervising students or residents, working with student or resident groups

Research/Scholarship: research, reviewing or preparing articles or books, attending or preparing for professional meetings or conferences, reviewing or writing proposals, seeking outside funding

Patient Care/Client Services: medical service, counseling patients or families, administrative tasks associated with clinical service

Administration/Institutional Service: university, medical school, health system, faculty practice or department administrative duties, meetings, committee work

How do full-time faculty feel about the time they spend in each mission area?

	Far Too Much or Too Much	About Right	Far Too Little or Too Little
Basic Science Departments			
Teaching/Education	11%	78%	11%
Research/Scholarship	8%	62%	30%
Patient Care/Client Services	10%	80%	10%
Administration/Institutional Service	31%	64%	5%
Clinical Departments (Provides Patient Care)			
Teaching/Education	3%	67%	30%
Research/Scholarship	2%	38%	60%
Patient Care/Client Services	35%	61%	4%
Administration/Institutional Service	20%	64%	16%
Clinical Departments (Does Not Provide Patient Care)			
Teaching/Education	6%	74%	20%
Research/Scholarship	9%	68%	23%
Patient Care/Client Services	9%	75%	16%
Administration/Institutional Service	25%	67%	8%

Comparison Across All Faculty and by Department Type

	All Faculty	Department Type[1]
There is sufficient communication from the dean`s office to the faculty about the medical school	**46**% Strongly Agree/Agree **27**% Neither Agree nor Disagree **27**% Disagree/Strongly Disagree	Basic Science Mean: 3.15 Clinical Mean: 3.22
Senior leadership does a good job explaining medical school finances to the faculty	**28**% Strongly Agree/Agree **25**% Neither Agree nor Disagree **47**% Disagree/Strongly Disagree	Basic Science Mean: 2.70 Clinical Mean: 2.74
The dean`s priorities for the medical school are clear	**52**% Strongly Agree/Agree **26**% Neither Agree nor Disagree **22**% Disagree/Strongly Disagree	Basic Science Mean: 3.32 Clinical Mean: 3.35
The dean`s priorities for the medical school are reasonable	**54**% Strongly Agree/Agree **33**% Neither Agree nor Disagree **13**% Disagree/Strongly Disagree	Basic Science Mean: 3.39 Clinical Mean: 3.49
The pace of decision making in the dean`s office is reasonable	**43**% Strongly Agree/Agree **37**% Neither Agree nor Disagree **20**% Disagree/Strongly Disagree	Basic Science Mean: 3.18 Clinical Mean: 3.26
There are sufficient opportunities for faculty participation in the governance of this medical school	**46**% Strongly Agree/Agree **31**% Neither Agree nor Disagree **23**% Disagree/Strongly Disagree	Basic Science Mean: 3.10 Clinical Mean: 3.26
Faculty can express their opinions about the medical school without fear of retribution	**48**% Strongly Agree/Agree **29**% Neither Agree nor Disagree **23**% Disagree/Strongly Disagree	Basic Science Mean: 3.21 Clinical Mean: 3.27

1. Survey items used a 5-point Likert Scale with 5 being the most favorable response and 1 being the least favorable response.

> **Basic science faculty are less satisfied with their medical school as a place to work when compared with clinical faculty. Further, they report lower satisfaction with medical school governance.**

Comparisons Across Faculty Rank[1]

Teaching/Education:[2] To be promoted in rank, what I must do in this mission area is clear to me

Senior
69% Strongly Agree/ Agree
14% Neither Agree nor Disagree
16% Disagree/ Strongly Disagree
Mean: 3.67

Junior
58% Strongly Agree/ Agree
18% Neither Agree nor Disagree
24% Disagree/ Strongly Disagree
Mean: 3.40

Research/Scholarship: To be promoted in rank, what I must do in this mission area is clear to me

Senior
73% Strongly Agree/ Agree
14% Neither Agree nor Disagree
13% Disagree/ Strongly Disagree
Mean: 3.76

Junior
61% Strongly Agree/ Agree
18% Neither Agree nor Disagree
21% Disagree/ Strongly Disagree
Mean: 3.48

Patient Care/Client Services: To be promoted in rank, what I must do in this mission area is clear to me

Senior
66% Strongly Agree/ Agree
18% Neither Agree nor Disagree
16% Disagree/ Strongly Disagree
Mean: 3.63

Junior
57% Strongly Agree/ Agree
18% Neither Agree nor Disagree
25% Disagree/ Strongly Disagree
Mean: 3.39

Administration/Institutional: To be promoted in rank, what I must do in this mission area is clear to me

Senior
57% Strongly Agree/ Agree
23% Neither Agree nor Disagree
20% Disagree/ Strongly Disagree
Mean: 3.45

Junior
48% Strongly Agree/ Agree
25% Neither Agree nor Disagree
27% Disagree/ Strongly Disagree
Mean: 3.24

1. Senior rank comprises associate and full professor titles, while junior rank comprises assistant professor titles.
2. Please refer to page 19 for descriptions of activities in each mission area.
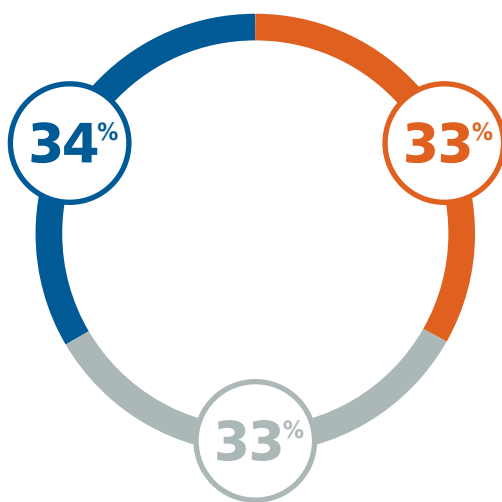
Leveraging Mentoring to Foster Faculty Engagement

Who receives formal mentoring from their institution?

Formal Mentoring Status by Age, Administrative Title, and Length of Faculty Appointment at Insitution

		Receives Formal Mentoring		Does Not Receive Formal Mentoring	
Age	Under 28	**39%**	**7**	**61%**	**11**
	28–45	**46%**	**3,864**	**54%**	**4,446**
	46–65	**23%**	**1,969**	**77%**	**6,703**
	Over 65	**14%**	**210**	**86%**	**1,299**

		Receives Formal Mentoring		Does Not Receive Formal Mentoring	
Administrative Title	Administrative Title	**29%**	**2,504**	**71%**	**6,278**
	Nonadministrative Title	**34%**	**4,065**	**66%**	**7,818**

		Receives Formal Mentoring		Does Not Receive Formal Mentoring	
First Appointment	≤5 years ago	**44%**	**3,764**	**56%**	**4,768**
	6–15 years ago	**29%**	**2,060**	**71%**	**4,949**
	>15 years ago	**16%**	**892**	**84%**	**4,691**

Comparing Formal Mentoring Status by Perception of Importance

34%   **33%**   **33%**

■ **Receives formal mentoring**

■ **Does not receive formal mentoring but agrees it is important to them**

■ **Does not receive formal mentoring and does not agree it is important to them**

"All things considered, how satisfied or dissatisfied are you with your department as a place to work?"

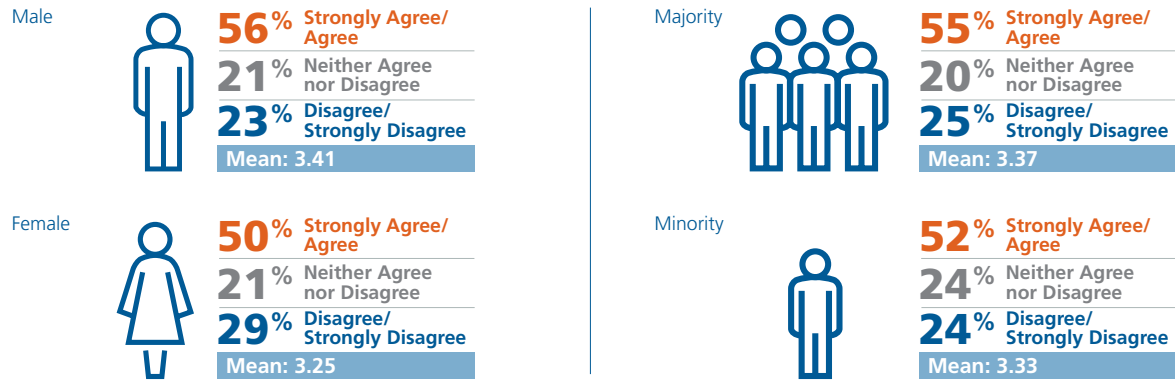|	Very Satisfied/ Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied/ Very Dissatisfied	Mean
Receives formal mentoring	84%	10%	6%	Mean: 4.12
Does not recieve formal mentoring but agrees it is important	65%	17%	18%	Mean: 3.61
Does not receive formal mentoring and does not agree it is important	85%	9%	6%	Mean: 3.87

"All things considered, how satisfied or dissatisfied are you with your medical school as a place to work?"

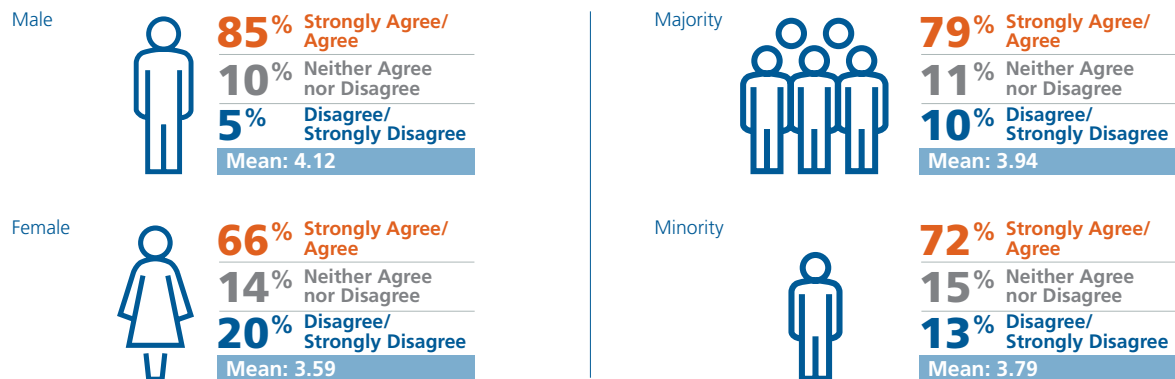|	Very Satisfied/ Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied/ Very Dissatisfied	Mean
Receives formal mentoring	77%	17%	6%	Mean: 3.94
Does not recieve formal mentoring but agrees it is important	61%	26%	13%	Mean: 3.56
Does not receive formal mentoring and does not agree it is important	64%	23%	13%	Mean: 3.65

Faculty who have formal mentors are significantly more satisfied with their medical school as a place to work than those who do not. However, only 33% of faculty report having a formal mentor.
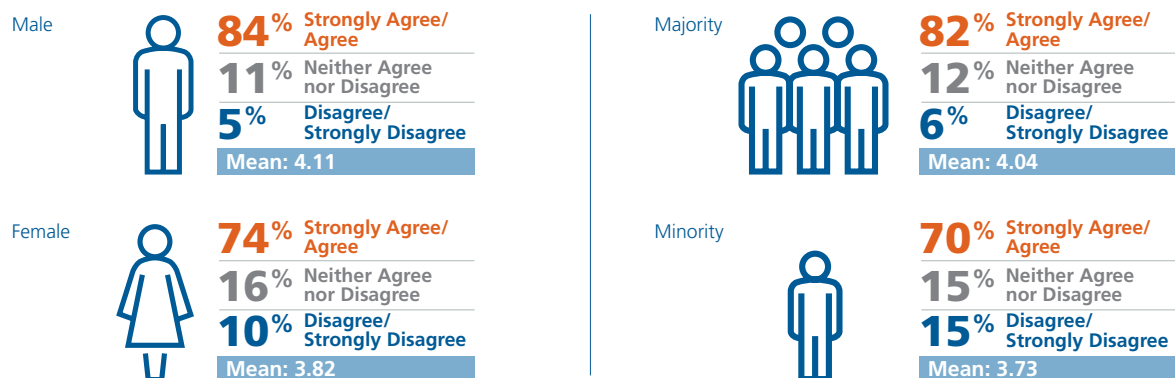
Building a Diverse and Inclusive Workplace

At my medical school the criteria for promotion are consistently applied to faculty across comparable positions
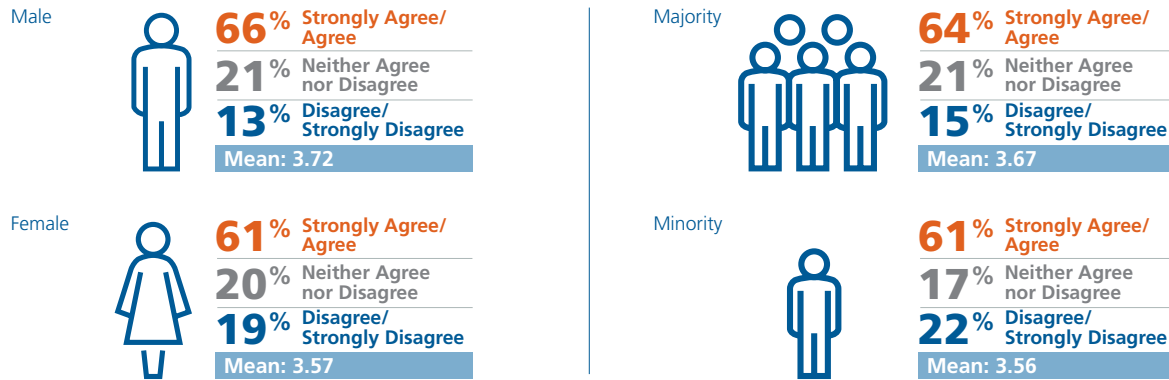
Male
56% Strongly Agree/Agree
21% Neither Agree nor Disagree
23% Disagree/Strongly Disagree
Mean: 3.41

Majority
55% Strongly Agree/Agree
20% Neither Agree nor Disagree
25% Disagree/Strongly Disagree
Mean: 3.37

Female
50% Strongly Agree/Agree
21% Neither Agree nor Disagree
29% Disagree/Strongly Disagree
Mean: 3.25

Minority
52% Strongly Agree/Agree
24% Neither Agree nor Disagree
24% Disagree/Strongly Disagree
Mean: 3.33

My medical school offers equal opportunities to all faculty members regardless of gender

Male
85% Strongly Agree/Agree
10% Neither Agree nor Disagree
5% Disagree/Strongly Disagree
Mean: 4.12

Majority
79% Strongly Agree/Agree
11% Neither Agree nor Disagree
10% Disagree/Strongly Disagree
Mean: 3.94

Female
66% Strongly Agree/Agree
14% Neither Agree nor Disagree
20% Disagree/Strongly Disagree
Mean: 3.59

Minority
72% Strongly Agree/Agree
15% Neither Agree nor Disagree
13% Disagree/Strongly Disagree
Mean: 3.79

My medical school offers equal opportunities to all faculty members regardless of race/ethnicity

Male
84% Strongly Agree/Agree
11% Neither Agree nor Disagree
5% Disagree/Strongly Disagree
Mean: 4.11

Majority
82% Strongly Agree/Agree
12% Neither Agree nor Disagree
6% Disagree/Strongly Disagree
Mean: 4.04

Female
74% Strongly Agree/Agree
16% Neither Agree nor Disagree
10% Disagree/Strongly Disagree
Mean: 3.82

Minority
70% Strongly Agree/Agree
15% Neither Agree nor Disagree
15% Disagree/Strongly Disagree
Mean: 3.73

My department is successful in recruiting racial/ethnic minority faculty

Male
66% Strongly Agree/ Agree
21% Neither Agree nor Disagree
13% Disagree/ Strongly Disagree
Mean: 3.72

Majority
64% Strongly Agree/ Agree
21% Neither Agree nor Disagree
15% Disagree/ Strongly Disagree
Mean: 3.67

Female
61% Strongly Agree/ Agree
20% Neither Agree nor Disagree
19% Disagree/ Strongly Disagree
Mean: 3.57

Minority
61% Strongly Agree/ Agree
17% Neither Agree nor Disagree
22% Disagree/ Strongly Disagree
Mean: 3.56

My department is successful in retaining female faculty

Male
75% Strongly Agree/ Agree
18% Neither Agree nor Disagree
7% Disagree/ Strongly Disagree
Mean: 3.94

Majority
72% Strongly Agree/ Agree
17% Neither Agree nor Disagree
10% Disagree/ Strongly Disagree
Mean: 3.85

Female
66% Strongly Agree/ Agree
18% Neither Agree nor Disagree
16% Disagree/ Strongly Disagree
Mean: 3.68

Minority
70% Strongly Agree/ Agree
18% Neither Agree nor Disagree
12% Disagree/ Strongly Disagree
Mean: 3.80

My department is successful in retaining racial/ethnic minority faculty

Male
66% Strongly Agree/ Agree
26% Neither Agree nor Disagree
8% Disagree/ Strongly Disagree
Mean: 3.78

Majority
64% Strongly Agree/ Agree
26% Neither Agree nor Disagree
10% Disagree/ Strongly Disagree
Mean: 3.73

Female
59% Strongly Agree/ Agree
27% Neither Agree nor Disagree
14% Disagree/ Strongly Disagree
Mean: 3.59

Minority
59% Strongly Agree/ Agree
22% Neither Agree nor Disagree
19% Disagree/ Strongly Disagree
Mean: 3.55

Connecting Voices
to Action

Action Planning: A Critical Component for Success

The ultimate success of a medical school's participation in StandPoint Surveys occurs when the school uses its data to make informed and lasting decisions that support organizational improvement. Once schools receive their results, on-site leaders rely on toolkits and recommendations from AAMC experts to identify strengths and opportunity areas, disseminate the results to faculty, and begin conversations about taking action. Intentional communication to respondents about the results and the follow-up actions have been critical to the success of implementing changes.

Each school's action plan is unique and reflects its particular processes for determining priorities and available resources. Institutions may use results to create plans about specific issues, support enterprise-wide, systematic changes, or inform larger organizational strategy and goal development. For example, schools have used the StandPoint Faculty Engagement Survey results to:

- Identify department-specific strengths and areas needing development and support measurement of department chair performance
- Prompt discussion and contribute to strategic planning by allowing institution-level decisions to be informed by representative data
- Raise awareness among the faculty that workplace issues are being addressed by an institution committed to improving its workplace
- Compare faculty engagement across departments, campuses, and peer institutions
- Examine alignment of organizational mission and efficacy of institutional policies and programs
- Aggregate data for accreditation documents, workplace quality awards, and continuous quality-improvement metrics

Although each institution grapples with its own challenges, StandPoint Surveys data indicate that many schools face similar issues. As an interviewee noted, "The survey data shows what is wrong in our institutions and across the nation, and we can see that there needs to be a change across the board." Benchmarking data from StandPoint Surveys, in particular, "legitimizes where the challenges are and explains if it's something that's universal across academic medicine." The medical schools featured in this publication have used data from one or more administrations of the StandPoint Faculty Engagement Survey to identify opportunities for improvement and take action in their workplaces.

University of Mississippi Medical Center

School
University of Mississippi Medical Center
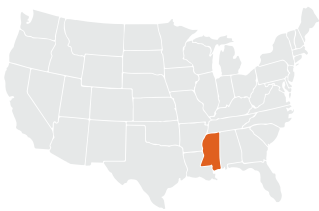
Ownership
Public

Region
Southern

Location
Jackson, MS

Faculty Population from Most Recent Survey
1,178 **(includes health professions schools)**

Years Surveyed
2009, 2011, 2014, 2016

Faculty Engagement Across Health Professions

More than a decade ago, the executive leadership of the University of Mississippi Medical Center (UMMC) sought to explore all the benefits of its AAMC membership. They faced mounting external pressure from the University system office and the legislature of Mississippi. The executive leadership needed reliable and trustworthy data that could capture the faculty experience and place it in the context of the broader narrative of academic medicine. They turned to the AAMC and joined StandPoint Surveys in 2009, participating every two to three years since then. This level of investment in understanding faculty engagement has definitely paid off.

In 2014 and 2016, UMMC also administered the survey to faculty in their other health professions schools because the School of Medicine faculty affairs office had gained responsibility for faculty in the Schools of Nursing, Dentistry, Pharmacy, Health Professions, and Graduate Studies. By using one validated tool, with benchmarking internally across schools and externally as well, UMMC has been able to build a culture of faculty engagement across the Medical Center. Leaders from across all schools have been able to discuss their respective data with each other and share their own promising practices, such as ways to facilitate shared governance and transparency. This has also allowed UMMC leadership to address common faculty issues throughout the academic medical center, such as the process for faculty promotions.

*Ordered by number of survey administrations, starting with the most.

Over UMMC's four administrations of the StandPoint Faculty Engagement Survey, the institution has made great progress in facilitating transparency and faculty understanding of the promotions and tenure (P&T) process by implementing several positive changes. For example, each department has created a P&T committee, whose members are nominated by the chair and have received training from the faculty affairs office on the process and requirements. These committees are not only charged with reviewing current applications, but also with identifying and coaching those who will be coming into the process in future years so they are ready for it early.

"It is good for newly hired faculty members to know there is a way to communicate how things are going."

UMMC sees this as an opportunity to "merge a traditional set of faculty affairs processes with faculty development," said Patrick Smith, PhD, chief faculty affairs officer. Further, UMMC has reformulated its P&T process so that each policy does not include procedural information. By doing that, UMMC has the flexibility to make quick changes to the process without changing the policy requirements. In addition to redefining the guidelines for tenure-track faculty, UMMC is now revising guidelines for nontenured and nonranked faculty members. Leadership knew it was on the right track when the 2016 data showed marked improvement among the faculty perceptions of P&T policies.

Culture of Engagement Attracts and Keeps Talent

Academic leaders at Mississippi are confident that the interventions and direct faculty programming have created greater value, as shown in their own return on investment (ROI) measures. Their faculty attrition has decreased, and their ability to recruit and retain new faculty has increased. When perspective faculty candidates visit UMMC, the faculty affairs office discusses the ongoing commitment to faculty engagement and use of the StandPoint Faculty Engagement Survey. Dr. Smith said, "[Candidates] see us as very progressive for having this type of ongoing assessment of faculty engagement and satisfaction. It is good for newly hired faculty members to know there is a way to communicate how things are going."

Sidney Kimmel Medical College
at Thomas Jefferson University

School
Sidney Kimmel Medical College at Thomas Jefferson University
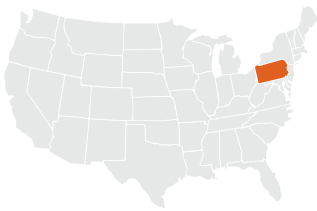
Ownership
Private

Region
Northeast

Location
Philadelphia, PA

Faculty Population from Most Recent Survey
1,059 **(includes health professions schools)**

Years Surveyed
2009, 2011, 2014

Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University (TJU) leadership believe that data can drive positive change. They began partnering with StandPoint Surveys in 2009 to gain a better understanding of the faculty experience, and each subsequent survey administration has increased their ability to create targeted interventions. Karen Novielli, MD, associate provost for faculty affairs, said, "[StandPoint Surveys] has been important over time to get the institution, both high-level administration and department chairs, to focus on the faculty experience." With a faculty response rate that exceeded 82% in 2015, senior administrators believe that the faculty know they are heard and valued.

Monitoring Change Through the Faculty Voice

Data from the institution's most recent survey administration in 2015 led leadership to focus on two areas of concern: research and faculty diversity. Survey data alerted leaders to the great stress that changes in National Institutes of Health research funding were creating for research faculty. To address this, the dean has been very focused on communicating his vision and strategy for research at the institution. Leaders have allocated resources to invest in researchers by building a new animal facility, increasing funds for research pilot studies, and identifying support for grant writing.

Survey feedback also facilitated an increased strategic focus on advancing diversity, equity, and inclusion among faculty. Leaders have hired a chief diversity officer, established a diversity counsel, and provided resources to support diversity and inclusion efforts that enhance the climate of the Medical College, as well as of colleges across the whole University.

Expanding Insights Across All University Faculty

The success of monitoring faculty perceptions of engagement at SKMC prompted academic leadership to extend participation in StandPoint Surveys to the other health professions colleges at TJU. In 2015, the survey was administered to faculty in the Colleges of Nursing, Pharmacy, Population Health, and the Health Professions. As a result, academic leadership could broaden programming to address common concerns for faculty across the academic medical center. In addition to dedicating resources to support research infrastructure and diversity across campus, TJU is revising the compensation structure for faculty across all colleges. By using StandPoint Surveys across the University, the leadership has been able to clearly communicate what is expected of faculty, to provide resources to faculty, and to recognize and reward their workforce equitably.

> "Faculty are the most important asset the institution has. The patient care, the teaching, and the research arise first and foremost out of the faculty. If we lose sight of that, we lose sight of whether or not we are meeting our mission and our goals."

The Value of Ongoing Assessment

At TJU, engagement surveys have become a regular part of the workplace culture. "Faculty are the most important asset the institution has," said Dr. Novielli. "The patient care, the teaching, and the research arise first and foremost out of the faculty. If we lose sight of that, we lose sight of whether or not we are meeting our mission and our goals. Faculty appreciate that you're taking the time to see how they're doing. It's very positive. [StandPoint Surveys] gives you a lot of information about where you may need to focus your efforts, what systems are working and which aren't. It gives you a sense of, 'Are we a great place to work?'"

School of Medicine
University of Missouri Health

School
**University of Missouri
School of Medicine**

Ownership
Public

Region
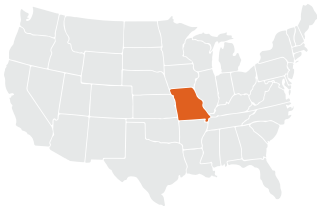**Central**

Location
Columbia, MO

Faculty Population from
Most Recent Survey
695

Years Surveyed
2009, 2011, 2015

University of Missouri School of Medicine

The University of Missouri School of Medicine in Columbia has experienced several senior leadership changes over the past decade. During the periods of leadership transitions, the School deployed StandPoint Surveys to assess the needs of faculty. Beginning in 2009 and with each subsequent administration of the survey, Missouri has been able to increase faculty participation in the survey, signaling faculty beliefs that the tool helps the medical school make local changes. The results gave the School clear insight into three issues that needed immediate and ongoing attention.

Leadership Action Inspires Greater Change

Data from Missouri's most recent StandPoint Faculty Engagement Survey indicated that clinical faculty felt that the overall academic mission of the institution had given way to revenue pressure on the clinical operations.

As with many institutions, clinical faculty felt they did not have enough time to spend on the academic mission due to increased demand for clinical production. Further, faculty were frustrated by the lack of clarity about the finances of their departments and the institution. As a result, leadership began to address the lack of communication about the revenue pressures the School faced while reiterating the importance and value of the institution's academic mission. For example, the dean shared the institution's financial data with the faculty to help improve understanding of revenues and expenses. The CFO also began to meet regularly with department chairs to review the finances of the School and hospitals and how their departments are a piece of the larger funds-flow model.

Mentoring

Research shows that faculty receive great benefits from being formally mentored, especially faculty from traditionally underrepresented groups in medicine. In recognition of this research and of faculty feedback from StandPoint Surveys, academic leadership at Missouri revamped mentoring programs. Department leaders are now more involved in helping advance mentoring for women and minority faculty at the local level. The faculty affairs office also helps ensure that all new faculty have a mentor when they join the institution. This has helped create an environment where faculty feel more connected to their departments and the School of Medicine overall.

> "If you want to retain your most productive faculty, retain your best teachers, retain your best researchers, you need data to help you focus on the tough decisions and evaluate workplace-satisfaction levels."

Return on Investment Over Time

Missouri has used StandPoint Surveys since 2009 to help build strong departmental leadership. Knowing the profound impact department chairs have on creating a productive and engaging work environment, Missouri uses the survey data in annual evaluations of chairs and to direct leadership development for chairs. Using the data over time has allowed the School of Medicine to see the value of strong departmental leadership, not only in improved engagement of faculty, but also in the growth of departmental revenue. "Growth in the clinical enterprise won't go up if faculty are disengaged," said Michael Misfeldt, PhD, senior associate dean for faculty affairs. He continued, "If you want to retain your most productive faculty, retain your best teachers, retain your best researchers, you need data to help you focus on the tough decisions and evaluate workplace-satisfaction levels." A focus on faculty both benefits the individual and adds great value to the institution as well.

UF | College of Medicine
UNIVERSITY of FLORIDA

School
**University of
Florida College
of Medicine**

Ownership
Public

Region
Southern

Location
Gainesville, FL

Faculty Population from
Most Recent Survey
1,321

Years Surveyed
2009, 2011, 2016

University of Florida College of Medicine

The University of Florida College of Medicine (UFCOM) was an early adopter of StandPoint Surveys, beginning in 2009 and continuing in 2011 and 2016. For nearly a decade, the College faced challenges with transitioning to new leadership, adopting an electronic medical record (EMR) system, and completing a hospital building program. By 2016, these changes were well integrated. With each iteration, academic leaders used the data to focus on what concerned the faculty and sought to address these concerns with available resources.

Data Confirmed the Opportunity for Local Solutions to Statewide Budget Issues

Over recent years, the State of Florida implemented changes to employee retirement plans. Reductions in state contributions affected current faculty and also made recruiting highly qualified faculty very difficult, especially when competing with other, better-funded academic centers. It not only put many soon-to-be-retiring medical school faculty in a difficult financial position, but it also made recruiting faculty very difficult for educational and clinical positions.

UFCOM used their 2016 StandPoint Faculty Engagement Survey to get feedback from faculty on retirement plans and other aspects of faculty compensation and benefits. Recognizing how serious the problem was for faculty satisfaction, the dean proposed creating additional local contributions, beyond what the state offered. "We wanted to improve retirement funding quickly to avoid widening long-term gaps," said Marian Limacher, MD, senior associate dean for faculty affairs and professional development. The academic leadership started a dialogue with University human resources administrators and were able to identify policy changes that could allow the medical school to supplement retirement contributions for faculty. This creative solution helps faculty members recognize the administration's willingness to address their major concerns.

Promoting Equity and Inclusion

The second area that Florida focused on, after their 2016 survey administration, was diversity, equity, and inclusion. A key intervention was to develop their first-ever Celebration of Diversity Week. To help promote collaboration across the campus, medical school leaders called on speakers from other University departments to help them understand such topics as implicit bias and the history of racism in medicine. As a part of the Celebration of Diversity Week, the College held a banquet for accepted applicants in conjunction with Second Look Weekend to demonstrate commitment to diversity issues. Individual departments within UFCOM also joined the efforts, hosting events such as a panel presentation by African-American Chairs of Emergency Medicine Departments. Academic leaders plan to build on this success with annual programming. Florida also worked to promote equity through conducting a salary study in the College of Medicine. On the basis of results from this initial study, the institution created new reporting systems at the department level to monitor factors affecting compensation, and it will review salary equity annually as part of the yearly budget process.

> **"We know that engaged faculty are drivers of higher-quality care [and an] improved work environment, contributing to fewer departures."**

Understanding Physician Wellness

Florida leveraged the flexibility of StandPoint Surveys to construct custom survey questions. Working with the College of Medicine Faculty Council in 2016, administrative leaders created questions focused on issues related to faculty wellness. The results revealed that concerns leading to burnout were not just isolated to a few faculty, but were reported by a majority of faculty. Subsequently, academic leaders convened a wellness committee to tackle burnout issues through prevention training, such as an online mindfulness program and multiple other options. "We know that engaged faculty are drivers of higher-quality care [and an] improved work environment, contributing to fewer departures," stated Dr. Limacher. "We're very interested not only in sustaining and improving the workplace, but in keeping our faculty here. We want to be supportive, we want to recognize issues as they emerge, and then work with faculty in reaching feasible and useful solutions."

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER.
School *of* Medicine

School
Texas Tech University Health Sciences Center School of Medicine

Ownership
Public
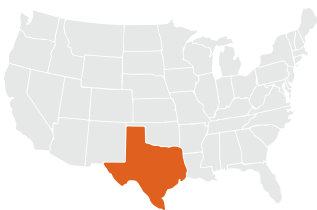
Region
Southern

Location
Lubbock, TX

Faculty Population from Most Recent Survey
417

Years Surveyed
2009, 2014

The Value of Benchmarking

Texas Tech University Health Sciences Center School of Medicine leaders engaged StandPoint Surveys to find out what unique challenges their institution's faculty were facing compared with challenges that are common to academic medicine. Tom Tenner, PhD, associate dean for faculty affairs and development, said, "We knew we had a lot of issues and the faculty had concerns, but were they *only* our concerns at Texas Tech?" He continued, "Surveying yourself doesn't give you much insight, but surveying yourself and comparing it to a cohort allows you to separate things out. What do you have power over? What can you address? What is consistent across the group that is not dependent on our institution?"

In 2009, Texas Tech participated in the first iteration of StandPoint Surveys. The School administered the survey again in 2014 and had a 76% faculty participation rate. This participation rate gave them an excellent opportunity to see whether their interventions had made a difference since 2009.

A key intervention was in response to the need—common in other institutions, too—to provide more support to the clinical research enterprise. Many clinical researchers felt they had little time to dedicate to research given their clinical demands. To address this, Texas Tech developed the Clinical Research Institute to provide to clinical research faculty the necessary support for IRB submissions, grant writing, and statistical analyses to improve the quality of their research work and writing.

"Surveying yourself doesn't give you much insight, but surveying yourself and comparing it to a cohort allows you to separate things out. What do you have power over? What can you address? What is consistent across the group that is not dependent on our institution?"

Engaging Faculty Across Regional Campuses

Unlike many other medical schools, Texas Tech has three campuses dispersed throughout Texas. Through StandPoint Surveys, Texas Tech was able to analyze its results by campus and implement initiatives to improve the communication and engagement across sites. The School implemented a visiting professor program in which faculty could lecture at other campuses and arranged for the dean and senior leadership to spend more time in person at regional sites.

Further, the dean and senior leaders started using new ways to communicate with faculty. From faculty meetings and monthly faculty lunches with leadership to blogs and videos, senior leaders make an effort to consistently work together with faculty to build a better workplace culture. The initiatives and new approaches implemented at Texas Tech resulted in positive feedback from faculty. Senior leaders believe that faculty now feel they can openly express their opinions and provide feedback, transforming interactions with leaders "from a monologue to a dialogue."

School
**University of
Virginia School
of Medicine**

Ownership
Public

Region
Southern

Location
Charlottesville, VA

Faculty Population from
Most Recent Survey
1,112

Years Surveyed
2009, 2015

University of Virginia School of Medicine

Creating Strong Communication Channels With Faculty

Over the past decade, the University of Virginia School of Medicine (UVA SOM) experienced key structural and programmatic changes, including leadership changes within the School and health system, adoption of a new electronic medical record (EMR) system, and implementation of a health care quality initiative, Be Safe, to promote a systemwide focus on patient safety. StandPoint Surveys was key in helping UVA SOM leadership understand faculty perceptions during a time of change and explore key drivers of faculty engagement.

The 2015 survey was launched in November, shortly after the arrival of a new dean, who was eager to hear from the faculty. With strong department chair leadership and the support of senior leaders, the UVA SOM achieved a 74% survey response rate.

Responses indicated that despite significant changes in the local environment, the UVA SOM faculty were generally satisfied with their roles, happy in their department homes, and enjoying supportive and positive relationships with their colleagues. However, there were challenges with governance, communication, and transparency. Leveraging both traditional and new-media communication channels, the dean and senior leadership hosted town hall meetings, conducted focus groups, and met with individual departments to create a dialogue and explore ways to best address faculty concerns about governance, communication, and explanation of finances.

One area of focus has been finding ways for the dean and senior leaders to communicate directly with faculty and engage them in decision making. The UVA SOM replaced the biannual State of the School Meeting, which focused on general updates, with a biannual General Faculty Meeting to engage faculty in active discussions about key initiatives that directly affect the faculty. Senior leadership now meets quarterly with the UVA SOM faculty senators and small groups of junior faculty. They are using social media, such as blogs, Twitter, Instagram, Facebook, and videos, to create more flexible and on-demand access to information to accommodate the wide variety of academic schedules.

StandPoint Surveys allow the Faculty Affairs Office to "measure our efforts and the impact we are trying to achieve."

Strengthening Accountability Around Diversity and Inclusion Initiatives

The survey results also pointed to specific challenges facing women and minority faculty, especially in recruitment, advancement, and retention. These results, coupled with data from the UVA SOM Diversity Engagement Survey and feedback from diversity and inclusion consultants, spurred efforts to plan for faculty diversity as a strategic priority. Each department chair now submits a "diversity action plan" that addresses issues such as faculty recruitment and promotion equity to enhance the School's capacity to attract and advance talented faculty from diverse backgrounds and experiences. Diversity action plans include accountability metrics to determine the effectiveness of each effort. Department chairs and senior leadership review plans and discuss progress during the departmental annual review. This process ensures that fostering diversity and inclusion is a shared responsibility throughout all levels of the organization and that plans are shared across the organization so departments can benefit from each other.

Finally, to promote a culture that is responsive to faculty concerns, UVA SOM leadership continues to augment their own work in two ways. First, they regularly convene small faculty groups to seek clarification and discuss faculty concerns. Second, they regularly convene a faculty advisory group that provides guidance on new programmatic initiatives and interventions based on StandPoint Surveys data. As Troy Buer, PhD, director of faculty development, noted, when taken together with survey data, it is possible not only to talk with faculty "about what kind of culture we want to have and how we want to interact with each other, but also [to] measure our efforts and the impact we are trying to achieve."

Medical College of Wisconsin
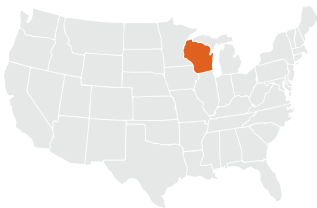
School
**Medical College
of Wisconsin**

Ownership
Private

Region
Central

Location
Milwaukee, WI

Faculty Population from
Most Recent Survey
1,618

Years Surveyed
2011, 2015

Valuing the Faculty Voice in the Midst of Change

"The greatest value of data is when it can give voice to the feelings and perceptions of faculty in the midst of significant change," said Kimara Ellefson, senior director of talent and faculty affairs at the Medical College of Wisconsin (MCW). Over the past seven years, MCW has experienced significant changes, including changes in executive leadership, adding regional campus sites, revising medical school curriculum, and launching a new School of Pharmacy. Along with the opportunity these kinds of changes present, they also affect faculty and their perceptions of the institution, causing them to wonder, "How can I be sure my voice is heard?"

Before 2011, MCW used its own internal faculty climate survey. However, there was no context to help understand whether issues were unique to MCW or part of the larger forces on academic medicine. Beginning in 2011, MCW executive leadership chose to participate in StandPoint Surveys to monitor the faculty's perceptions of organizational change. After the 2011 survey, MCW focused on developing new communication and feedback channels to build trust and facilitate a dialogue between faculty and executive leadership. Department chairs were also actively involved in developing action plans based on the data and incorporated these as part of their yearly performance and incentive goals.

In their follow-up survey administration in 2015, MCW took great pride in the 71% overall response rate, with nearly 93% of its full-time faculty participating. Further, the school had advanced significantly in the areas they focused on after the first survey. From the most recent results, academic leadership identified key themes to explore: recruitment, retention, and recognition. They convened a multidisciplinary committee of faculty and staff to recommend institutional-level enhancements, and chairs were asked to develop action plans for their respective departments based on their unique needs. "We want our faculty to know that they are valued for all that they bring to MCW and academic medicine, not just the grant funding they receive or the clinical revenue they produce," said Christine Runge, PhD, senior associate dean for faculty affairs.

"We want our faculty to know that they are valued for all that they bring to MCW and academic medicine, not just the grant funding they receive or the clinical revenue they produce."

Mentoring Leads to Higher Engagement

MCW's 2015 data indicated a significant difference in faculty satisfaction between those who had a mentor and those who did not, which aligns with national norms. To promote further faculty engagement, they recruited "mentor champions" in each department to work with colleagues on issues around faculty development. "Engagement isn't a message of happiness but a measure of fulfillment . . . of your career and experiences," said Elizabeth Ellinas, MD, associate dean for faculty affairs and women's leadership.

David Geffen School of Medicine at UCLA
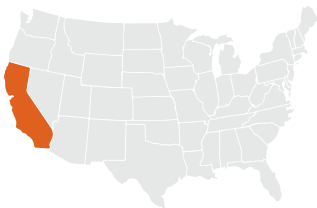
School
David Geffen School of Medicine at UCLA

Ownership
Public

Region
Western

Location
Los Angeles, CA

Faculty Population from Most Recent Survey
3,233

Years Surveyed
2011, 2016

Striving to Understand the Faculty Experience in the Midst of Change

Before 2010, the David Geffen School of Medicine at UCLA had a long period of leadership stability. However, a new dean came to the School in early 2010, and following strategic planning processes, it was determined that StandPoint Surveys would help them take the pulse of the academic community. And again, in 2016, during another leadership change, UCLA felt the need to reassess the stressors on the faculty and how institutional leaders could improve faculty engagement.

UCLA has one of the largest medical school faculties in the country, with more than 3,200 full- and part-time faculty, yet it garnered a participation rate of about 50% in both the 2011 and 2016 administrations of the StandPoint Faculty Engagement Survey. Collecting representative data was the first step in understanding the faculty experience. Lynn Gordon, MD, PhD, senior associate dean, diversity affairs, said, "You have certain ideas of what the faculty is thinking based on individual discussion or small-group discussion, but having the resources . . . to survey the large percentage of faculty at your institution allows you to really have a pulse, and I think that's tremendously important." Two important themes emerged from the 2011 survey that academic leadership wanted to monitor: diversity and communication about administrative issues.

Delving Deeper Into Diversity

In 2011, UCLA was the first medical school to use customized questions to inquire about the experiences of LGBTQ faculty. From the data collected, academic leaders discerned that the experiences of women, minority, and LGBTQ faculty were different from the experiences of their colleagues. Dr. Gordon noted that the data "helped us to understand that group perspectives [based on race, gender, and sexual orientation] of what it was like to be a UCLA faculty member [were] so dramatically different that it created an imperative to create strategic plans and make changes in the area of diversity."

"You have certain ideas of what the faculty is thinking based on individual discussion or small-group discussion, but having the resources . . . to survey the large percentage of faculty at your institution allows you to really have a pulse, and I think that's tremendously important."

Engaging Faculty Through Greater Administrative Communication

Survey administrations also surfaced the need to address communication about administrative issues. The senior leadership made it a point to convene town halls, hold leadership meetings, and meet with department chairs to discuss critical issues challenging the institution. They paid particular attention to increasing communications and financial transparency. Leaders are seeking new ways to communicate about the faculty-advancement process by hosting a longitudinal, monthly faculty lecture series, designed for assistant professors and late-career postdoctoral trainees or clinical fellows, about career development and planning. Dr. Gordon explained that paying attention to faculty engagement is critical for institutions by saying that surveying "sets the stage for developing the individuals that are going to be . . . making discoveries, training individuals in the future, and taking effective and appropriate care of patients. If you don't have an engaged faculty, then you set the stage for future disappointments."
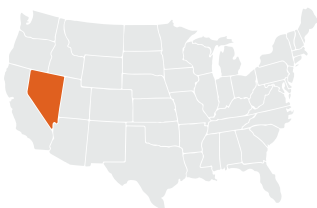
University of Nevada, Reno School of Medicine

School
University of Nevada, Reno School of Medicine

Ownership
Public

Region
Western

Location
Reno, NV

Faculty Population from Most Recent Survey
335

Years Surveyed
2013, 2016

Dedicated leaders recognize the value of supporting their faculty, who fuel the organization's education, research, and clinical missions. This is the strategic perspective of the executive leadership at the University of Nevada, Reno School of Medicine (UNR Med). To understand faculty needs, concerns, and shared experiences, Nevada deployed the StandPoint Faculty Engagement Survey in 2013 and 2016, during times of great transformation at the School. Faculty in Reno are part of a significant growth of clinical programs and partnerships at UNR Med, while on the Las Vegas campus, faculty are moving to a new medical school. By using StandPoint Surveys to harness the faculty voice, leaders implemented a mentoring program, revised the promotion and tenure process, and increased communication about medical school finances.

Faculty Development Drives Engagement

UNR Med data revealed that faculty members who had a mentor were more satisfied in every measure of the survey. So, academic leaders developed structured programming to provide project-based mentoring that increases scholarly activity and introduces junior faculty to key contacts at the School and University. Regarding support for and participation in the mentoring program by senior faculty and administrators, "I don't remember anyone saying, 'No, I can't help you with this,' remarked Jennifer M. Hagen, MD, associate dean for faculty development.

Another targeted intervention came with the promotion and tenure (P&T) process. Data indicated that the faculty wanted to understand what was expected of them and how they could advance in their specific career path. Leadership revised the bylaws, defined clear standards for excellence, and created consistent procedures for evaluating each P&T application across the institution.

"We see it's easier to recruit people who are excited about teaching and about medicine if, during their visit, they interact with faculty who are excited about what they do."

The data also revealed that there was a lack of understanding about medical school finances among faculty. In response to this finding, senior leaders created a seminar called Finance 101 that both faculty and staff had the opportunity to attend. With the second survey administration, a clear desire for further transparency emerged, with faculty requesting greater understanding of specific financial processes. As a result, there are now town halls that dive deeper into certain topics, such as how the administration allocates money to the departments, and dashboards explaining individual performance.

Changing Faculty Culture

The 2016 survey showed marked increases in these focus areas for UNR Med and affirmed the institution's effort to support faculty amid great change. Dr. Hagen summed up the experience of using StandPoint Surveys to transform culture this way: "We see it's easier to recruit people who are excited about teaching and about medicine if, during their visit, they interact with faculty who are excited about what they do." As a result of regular resurveying, UNR Med leaders say that there's a level of trust being built across the institution.

Stanford University School of Medicine

Fostering Diversity, Equity, and Inclusion

The path to medical school faculty engagement begins with trusting the faculty voice. Stanford University School of Medicine was one of the early adopters of the StandPoint Surveys program to help answer the essential question, as stated by Magali Fassiotto, PhD, assistant dean for faculty development and diversity, "What can we do to create a culture where all our faculty thrive?" The survey results provided the data for Stanford academic leadership to prioritize and strategically address the concerns of the medical school faculty and build the type of inclusive workplace culture they desired.

Stanford's 2009 survey helped raise awareness around issues faculty were facing. The leadership's first effort after the survey was to expand the sense of community and inclusivity within the School of Medicine. They worked with each department to find ways to enhance work-life balance by being more flexible about work schedules and resources while clarifying the department's expectations around productivity. Furthermore, each department was permitted to address its own issues as long as the solutions aligned with the strategy to increase flexibility. What emerged was a set of best practices tailored to fit different situations across the medical school, which was a key to success with a large faculty body.

School
Stanford University School of Medicine

Ownership
Private

Region
Western

Location
Stanford, CA

Faculty Population from Most Recent Survey
1,869

Years Surveyed
2009, 2014

Resurveying in 2014, Stanford had an opportunity to share data with newly appointed leadership and create additional strategies for advancing diversity, equity, and inclusion (DEI). To help the large faculty body at Stanford have a better sense of DEI offerings, each department appointed a senior faculty or staff member "faculty development and diversity liaison" so there was a direct connection from each department to the dean's office for conveying faculty issues. Including department liaisons has allowed Stanford to better communicate about interventions about pay and promotion equity, promote lecture series and town halls, and advertise for faculty development offerings, such as attending AAMC meetings for women and minority faculty. Because liaisons know their department colleagues best, they know which offerings to recommend and encourage their colleagues to pursue. By convening the liaisons, Stanford has been able to share promising practices for fostering diversity, equity, and inclusion across departments.

"Everyone is accountable for the organization's well-being and for helping all faculty to be able to do their best."

Shared Vision for Engagement

At Stanford, building a successful workplace environment is driven not just by leadership, but also by empowering faculty. The key to building an inclusive community, Dr. Fassiotto explained, "is that everyone is accountable for the organization's well-being and for helping all faculty to be able to do their best." Faculty play a critical role in the recruitment, retention, and advancement of their peers and thus are central to developing programming to facilitate better engagement. Ongoing assessments such as StandPoint Surveys have been invaluable in stimulating investment in faculty engagement throughout the organization. Dr. Fassiotto said, "We all have ideas about how things are, but being able to quantify these ideas for leadership and faculty is so powerful in academic medicine."

School
**Wake Forest
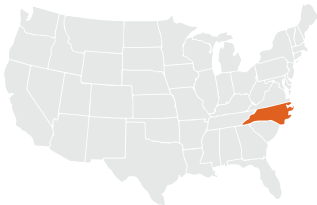School of Medicine**

Ownership
Private

Region
Southern

Location
Winston-Salem, NC

Faculty Population from
Most Recent Survey
1,178

Years Surveyed
2015

Wake Forest School of Medicine

Wake Forest School of Medicine is a recent adopter of StandPoint Surveys. By 2015, the School had seen its share of rapid leadership changes and a difficult rollout of an electronic medical record (EMR) system. The faculty were expressing feelings of frustration and burnout. With increasing faculty turnover and a sense that the medical school was off course, Wake Forest academic leadership looked to StandPoint Surveys to provide both benchmarking data and qualitative data about the institution that they could use to change the workplace conditions.

Timely Data Support Quick Positive Action

When the 2015 report arrived, the academic leadership was pleased with the 70% overall response rate, given the level of frustration reported to the administration. They accepted the results as the faculty voice, acknowledged the clear areas of weakness, and used the results to prioritize changes across the institution.

While work is still underway to improve unity between faculty and leadership, the survey data created positive momentum quickly. The quantitative results revealed that faculty members' feelings of broken trust were created through both a lack of communication with the administration and the inability to participate in governance decisions. Immediately, academic leaders offered a series of town hall meetings where they presented survey results to demonstrate their willingness to be transparent and to open channels for dialogue. These forums allowed faculty to provide direct input on their perceptions of the medical school environment.

Both quantitative and qualitative survey data showed that changes to compensation and retirement plans, which were prompted by a difficult and expensive EMR system rollout, put substantial stress on the faculty. Further, at the time of the survey, institutional policies required the research faculty to provide three-quarters of their own support through grant funding. This expectation, coupled with a perceived threat of salary cuts if funding was under the benchmark, seemed to ignore the current funding environment with cuts in the National Institutes of Health budget. Moreover, faculty across the institution felt undervalued for their educational contributions. Consequently, academic leaders recognized that while their decisions helped stabilize the institution in the short run, they had detrimental consequences on faculty productivity, as well as on subsequent faculty recruitment and retention.

"Faculty are thinkers. They want to be involved in problem solving and in the decisions that shape their work environment."

To further involve faculty in decision making, the Wake Forest Faculty Representative Council (FRC) proposed a subcommittee structure. The FRC is composed of an elected member and an alternate from each department who serves as a conduit of information to departmental faculty. The creation of five subcommittees–Strategy, Finance, Academic Mission, People, and Clinical Operations–and the commitment of high-level leaders to attend these subcommittees' meetings and engage in dialogue on issues relevant to faculty life was a beginning to the rebuilding of trust. Each committee addressed survey results related to its topic and focused on creating action plans to move the School forward. "We were pleasantly surprised at how engaged our faculty wanted to be in those subcommittees," said Cassandra Klebig, MHA, associate director for faculty affairs administration. Having the survey results "opened up conversations" that were difficult to discuss previously.

Wake Forest leadership plans to resurvey and hopes to find that the faculty responses will show that the faculty's trust of the organization has improved and a sense of mutual collaboration has been rekindled. Evelyn Anthony, MD, associate dean for faculty affairs, observed, "Faculty are thinkers. They want to be involved in problem solving and in the decisions that shape their work environment. Engagement is linked to retention, and our goal is to maintain a high-quality faculty so that we as a body contribute to all parts of the academic mission at a very high level."

Baylor College of Medicine
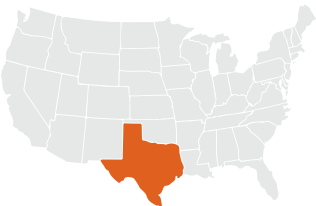
School
Baylor College of Medicine

Ownership
Private

Region
Southern

Location
Houston, TX

Faculty Population from Most Recent Survey
3,595

Years Surveyed
2016

Data Help Build a Thriving Culture

Baylor College of Medicine has nearly 3,600 full- and part-time faculty members, mostly dispersed throughout the sprawling Texas Medical Center complex. For many years, the College used its own internal survey to gauge faculty satisfaction, but recently, administrators determined that they need comparative data to help them continue to strive for institutional excellence. They switched to StandPoint Surveys in 2016 for the benefits of a national survey with peer-benchmark reporting. They achieved a representative response rate, allowing them to learn how the faculty felt and what programming would best help their faculty thrive.

The results helped Baylor focus on communication, governance, and faculty advancement. On the basis of internal survey results from 2014, Baylor made changes related to the focus areas, including developing a weekly newsletter for faculty, broadcasting All Faculty Meetings to remote locations, instituting a new process for giving feedback to faculty on performance and career progression, and creating a Faculty Senate as the primary venue for faculty participation in governance and planning at the College. In 2016, Baylor used the StandPoint Faculty Engagement Survey to gather feedback on these and other recent changes.

The initial success from establishing the Senate and findings from the 2016 survey led to further programming with faculty senators, including leadership development for tackling the issues facing academic medicine. Further, the recently formed Faculty Senate was empowered to use the survey findings to create faculty projects that will benefit the faculty at large.

Survey data revealed that faculty members were unclear about promotion and tenure (P&T) requirements and how to advance professionally. Subsequently, academic leaders created resources to better inform faculty about the P&T process and address questions. Interventions included creating a pathways-to-promotion workshop and mentoring circles and hosting town hall sessions and department training sessions, as well as conducting one-on-one consultations to address individual advancement. Baylor's unique leadership structure for faculty affairs, diversity, and inclusion–used in parallel with the survey data–helps the College address the advancement of women and minority faculty by implementing new tools, trainings, and workshops for early career faculty.

"We will never thrive as an institution unless the faculty feel supported."

Enhancing the Faculty Voice

Baylor takes seriously its commitment to continuous quality improvement, something that, according to accrediting bodies, has great promise for helping institutions grow and learn over time. "We will never thrive as an institution unless the faculty feel supported," said Paul Klotman, MD, the president, CEO, and executive dean. He continued, "Surveys are our best tool for collecting information from faculty. It is extremely important that we conduct these types of surveys on a regular basis so we can measure how we are doing and continue to make improvements." Alicia Monroe, MD, the provost and senior vice president of academic and faculty affairs, added, "If you're committed to doing something with the data, whatever it is, then it is a tremendous opportunity to help your institution track toward its mission."

"What does a new leader want when they come into a new office? An assessment of where [the institution] is at."

Sharing
Promising Practices

StandPoint Faculty Engagement Learning Community

The value of StandPoint Surveys does not end with the survey administration, but rather continues with the StandPoint Faculty Engagement Learning Community. The Learning Community is a network of institutional administrators and colleagues that promotes faculty engagement by using survey data and specialized experience to achieve three objectives:

- Provide peer assistance and support for administration, interpretation, and action planning around the StandPoint Faculty Engagement Survey
- Identify, promote, and share promising practices for faculty engagement
- Advance scholarship around faculty engagement

"Those kind of networking connections and the diversity of ideas [have] been incredibly valuable to me personally. It's a very rich-minded group of people, and they've come up with very creative ways to take advantage of these survey results. To be able to learn from that is a terrific opportunity."

Interviewed leaders consistently expressed their appreciation of meeting with administrators from across institutions and discussing what issues they may have in common or how they may learn from each other. They now feel comfortable contacting members of other institutions with questions and comments or seeking advice by just picking up the phone and giving each other a call. The Learning Community has linked the academic medicine community together, rather than dividing those with a common goal by institution. One interviewee said, "You can see some of the challenges that other institutions are having and understand similarities and differences. It also allows you to reflect back on your own institutions and change the things you're doing to make improvements. It's very, very helpful." The Learning Community is a vital piece of the StandPoint Surveys program that allows each institution to "be among the best" in academic leadership.

StandPoint Surveys at Every Institution

The AAMC continues to offer the StandPoint Faculty Engagement Survey to member medical schools, as well as expanded assessment opportunities for faculty in other health professions, such as nursing, dentistry, pharmacy, and allied health. To gain a holistic view of academic medical centers, the AAMC also offers the StandPoint Staff Engagement Survey, which aligns with the Faculty Engagement Survey where appropriate while focusing on the needs of staff.

The data from StandPoint Surveys are available as a resource that researchers from across the academic medicine community can use to continue exploring the connections among faculty engagement, satisfaction, and retention.

> **"I absolutely appreciate the opportunity to have honest discussions in our groups about challenges that various schools are facing because when you're in that group, you feel a level [of] trust that allows you to share challenges. You share these challenges with very strong problem solvers who are as passionate about this work as you are. That collegiality is invaluable."**

Ongoing data collection also allows scholars to explore many important questions related to faculty at academic medical centers, such as the financial impact of improving faculty engagement and retention, alignment of mission and performance, and improvements in communication and transparency across academic medicine, with the ultimate goal of optimizing the workplace where our nation's physicians are trained.

2013–2016 StandPoint Faculty Engagement Survey Cohort Schools

- Baylor College of Medicine
- Boston University School of Medicine
- David Geffen School of Medicine at UCLA
- Florida International University Herbert Wertheim College of Medicine
- Geisinger Commonwealth School of Medicine
- Louisiana State University School of Medicine in New Orleans
- Loyola University Stritch School of Medicine
- Medical College of Wisconsin
- Michigan State University College of Human Medicine
- New York University Langone Medical Center
- Ponce Health Sciences University School of Medicine
- Rush University Medical College
- Sidney Kimmel Medical College at Thomas Jefferson University
- Stanford University School of Medicine
- State University of New York Downstate Medical Center College of Medicine
- State University of New York Upstate Medical University
- Texas Tech University Health Sciences Center School of Medicine
- University of Arizona College of Medicine
- University of California, Davis School of Medicine
- University of Cincinnati College of Medicine
- University of Florida College of Medicine
- University of Louisville School of Medicine
- University of Mississippi Medical Center School of Medicine
- University of Missouri School of Medicine
- University of Nevada, Reno School of Medicine
- University of New Mexico School of Medicine
- University of North Carolina School of Medicine
- University of South Carolina School of Medicine Greenville
- University of South Florida College of Medicine
- University of Texas Medical Branch School of Medicine
- University of Texas Health Science Center San Antonio School of Medicine
- University of Texas Southwestern Medical School
- University of Utah School of Medicine
- University of Virginia School of Medicine
- Wake Forest School of Medicine

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StandPoint™ Surveys are available to all academic health institutions and health professions organizations to improve faculty and staff engagement.

Gain insight with StandPoint Surveys to retain your best talent. Learn more at:

aamc.org/standpoint