Identifying the Motivators, Challenges and Development Needs of Senior Faculty in Medical Education

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Session Description

1. Introduction (10 mins)
2. Findings of STFM senior faculty survey (10 mins)
3. Findings of STFM focus groups of senior faculty (10 mins)
4. Large group discussion of findings (10 mins)
5. Small group discussion of questions (30 mins)
6. Group report outs and next steps (15 mins)
Background

- Age discrimination laws
- Faculty aging
- Bland and Seldin studies
- Activities of STFM group on senior faculty
- Pilot study -2008
- Initial Question – Who are senior faculty?
Research Question

- What are the faculty development and mentoring needs of senior academic faculty in Family Medicine?

- To investigate ......
  - 1 survey
  - 4 focus groups
Survey of STFM Faculty Over Age 50

- Grant from STFM Foundation in 2011
- IRB approval or exemption granted
- Electronic survey with two follow-ups
- Focus: Faculty development needs of senior faculty (50+)
  - Career options considered in past year, issues of concern, mentoring situation, plans for retirement
- Analysis: Associations between needs/issues and age group, gender and type of employer
Demographics of Respondents

<table>
<thead>
<tr>
<th>Response Rate:</th>
<th>45% (766 of 1708)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>62% male</td>
<td></td>
</tr>
<tr>
<td>34% female</td>
<td></td>
</tr>
<tr>
<td>4% no response</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>89% White</td>
<td></td>
</tr>
<tr>
<td>2% African American</td>
<td></td>
</tr>
<tr>
<td>2% Asian</td>
<td></td>
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<tr>
<td>7% no response</td>
<td></td>
</tr>
</tbody>
</table>
Overall, respondents were similar to STFM population in age, gender and ethnicity.
# Degrees and Employment

<table>
<thead>
<tr>
<th>Highest Degree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD or DO</td>
<td>73%</td>
</tr>
<tr>
<td>MD/DO plus PhD</td>
<td>2%</td>
</tr>
<tr>
<td>Other doctorates (PhD, PharmD etc.)</td>
<td>16%</td>
</tr>
<tr>
<td>Masters</td>
<td>7%</td>
</tr>
<tr>
<td>Bachelors</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Medical Center/University</td>
<td>64%</td>
</tr>
<tr>
<td>Community Setting</td>
<td>35%</td>
</tr>
<tr>
<td>Government</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Note: 87% had some administrative role*
## Career Options Differing by Age

<table>
<thead>
<tr>
<th>Career option considered in past year</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career advancement*</td>
<td>41</td>
<td>33</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Changing employer*</td>
<td>35</td>
<td>35</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Career outside academics**</td>
<td>25</td>
<td>25</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Different position; same employer</td>
<td>24</td>
<td>28</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Increasing clinical time</td>
<td>16</td>
<td>12</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Retirement</td>
<td>7</td>
<td>21</td>
<td>37</td>
<td>44</td>
</tr>
</tbody>
</table>

Notes: All rows statistically significant with $p < 0.01$.

* Higher in Academic Medical Center employees.

**Pololi et al. reported that about 25% of ALL faculty considered leaving academic medicine (Academic Medicine, 2012).
## Faculty Issues Differing by Age

<table>
<thead>
<tr>
<th>Issues that concerned them</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing personal and work time</td>
<td>77</td>
<td>70</td>
<td>68</td>
<td>51</td>
</tr>
<tr>
<td>Planning for retirement**</td>
<td>46</td>
<td>66</td>
<td>72</td>
<td>63</td>
</tr>
<tr>
<td>Advancing career/promotion*</td>
<td>33</td>
<td>23</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Decreasing my FTE work</td>
<td>10</td>
<td>20</td>
<td>22</td>
<td>35</td>
</tr>
</tbody>
</table>

All rows statistically significant with $P < 0.0001$

*Higher in Academic Medical Center employees

**Higher for men
<table>
<thead>
<tr>
<th>Type</th>
<th>Received (by 49%)</th>
<th>Requested by Not-mentored (51%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Career advancement</td>
<td>15%</td>
<td>28%</td>
</tr>
<tr>
<td>Research</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Financial planning</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Education</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Life balance</td>
<td>8%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Note: Women reported more difficulty finding mentors (7%) than men (3%) did. $p = 0.03$
Mentors

Location of Mentors

- 29% Outside of home institution
- 27% Within own department
- 15% Different department in home institution

Connection with mentors

- 43% In person
- 28% Email
- 20% Telephone
- 15% Non-STFM conferences
- 10% STFM conferences

Note: Multiple responses allowed
Faculty With Work/Life Balance Concerns (67%) Were More Likely to Consider:

- Changing employer
- Seeking a career outside of academics
- Changing positions with same employer
- Stepping down from a leadership position
- Decreasing clinical time
- Cutting back on FTE

*Note: All p < 0.005*
Retirement Plans

- 64% planned to retire (with mean age of 67)
- 94% Planned to remain active in:
  - 75% teaching
  - 55% mentoring
  - 40% clinical work
  - 35% professional organizations
  - 19% research
  - 10% admissions committees
Summary

- Faculty development needs change with age.

- Senior faculty have unmet needs for faculty development and mentoring in Life Balance, Career Advancement, and Financial Planning.

- Faculty concern for work/life balance is associated with thoughts of change in work patterns.

- Senior faculty have leadership and teaching skills that could be utilized by their programs after retirement.
Methods

- 4 focus groups conducted; 1 hour each
  - 2 at STFM Medical Student Education National Meeting, February 2012
  - 2 at STFM Annual National Meeting, April 2012
- Recruitment criteria:
  - Age 55+
  - 25+ years on faculty
  - Self-identified as senior faculty
- Discussions were recorded, transcribed, & analyzed for salient themes
Focus Group Questions

1. What energizes or engages you in your work/life now?
2. What challenges or concerns do you have at this point in your career?
3. What career transitions are you anticipating or have you made recently?
4. As senior faculty, what can you offer STFM and what would you like from STFM in return?
## Results

<table>
<thead>
<tr>
<th>Number of participants:</th>
<th>41</th>
</tr>
</thead>
</table>
| Degree                  | 93% MDs  
  7% Non-MDs              |
| Gender:                 | 59% Male  
  41% Female              |
| Ethnicity:              | 85% White  
  2.6% African American  
  2.6% Asian  
  2.6% Other  
  7% No response          |
### Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>17%</td>
</tr>
<tr>
<td>50-54</td>
<td>15%</td>
</tr>
<tr>
<td>55-59</td>
<td>32%</td>
</tr>
<tr>
<td>60-64</td>
<td>27%</td>
</tr>
<tr>
<td>65+</td>
<td>7%</td>
</tr>
<tr>
<td>No response</td>
<td>2%</td>
</tr>
</tbody>
</table>

\[N = 41\]
<table>
<thead>
<tr>
<th>Place of Current Employment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Medical Center/University</td>
<td>66%</td>
</tr>
<tr>
<td>Community Setting</td>
<td>24%</td>
</tr>
<tr>
<td>Both</td>
<td>7%</td>
</tr>
<tr>
<td>No response</td>
<td>2%</td>
</tr>
</tbody>
</table>

\[N = 41\]
## Current Position

<table>
<thead>
<tr>
<th>Position</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Vice Chair</td>
<td>20%</td>
</tr>
<tr>
<td>Dean/Associate Dean</td>
<td>6%</td>
</tr>
<tr>
<td>Residency Program Director</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Student Education Coordinator/Clerkship Director</td>
<td>20%</td>
</tr>
<tr>
<td>Director of Faculty Development/Research</td>
<td>10%</td>
</tr>
<tr>
<td>Specified rank only, not position</td>
<td>24%</td>
</tr>
</tbody>
</table>

*\(N = 41\)*
Themes

- Data initially coded according to the four categories:
  - Energizers/Motivators
  - Challenges/Concerns
  - Transitions
  - Role of Senior Faculty in STFM

- Themes elicited within each category
Energizers

• Teaching residents and students (16)

  I enjoy teaching. I enjoy mentoring students. It keeps me fresh. There’s nothing more exciting than to see a student catch a concept.*

• Mentoring junior faculty (8)

  One of the things for me is mentoring junior faculty. I find that exciting. For example, I helped one of our junior faculty get a poster at the meeting here...just helping them through that process. And seeing them get excited. You know, that “aha” moment.

• Taking on new roles/challenges (5)

  What keeps me engaged is the creation of new programs...the opportunity to inspire and move others.

* Quotes edited for readability
Energizers

- Working with patients (4)
- Being a change agent (3)
- Finding interests outside of medicine (3)
Challenges and Concerns

• Job Pressures (21)
  • Changes in Organization
  • Perceived lack of control over work
  • Increased responsibilities- “I can’t do it all”
  • Job insecurity
  • Decreased marketability
Challenges and Concerns

I think one my concerns is decreased flexibility and marketability, for lack of a better term. It used to be that in my 30s and 40s, if there were shake-ups at the hospital... so what? I could always go out and hang up my shingle ....But now, who’s going to want to hire a 61 year old? So now, it’s ...either stick this out or give it up. There’s not a lot of options.
Challenges and Concerns

“Letting go” (14)

- When, how, what to let go?
- How to exit gracefully?
- Acknowledging the need to redefine goals

The challenge for me is how long to hold on and when to let go...I know exactly what I would do if, if I were to retire. But at the same time, I don’t want to give up doing what I’m doing now. Even when I hate it, I don’t want to give it up. That’s where the conflict is for me.

Maybe ten years ago, I had a sense of planning and achieving. You know, there were big things to do. I don’t have that anymore. It doesn’t feel that way. So, it’s sort of figuring out what is my new goal.
Challenges and Concerns

• What Next? (9)

So I’m fearful if I give up the teaching ...I don’t know what to do after that.

So that’s our challenge... where are we going to put that energy? Because we’re used to giving of ourselves and our time, and we’re used to teaching. So where else are we going to put that?

But for me, the question is how does one round out one’s career, so that one can come to a conclusion and accept that it’s a new beginning.
Challenges and Concerns

• “More tired and not as sharp” (7)

   And yet, I just want to acknowledge that I definitely deal with fatigue sometimes and not as much energy as I used to have. And I definitely spend time worrying that I don’t know enough.

• Loss of identity (5)

   I still do obstetrics and that’s just one of those things that is just deep into my core. And I know going forward at some point I’m going to have to stop doing that... But that’s just one of those things that I have felt very strongly about what in family medicine is important to us. And to give that up is going to be very difficult.
Challenges and Concerns

- Being relevant (5)

And when I saw the title of this [session], it made me realize, teaching residents is really what has given me a sense of purpose in what I do. I’m not quite ready to give that up, and yet I know I will have to at some point. And still wanting, despite aging, to have a sense of validity to the residents.

- Family Issues: e.g. Aging Parents (5)

- Technology (5)
Challenges and Concerns

- How to retain/engage senior members of their faculty (13)
Transitions

- Currently making or made career transitions within last year (5)
  - Wanted part-time work
  - Sought more challenging work
  - Wanted more lucrative work before retirement
  - Stopping OB
Transitions

Thinking about it: “gathering data: “ (15)

- Want to cut back
- Focus more on teaching, less on clinical
- Administrative hassles
- Fatigue
- Seeking another career direction; not sure what or where
- Stopping OB
Role of Senior Faculty in STFM

- Majority of participants believed they still had things to contribute to the community of educators
- Most wanted to stay involved with STFM as they contemplated retirement
- But were not sure how

*I will stay involved with STFM, because it’s been my home tribe for a longtime...[But] it’s how to stay involved? Because right now it’s just like, who’s on what committee? And that’s it. So, if you’re not going that way, overall, then what will you do?*
STFM Can Offer to Senior Faculty:

- Sessions at meetings targeted to senior faculty:
  - Succession planning
  - Technology for “dummies”
  - Managing career transitions
  - Anticipatory Guidance for the Aging Educator

*I think anticipatory guidance with regard to retirement is a new, underdeveloped thing. A session that might just be simply Anticipatory Guidance for the Aging Educator...to talk about some of those little things you need when you retire.*
STFM Can Offer to Senior Faculty:

- Specific roles/activities for senior educators
  - Challenge grants for baby boomers
  - Session moderators/poster commentators
  - Plenary Speakers/Alternative leadership roles

- Support groups/mentors

I think having (support group) conversations like this are very valuable...Having an opportunity to hear other people who share the culture of academic values and are senior, however we define that, and are in the positions to be thinking about transitions, how do them gracefully, or not do them at all. Or to postpone them. I still feel like I need a lot of mentoring.
STFM Can Offer to Senior Faculty:

- Opportunities to mentor junior faculty

[Let’s have] a retired mentors program. Someone who had a job for a certain period of time who isn’t working...To not lose track of those members who have retired, but keep them on retainer for volunteer work in terms of coaching other people who are now moving into roles they once had.

And we are a group that the younger people may listen to, if we speak. If we go quietly into the night and feel like we don’t have anything to offer, then I think we would be doing a big disservice to those who are looking for mentors and direction and a link to the past and the sense of community that we have.
Summary

- The majority of participants were more concerned with the process of letting go (when, what, how) than with post retirement.
- Job pressures were a significant challenge/concern.
- Teaching, leading, and mentoring were more engaging than patient care at this point on career trajectories.
- Senior faculty feel they have wisdom, skills, and experience to offer professional organizations after retirement and have suggestions for the roles they can play.
Thoughts and Reactions
5 Questions for Discussion

1. What are the career issues of senior faculty in medical education? How are they similar and different from those detailed in the family medicine studies?

2. What are the motivators of senior faculty in academic medicine? (what keeps “the fire in the furnace, while there is snow on the roof?”)

3. What are the challenges facing senior faculty in 2012 and beyond?

4. What are the development/mentoring needs of senior faculty?

5. With the changing nature of health care in the 21st century, and generational differences in learning styles, what are teaching roles for senior faculty?