

Emory University Department of
Emergency Medicine



Advocate Curriculum
From Recruitment to Retirement
2019

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EMORY DEPT EM – ADVOCATE CURRICULUM

From Recruitment to Retirement

R&R

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GOAL

Based on the continued growth and expansion of the Emergency Medicine (EM) Department at Emory University, the Faculty Advocate Program (FAP) was enacted to create structure and development support for faculty members at all levels and positions.

The Faculty Advocate serves as a supporter, occasional mentor, champion, talent developer and liaison on behalf of the department, for a group of faculty members to whom they are assigned. An advocate is a member of the Executive Committee and/or senior faculty member who will assist those advocates in the process of defining, measuring and achieving goals. Advocates will also participate in supporting advocates to be considered for opportunities available as identified by the senior leadership of the department and School of Medicine (SOM). The advocate will be familiar with the goals of their advocatee and will be responsible for advocating on behalf of their advocatee to department leadership. At times, the advocate may serve as a mentor. However, these constructs are distinct. The goal of the FAP is to identify and create development opportunities for faculty through advocacy and dialogue within the department, and also to support the faculty member(s) with constructive feedback and to consult and advise with them on their professional development independent of the role of the Medical Director, to whom the faculty members report based on site. The core roles and responsibilities of the advocate are outlined below.

Advocate's Core Roles & Responsibilities:

- Assist in recruitment of talented faculty and fellows through the interview and vetting process
- Serve as a resource for on-boarding and integration within the Department
- Work with the advocatee to develop a niche area/area of expertise
- Assist new faculty members in identifying mentors to assist with their professional growth and development.
- Within the first two years, develop a plan with the advocatee to set a pace of achievement for successful promotion
- Support, where applicable, APT activities for their advocates
- Assist advocates with concerns about their wellness through consistent check-ins and be knowledgeable about resources available for their advocatee

needs (e.g., Faculty Staff Assistance Program (FSAP), Work-life Resource Center)

- Monitor Citizenship, Professionalism and Responsibilities (CPR) compliance for their advisees
- Understand and execute the timely completion of the annual CCPR aka Performance Review (PR) for their advisees

SCOPE

During the recruitment process, each incoming faculty member will be assigned a faculty advocate. Each advocate will ideally be assigned up to a maximum of 8 advisees at any time. This does not include any “future” advisees that may be joining the faculty. Advocates with 8 or more advisees will be assigned additional advisees:

- If a current advisee is resigning before the new advisee arrives
- At the Chair’s discretion

It is expected that advocates will meet at the minimum 2-3 times per year, ideally more, with their advisee to review goals and develop and commit to action plans. This should culminate in an End of Year (EOY) report that will inform the mandatory PR documentation for the SOM which is signed off by the Chair.

The Faculty Advocate will:

- Be responsible for remaining familiar with faculty goals of achievement and plans of action, and developing and directing plans regarding academic and clinical efforts, in association with the constructs of the PR, the Department of Emergency Medicine, and the SOM
- Assist in articulating the setting, measuring and sharing of goals and opportunities with leadership faculty to be in alignment with the advisee’s pace of achievements
- Report periodically to the Executive Committee on faculty progress
- Advocate for the participation of advisee in advancement opportunities, where appropriate

- Participate in the management of any formal or informal Performance Improvement Plans (PIP's), where necessary
- Assist with identifying mentors as needed for the faculty member
- Complete the annual Performance Review (PR) Report

The Faculty Advocates will:

- Be proactive in scheduling meetings with their advocate at least three (3) times a year, including preparation for the PR compilation
- Develop and maintain an open line of communication related to meeting goals, expectations, and wellness
- Utilize technology/communication constructs as provided by the department, when applicable, e.g., Chair's Podcast, Newsletter to guide discussions with their advocates
- Develop and commit to the action plan for academic and clinical achievement

Re-assignment of Advocates:

Periodically, it becomes relevant for an advocate or advocatee to change advocates. Each year, advocate participation will be reviewed with the Vice Chairs Committee and if needed, the Executive Committee, to discuss the following parameters:

- Proposed changes to an advocate roster
- Proposed changes in response to any advocatee's request for change in their faculty advocate
- Proposed changes to any advocatee/advocate relationship based on business and departmental needs

Process for Advocate Change (by Advocatee Request only):

Should an academic or institutional change occur, or should any advocatee want to request a change, the responsibility will be on the advocatee to request the change unless otherwise determined by the Vice Chair's Committee and/or the Chair. The process for an advocate change is as follows:

- The advocatee submits a formal inquiry via email to the Chair, Vice Chair of Faculty Equity, Engagement and Empowerment, and HR Operations Lead,

indicating a reason and making a request for change. The advocatee **MAY** request a specific new advocate, but that is not required.

- The request is reviewed by the Chair, Vice Chair of Academic Affairs and HR Operations Lead to understand the request, and confirm alignment with the program and organizational needs.
- If approved, two actions occur concurrently:
 - The advocatee is asked to meet with their advocate and let them know of their request for a change.
 - Once the conversation is completed and to confirm, the advocatee sends a formal email to the Vice Chair of Faculty Equity, Engagement and Empowerment, and the HR Operations Lead, cc'ing the current Advocate.
- The formal email/letter of request is reviewed by Vice Chair's and/or Executive Committee during the next semiannual review period.
- If the request is approved by the Chair, and subsequently by the Vice Chair's Committee, the Department will submit to the advocatee and the new advocate a formal introduction articulating the timeframe of the change and a recommended deadline for the first meeting.
- If the request is approved, the HR Operations Team will support the transition of any documentation including the advocatee's information to the new advocate.

Note: If the Faculty Advocate desires to change their advocatee based on size, scope or need, the Faculty Advocate should contact the VC for Faculty Equity, Engagement and Empowerment requesting that change. The Faculty Advocate requesting the change should also communicate with their advocatee the need for the change and discuss with the proposed new advocate the rationale. In all parties are in accord,

the change will be executed and the process of communication as noted above will be executed.

Proposed changes to the Advocate Roster/Advocate Changes based on professional/business needs:

Occasionally, due to organizational growth and development, a change to the advocate roster is required, but not requested by Advocate or Advocatee. In this case, the following process applies:

- The request/need for change is reviewed by the Vice Chair of Faculty Equity, Engagement and Empowerment and as needed the Chair and HR Operations Lead to understand the need, and confirm alignment with the program and organizational needs
- If deliberation results in an affirmative change, the Vice Chair of Faculty Equity, Engagement and Empowerment will craft a formal message to the new proposed advocate and new advocatee, indicating the need for the change and as needed meet to discuss the change and any questions they may have.
- The Vice Chair of Faculty Equity, Engagement and Empowerment succeeding the meeting with the advocatee, will craft a formal communication to the advocatee and new advocate to make the approved changes. An updated roster will be uploaded to Box.

We have a group of leaders in our department who have dedicated themselves to provide advocacy and support for each member of our faculty. We also have a high caliber of physician-faculty members throughout our faculty. We expect that all faculty will embrace the FAP with a high level of enthusiasm and will work diligently and professionally to make the advocate relationship as fruitful as possible.

If you have any questions regarding the **Faculty Advocate Program**, please contact **Dr. Sheryl Heron, sheron@emory.edu** or **404-483-2578**.

RECRUITMENT

Faculty Advocates are an integral part of the recruitment process for prospective new faculty members who apply for a fellowship or faculty position in the Department of Emergency Medicine.

Once a fellow or faculty member is vetted, interviewed and offered a position in the DEM, the HR recruitment leadership team in consultation with the Chair and Department Administrator follows the process below:

- Determines who would be best suited to serve as the new faculty member/fellow's advocate, based on the applicant's interests/specialty/areas of expertise
- Review the current advocate tree to assess capacity for the proposed advocate to assume another faculty member
- Recommend the proposed advocate by consensus
- Vice Chair of Faculty Equity, Engagement and Empowerment contacts the prospective advocate to solidify buy-in and confirm that the faculty member agrees.

Note, during the interview process, the recruitment leadership team will review the faculty applicant's CV and letter of intent and deliberately ensure prospective faculty advocates will be a part of the interview process.

The respective Fellowship Director or her/his designee will assign a faculty advocate to fellowship applicants.

On-Boarding

Advocates are an integral part of the on-boarding process for new faculty. Upon designated as a new faculty advocate, the advocate should be in contact with the HR On-Boarding to be familiar with when the faculty arrives to campus, has shadow shifts as well as serve as part of the welcome to Emory. See detailed flow sheet of the process for onboarding [here](#).

APPOINTMENTS, PROMOTIONS, & TENURE (APT)

The Department of EM values and is committed to the advancement and academic promotion of our faculty. Upon arrival to Emory, faculty members are given the guidelines/links for promotion within the SOM. The timeline for promotion should begin upon the faculty member's arrival to the Department, so a deliberate and focused attention to successful promotion is put in place. The faculty advocate serves as the conduit to assist in the promotion process.

Internal to the department, there is an APT committee that meets semiannually to review faculty members who, based on their time in rank, are eligible for promotion. Members of the APT committee are assigned a faculty member to review for promotion eligibility. The faculty advocate serves as a point person to ensure readiness of the faculty member in question and to ensure a robust promotion packet is created. That includes the metrics needed for education, scholarship/research and service. The explicit guidelines for promotion from point of entry to the department were created by the SOM to ensure that faculty is aware of the parameters needed to achieve these metrics in the categories noted above.

The information and documents needed for promotion are available on the EM faculty resource website found here:

<http://em.emory.edu/documents/Resources%20Bouquet3.pdf>

See Section 8 for sample letters typically used for promotion



OPPORTUNITIES

Department

- Faculty Development Sessions – typically 3rd Thursday every other month
- Committee Involvement
 - Education, Research, Global Health, IDEAS, other Departmental Committees

School of Medicine

- SOM Career Development – See important links
- Discuss interests and aspirations with your faculty advocate
- Committee involvement based on interest

University Committees

- Senate and others _ See important links

Regional

- Service
 - GCEP, GSMA, Atlanta Medical Association
- Education
 - SE SAEM

National

- SAEM, ACEP, AAEM, NMA, APA

Other

CAREER CONFERENCE PERFORMANCE REVIEW (CCPR)

aka Performance Review (PR)

Completion of the CCPR, aka PR, is a mandate of the SOM and Liaison Committee on Medical Education (LCME). Each department in the SOM is expected to have 100% compliance. We support this vision, and, as a department, we view the PR as an opportunity for faculty advocates and their advisees to meet to discuss the advisee's growth and development in our department. The PR includes components of evaluation, feedback, and short- and long-term goal setting for the faculty. During these meetings, advocates are strongly encouraged to develop discussion points and feedback in direct alignment with the Citizenship, Professionalism and Responsibility (CPR) expectations of the department. The goal is for the advisee to receive feedback on his or her performance, to share and develop goals for future performance, and to develop a plan to accomplish their goals each year. Each year each faculty member in our department will have the opportunity to meet directly with the Chair. As a department, we recognize that the FAP serves to augment and assist with completion of the PR. As noted in the scope of the advocate's responsibilities, to be effective, we expect that there will be 2-3 advocate/advisee meetings per year. The culmination of these meetings should inform the completion of the PR. The first two advocate/advisee meetings should include discussion of the progress towards the stated goals and action items for the PR. For faculty within one year of hire, while the PR is not mandatory, we encourage you to complete the PR as a guidepost to create short- and long-term goals in the department. Guidelines for best practices for completion of the CCPR are below. You should familiarize yourself with the guidelines to ensure a productive meeting between faculty advocates and their advisees.

[Best Practices for Successful Career Conferences \(adapted from SOM Office of Faculty Development\)](#)

Prior to Career Conference Report Meeting:

- Gather teaching evaluations from residency and fellowship programs so that you can provide feedback to your faculty.
- Review part 1 of the career conference report so that you are familiar with the successes and challenges the faculty faced this year. Faculty appreciate being recognized for their contributions and the fact that you took time to prepare for the meeting

- Review previous year's Career Conference Reports to determine if there are any open action items or performance concerns that were not addressed.
- If the possibility of promotion is imminent for a faculty member, review promotion guidelines before discussing promotion possibilities.

During the meeting:

- Review last year's goals, and if they were not met, discuss to identify the barriers and whether the goals were realistic.
- Try to present both strengths and weaknesses for all three missions (education, scholarship, service). Frame the weaknesses in the context of what was done well and remind faculty that we all have opportunities for development. Any serious performance-related issues should be addressed and noted in writing. This is also a good time to give any personal examples or experiences.
- Create *specific* goals or milestones to address weak areas and to ensure continued success. Ask for the faculty member's input on how to improve his/her performance.
- Find out what the faculty member's expectations are in terms of career progression. Develop a plan for meeting those expectations or help to create more realistic ones. Refer the faculty member to the promotion guidelines.
- Ask the faculty member if there are any other items he/she would like to discuss that were not listed in the Career Conference Report. This is a good opportunity to address wellness and work-life concerns.

FLOWSHEET

Year 1

This is one of the most important years for our new colleagues. Once the new faculty has accepted a faculty/fellowship position within the Department of EM, the faculty advocate will be advised and expected to participate with meetings and onboarding of new faculty

First Quarter (July – September)

Faculty advocate should schedule their first meeting with the advocate within 90 days of the faculty start date.

- Review the role of the faculty advocate
- Discuss the contents of the advocate curriculum including timeline for promotion
- Encourage participation in the EM faculty development days
- Determine when the faculty member may/want to present in resident conference and commit to attending and assisting with lecture presentation
- Ensure advocate has the necessary support to be successful in passing the Written Boards

Second Quarter (October – December)

Faculty advocate will review the performance reviews, while not mandatory, to assist advocates in developing goals and objectives

Third Quarter (January – March)

- Faculty Advocate will meet with the advocate to check in to determine what opportunities internal or external to the department the advocate may benefit from

Fourth Quarter (April – June)

- Check in
- Discuss the Performance Review – upcoming for the following year (PR)

FLOWSHEET con't.

Years 2-5

- Faculty Advocates should try to meet 2-3X with their advisees during years 2-4
- At each meeting, both parties should review the APT guidelines with intentionality to map towards promotion to the respective level (Assistant, Associate, Full- Professor)
- Faculty should examine leadership opportunities/roles within the Department, SOM or nationally
- Faculty should be encouraged to assess the value of academic emergency medicine

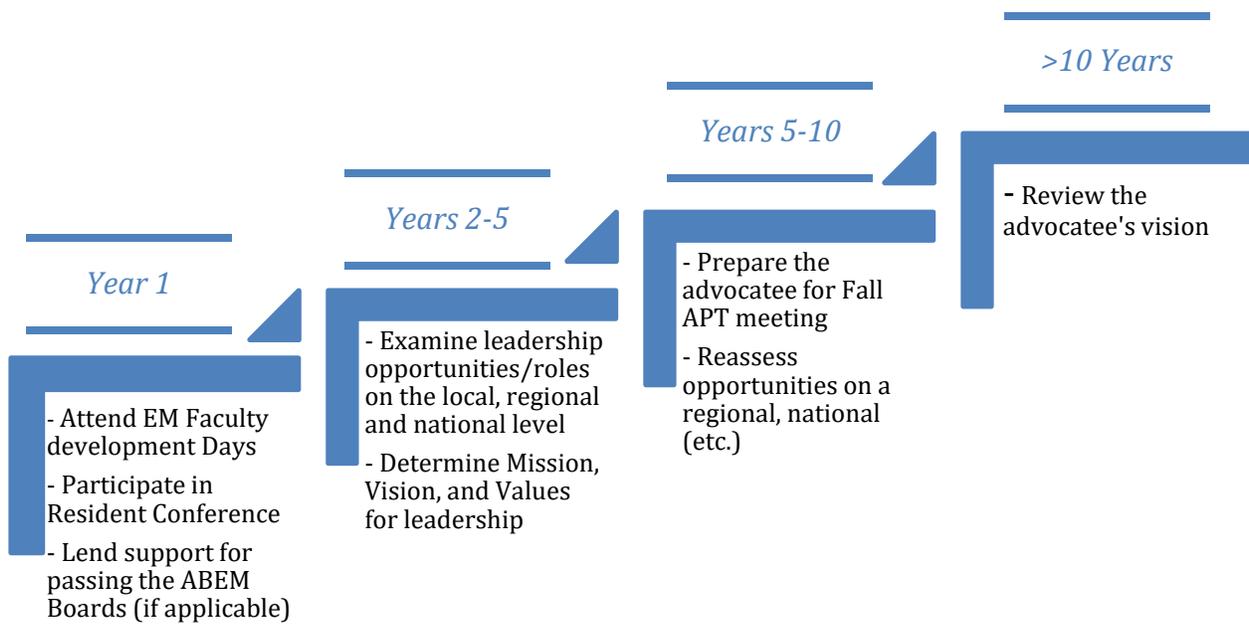
Years 5-10

- Faculty member should be prepared to present their advisee for consideration for promotion in the October APT meeting
- Faculty member should work with the advisee to meet the recommendations from the APT for successful promotion to the next professional level
- Faculty should continue to assess and reassess opportunities on a regional, national and international level where possible to ensure maximum impact towards promotion to professor

> 10 Years

- Faculty should be in continuous discussion with their advisees to assess role and goals within the Department
- Faculty should continually reassess their leadership vision to determine how to advance in their career
- Faculty should be aware of opportunities for retirement/emeritus status

FLWSHEET TIMELINE





FREQUENTLY ASKED QUESTIONS

What is an Advocate?

An advocate is a senior member/leader in the department who serves as a support and guide for your success in the department, from the time you are hired to the time you retire. This includes engaging you with the promotion process and serving as a sounding board for factors, issues or concern that may impact your wellness.

Why Do I Need an Advocate?

Academic Emergency Medicine can be challenging and somewhat daunting. The advocate can assist with navigating the challenges and questions that may arise during your time at Emory. They should be seen as a support person and guide with knowledge of where to direct you in times of need.

Is an Advocate the same as a Mentor?

Your advocate is more of a sponsor, a person who knows of your interests and passions who can support you by using their sphere of influence to align you with leaders within and outside of the Department to maximize your success. The advocate can help in identifying possible mentors and work collaboratively with your mentor/s to maximize your success.

What is the role of the Advocate in the promotion process?

The advocate is a support person to you in the promotion process. There is an official Appointments, Promotion, and Tenure (APT) Committee in the Department who will reach out and engage your advocate when promotion is being considered. Your advocate should be monitoring your progress during your career in the department to guide you to opportunities identified in the APT process that will maximize your successful consideration for promotion. Your advocate will be a sounding board to help you identify your letter writers for promotion as well as areas of focus to maximize your success.

What is the role of the Advocate in the Performance Review?

Currently, your advocate is the designated person to complete your performance review. During your meetings, you should identify short- and long-term goals as designated in the PR. The Advocates will also receive information related to the Citizenship, Professionalism and Requirements (CPR) from the respective Medical Directors where faculty work, as well as leaders in education, discovery and administration. Note, if desired, the faculty will have the opportunity to meet with the Chair, who will be the final signature of the PR which include the Chair's summative comments. The faculty are encouraged to review the Chair's comments from the PR and share thoughts with their advocate.

What is the recommended number of times to meet with your advocate?

This is variable, with the goal of ensuring there is meaningful time spent between the advocate and the advisee. The recommended number of meetings would be 2-3x per year, though some may decide to meet more often. Group meetings are an option as well as Zoom or other creative ways to connect. Remember, as of now, **the Advocate has \$500 to use to enjoy time with their advisees.**

Can I change my Advocate?

Based on the faculty's initial application, areas of interests, and passion, we try to assign the faculty an advocate who will be in alignment with their interests. There are times, however, in one's growth and shift in career path that you may be reassigned an advocate. This may also be done if there is a need to shift the ideal number of advisees for the advocate. If the need arises, please contact Dr. Sheryl Heron, the Advocate program lead or her designee, who will assist you in the process for changing your faculty advocate.

IMPORTANT LINKS & Other Information

Appointments, Promotion and Tenure

Faculty Quick Guide

SOM Career Development

University Senate Committees

SAMPLE LETTERS OF SUPPORT FOR FACULTY CANDIDATES

Sample Letter 1

I am pleased to provide this peer appraisal of Dr. [xx], who is being considered for promotion to the rank of Associate Professor, Medical Educator and Service Track (MEST) in the Department of Emergency Medicine at Emory University School of Medicine. I am the [title]. I have known Dr. [xx] Emergency Medicine at the [institution]. I have known Dr. [xx] since 2013 where we met through the [professional organization]. We have since served together on the [professional organization] Committee, which he now chairs. We have several common professional interests, and I have observed Dr. [xx] speak on the use of simulation in medical education. While I have not directly observed his teaching or clinical care, I have carefully reviewed his teaching evaluations, CV, educator's portfolio, and the promotion criteria at your institution. Based on my experience in academic medicine and service on several promotions committees, I feel qualified to provide a candid assessment of Dr. [xx]'s qualifications.

Dr. [xx] fulfills the criteria for Associate Professor by demonstrating excellence in the three domains described in the promotion guidelines—teaching, service, and scholarship. His passion and aptitude for teaching are evidenced by his teaching awards and the outstanding evaluations from learners. The student comments reflect the qualities of a master educator—enthusiasm, approachability, and the ability to simplify complex ideas—that make him a favorite among trainees. Dr. [xx] has also sought advanced training in medical education and applied his expertise to improve the experience of Emergency Medicine residents. He developed the [assessment tool] which have become a national model residency training. He has also designed assessment tools that identify and mitigate implicit bias, an innovative concept with direct impact on patient care. Dr. [xx] has demonstrated consistent scholarly productivity in the areas of learner assessment, medical simulation, curriculum design, and clinical care. He conducts high quality, funded clinical research on ophthalmologic emergencies. In the service realm, Dr. [xx] is a thought leader, sought-after speaker and major contributor to local, regional, and national committees. His service and leadership have been outstanding. His willingness and ability to serve as [office in professional society subgroup] and [xx] Committee are but two examples of his dedication and organizational skills. Dr. [xx] has established an excellent reputation as a scholar, teacher, and contributor to service activities. The broad impact of his activities and scholarly work exceeds the MEST criteria for Associate Professor. If a similar track for medical faculty existed at [university], I am confident that Dr. [xx] would be promoted to that level and I recommend his advancement to this rank.

Sample Letter 2

It is with great pleasure that I write a letter of support for [xx], MD, to be promoted to Associate Professor in the Medical Educator and Service Track. I am currently the [xx]. I have known Dr. [xx] since 2012 and we have worked together in a variety of settings. Dr. [xx] and I have collaborated in leadership forums, are developing manuscripts, and participate as colleagues at national meetings for Emergency Medicine Program Directors and most significantly in [xx society] where she is [officer].

For the past 4-5 years I have been appreciative and impressed by Dr. [xx]'s work in every capacity. Five years ago, I was asked to be the Didactic Chair for []. My first introduction to [xx] was through her thoughtful and purposeful commentary to our didactic conference "[xx]". At the time, [xx] was a young faculty member in EM; however, it was clear that this was a faculty member who understood the issues surrounding gender disparity, the political spider web of medical centers, and the critical need for measured progress. Subsequent to that meeting, a group of women convened to more thoroughly investigate solutions to barriers in gender equity within EM. This self-appointed task force set out to showcase best practices that emphasized benefits of a fulltime career in Emergency Medicine in academic or community medicine. [xx] immediately became enthusiastically engaged. She was enlightened, proactive, and detail-oriented. Her work within our group allowed all of us to shine; she has a unique way of promoting others and allowing them to expand, while at the same time very clearly and respectfully voicing her views. Politically and philosophically, [xx] is a key player in moving solutions in gender disparities forward. ... [other activities for professional organization]. Recently, [xx] and I have co-sponsored a number of didactics on [topics] at [professional meetings]. In all three of our co-sponsored conferences, working with [xx] epitomizes what collegiality and professionalism aspires to achieve. [xx] is available, responsible, autonomous, and a perfectionist. She is one of the hardest workers I know and is patient beyond belief. She never makes excuses; she just gets the job done right the first time.

In my professional work, I have spent the past 18 years collaborating with a multitude of colleagues, and I find [xx]'s logical and thoughtful approaches to all that she does to be refreshing. Given her multiple personal and professional roles, she is remarkable in her organizational skills and follow through. I am envious of her energy and natural talents. I would consider [xx] to be in the top 10% of the colleagues I have had the pleasure to know. I would actively recruit [xx] to [my University] if I could. I am confident that there would be no concern about her promotion to Associate Professor at our institution. Based on the guidelines I have read for Promotion at Emory, I am also confident that she surpasses the requirements to move to Associate Professor in the Medical Educator and Service track.

Finally, on an interpersonal level, [xx] is just a fantastic. She is realistic and humanistic. She has an ever present smile that makes people want to be near her and a wonderful way about her that makes even the most cynical see the bright side of the situation. She is the perfect combination of competency and kindness. I can only wish my collaborations with others were as enjoyable as they are with Dr. [xx]. I cannot think of a more deserving promotion than Dr. [xx] to Associate Professor.

Sample LOS 3

It is my pleasure to evaluate the credentials of [XX], who is being considered for promotion to the rank of Associate Professor in the Department of Anesthesiology. I have known Dr. [XX] through our work together in the School of Medicine, primarily in his role as [XX] in the Department of [XX]. My comments are based on my review of his promotion packet and my understanding of the criteria for promotion to the rank of Associate Professor in the service area of distinction. I am confident in stating that based on Dr. [XX] credentials, he has distinguished himself on an institutional and regional level in service with an emphasis on teaching, and has had some involvement in scholarship.

In **service**, Dr. [XX] has several key leadership roles in education in the Department of [XX] and in the School of Medicine (SOM). He serves as both [XX], where he works with an interdisciplinary team of nurses, anesthetists and anesthesiologists to facilitate the day-to-day operations of the operating room, and as the [XX]. Dr. [XX] has worked with hundreds of students in his tenure and has garnered respect from his students and faculty within the department. He has participated in both national and regional committees, and has served as the [XX] committee. Within the SOM, he serves on the SOM Honor Council and has been active on the Admissions committee. For his commitment to service in his department and in Emory Healthcare, Dr. [XX] was a recipient of the Doctor's Day Award in three consecutive years. His reach extends beyond [University]'s walls and he has been recognized in the community as a Keynote Speaker at [XX].

In **education**, Dr. [XX] has also had a significant presence. As previously noted he serves as the [XX] as well as [XX]. In this capacity, he has directed multiple courses in [Field] for both [University] medical students and visiting students. He has participated in multiple small-group and multi-disciplinary courses and has mentored countless students and residents. One comment noted that "he has been a prime example of an excellent medical educator/leader and how I would like to model my education and leadership skills as a new [role]." He is active in multiple education committees within the [unit] and served as a junior faculty member during the [unit's] accreditation visit. He has been recognized nationally as an invited speaker at multiple meetings and has prepared educational materials of several types in his specialty of [field]. For his commitment and efforts, Dr. [XX] was awarded several teaching awards including the Department of [XX] Excellence in Teaching award and Excellence in Mentoring award. Beyond his department, Dr. [XX] was also recognized with the coveted Dean's Teaching Award at [University] and received the Medical Educators Day Award in two consecutive years. He has consistently superlative evaluations on the Likert scale from resident physicians. Dr. [XX] clearly has a visible and recognized reputation for his gift of teaching and will undoubtedly continue to positively impact students and residents for years to come.

In **scholarship**, Dr. [XX] has participated on several manuscripts, notably one as sole author in the [publication]. He has several book chapters as well as abstracts. He is a co-investigator on a grant and has presented at local, regional and national meetings. His ability to galvanize his students to stay in academia is also a noteworthy characteristic.

In summary, Dr. [XX] is both an engaged citizen and a gifted, talented educator in his department and in the [unit]. He clearly reaches the bar to be promoted to Associate Professor based on the promotion guidelines provided.

Creating a Vision for Education Leadership

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BACKGROUND

Academic emergency physicians are driven to become master clinicians while honing their skills in mission areas such as education, research and administration. Many faculty members try to pursue the triple threat of education, service and research; however, excellence in all three areas is difficult to achieve. The first step to excelling in the education domain is to clearly define one's goals and articulate a strategy to achieve them. To be successful, you must define your vision, mission and core values (VMCV).

As the field of emergency medicine (EM) matures, its education leaders are increasingly recognizing the importance of defining personal and shared visions, core purpose (mission) and core values. In *The Leadership Challenge*, Kouzes and Posner explain "you must clarify your own vision of the future before you can expect to enlist others in a shared vision."^{1,2} The authors also summarize the benefits of leaders in organizations who are focused on the future, which includes achieving better performance outcomes both individually and as organizations. It comes as no surprise that most academic medical centers, medical schools and some emergency departments have developed shared visions and mission statements and have identified their core values. These statements highlight the core values of the institutions. Leadership experts such as Warren Bennis, Stephen Covey and Peter Senge emphasize the importance of developing your personal vision for life.^{3,4,5}

This brief innovative report will provide tools and examples to articulate a vision statement for education leadership and the steps needed for implementation. The objective of this innovation is for the readers to develop their own vision, mission and core values, and to begin to consider how they will develop their strategy and platform for implementation. While these VMCV

may be aligned with your organization's VMCV, it is important to define your own. Examples of VMCV from education leaders will be presented. This concept is based on a workshop from the Society for Academic Emergency Medicine (SAEM) in 2017 that was developed by key education leaders in the field of EM.

OBJECTIVES

This education innovation defines each domain of vision, mission, and core values. The reader is then directed through the steps to define their individual domains. Additionally, nine education leaders worked together to clarify their personalized statements.

1. Education leaders will be able to understand the definitions of VMCV and use these tools to create their personal VMCV.
2. Education leaders will adjust their VMCV to align with that of their division, department or organization.
3. Education leaders will use their VMCV to aid in decision-making and developing their strategic plan and future goals.

CURRICULAR DESIGN

This educational advance leads learners through the process of defining VMCV and then asking participants to determine their own vision, mission, and core values. This is then followed by participants determining their implementation strategy.

Developing Your Vision

Your personal vision should be the future state you hope to achieve. The vision statement should incorporate the future state and should be a positive, aspirational view of how the future will be better. Collins and Porras defined the vision as consisting of a core ideology and an envisioned future

where the core values are the guiding principles.^{6,7} They went on to challenge people to create BHAGs, or “Big Hairy Audacious Goals,” emphasizing that vision statements need to be something to strive for about 10 years in the future.

A stepwise approach can be helpful for developing a vision^{8,9} starting by contemplating your purpose in the context of a positive future full of possibilities. This theme can be determined by asking yourself to describe your burning passion or what gets you up in the morning, or what do you envision every time you think about the future? Try and align the vision with that of your organization so that one builds on the other. Your vision should go forward several years and be inspirational, bold, exciting and define your burning passion. Transformational leaders are forward thinking, idealistic, possibility-thinkers and dreamers.

Nearly all recommendations for developing one’s vision incorporate consideration and reflection of one’s past, present and future.¹

Review of one’s past should especially include themes, patterns, experiences, and beliefs that have helped contribute to one’s successes. Past experiences and successes also help define your most important core values. Attending to the present permits one to take inventory of hot topics or areas where futuristic change is clearly needed. Noting the specific details as well as the patterns pointing toward the future are keys to attending to the present.¹ The future can be considered by asking yourself what you want to accomplish and why? Dreaming or imagining the limitless possibilities in the future is particularly important in times of rapid change.

The final step is using these reflections, considerations, and ideas to articulate succinctly your one-sentence vision statement and then reviewing this often for direction, motivation and inspiration.

Examples of visions include that of Oprah Winfrey, founder of the Oprah Winfrey Network, who articulated her vision this way: “To be a teacher. And to be known for inspiring my students to be more than they thought they could be.”¹⁰ Amanda Steinberg, founder of DailyWorth.com wrote her vision: “To use my gifts of intelligence, charisma, and serial optimism to cultivate the self-worth and net-worth of women around the world.”¹⁰

Developing Your Mission

The mission statement or purpose should be a concise statement that describes how you will get there and your reason for being. This is the path by which you will achieve your vision. The mission statement should describe what you want to be and do in your profession and how you will accomplish your vision. It should answer questions about what you will do, who it is for and how you will do it. The

most classic examples of a core purpose can be seen from organizations such as the Walt Disney Company: “To make people happy;” and Merck & Co Inc, “To preserve and improve life.”²

Developing Your Core Values

Core values help to align your vision and mission and should include the 3-5 values that serve as your guiding principles. Collins and Porras describe organizational core values as the “essential and enduring tenets of an organization.”⁶ The core values of Disney are “imagination and wholesomeness.” Kouzes and Posner describe individual core values as the deeply held beliefs – the values, standards, ethics, and ideals – that drive you.¹¹ You will use these core values to guide decisions and actions. They are your personal “bottom line.”¹¹

Developing Your Implementation Strategy

Your strategy is the method by which you will achieve your vision and mission. This is the practical part of the plan where you think about the goals to be achieved and how you will get there. It is focused on the methods that you feel will be important for accomplishing vision and mission. It is your blueprint that will incorporate specific goals for your success. Your platform is the media or milieu in which you function most effectively. For example, for many education leaders, their platform is social media, while for others it is their personal learning network.^{11,12}

IMPACT / EFFECTIVENESS

The table displays the VMCV of several education leaders. Each is unique and approaches education from a different perspective. Some of the education leaders focused more at an organizational level, while others were more narrowly focused. Recent evidence has demonstrated a positive association between well-written mission statements and non-profit healthcare sector performance and firm performance.^{12,13} The Gallup organization’s research has demonstrated “success-promoting” and “margin-boosting” benefits of focusing on mission.¹⁴ They believe that mission drives loyalty, fosters customer engagement, improves strategic alignment and brings clarity by guiding decision making.

In a study by Berg he described an intense commitment to “making the world a better place” that was “almost spiritual” in an organization when symbiotic visions and goals could drive employees and organizations.¹⁵ Similar recommendations regarding the importance of aligned vision, mission and values have surfaced in healthcare as well.¹⁶ In a publication by pediatric program directors, personal mission statements were recommended to maintain focus and aid in decision-making and strategic planning to empower academicians to make appropriate trade-offs and

Table. Vision, mission, and core values of selected education leaders.

Education leader	Vision, mission, & core values
Felix Ankel, MD VP, Health Professions Education Healthpartners Institute Professor of Emergency Medicine University of Minnesota Medical School	Vision: Health as it could be, affordability as it must be, through relationships built on trust. (adapted from https://www.healthpartners.com/hp/about/) Mission: To improve health and well-being in partnership with patients, learners, and community. Core Values: Excellence, compassion, partnership and integrity
Robin Hemphill, MD, MPH Chief Patient Safety Officer Director of the National Center for Patient Safety Veterans Health Administration	Vision: Zero preventable harms Mission: Safety through high reliability concepts Core Values: Excellence
Sheryl Heron, MD, MPH Vice Chair of Administrative Affairs Emergency Medicine Assistant Dean of Clinical Education & Student Affairs Emory School of Medicine	Vision: Quality care inclusive of all people for all people regardless of their background. Mission: Advancing diversity, equity and inclusion through engagement of key organizational stakeholders Core Values: Professional and personal connections
Daniel Martin, MD, MBA Professor and Vice Chair of Education EM IM Residency Program Director Department of Emergency Medicine The Ohio State University	Vision: To develop, enlighten and empower others to positively impact patients, learners and colleagues through their passion for education, innovation and leadership. Mission: To use a lens of education and innovation to engage and motivate learners to provide the best education and care possible to our patients. Core Values: Culture of integrity and trust, positive approach, connecting with others, use humor whenever possible
Chris Merritt, MD, MPH Pediatric Residency Program Director Assistant Professor of Emergency Medicine & Pediatrics Alpert Medical School of Brown University	Vision: Sustainable child health, excellence in care of ill and injured children anytime, anywhere. A networked community of lifelong learners and advocates. Mission: To empower newcomers to a community of practice, supported by systems of learning, such that they can contribute to the advancement of the common attitudes, interests and goals of our patients and communities. Core Values: Personal relationships, positivity, humor, continuous improvement.
Sorabh Khandelwal, MD Samuel Kiehl III Professor of Emergency Medicine Residency Program Director Department of Emergency Medicine The Ohio State University	Vision: Flourishing Department and Organization Mission: Promoting resident and faculty development into flourishing individuals to improve learning, academic productivity, patient care, and personal and professional relationships. Core Values: Forgiveness, gratitude, be present, hope, faith, optimism
Sally Santen, MD, PhD Senior Associate Dean of Evaluation, Assessment and Scholarship Virginia Commonwealth University School of Medicine	Vision: Improving health through education Mission: Learner centered, Evidence based, outcomes oriented, continuous improvement, scholarship focused Core Values: Serve, learn, team
Mary Westergaard, MD Vice Chair of Education Emergency Medicine Residency Program Director University of Wisconsin	Vision: Inspiring learners to achieve a higher standard of care: for patients, for the practice of medicine, and for themselves. Mission: To guide learners to fulfillment, and training programs to excellence by attending to humanistic principles. Core Values: Modelling the way, promoting and sponsoring, valuing curiosity, challenging injustice

reach for new opportunities that were well aligned, while eliminating or declining things that were not.⁹

This innovation provides a stepwise approach for readers to define their vision, mission, and core values. Several examples are described. In general, following preparation, a 60- to 90-minute session like that of the SAEM can be used

to develop an initial draft of these statements. Evaluations of the SAEM session noted that all participants noted increased ability to describe vision, mission, strategy and platform afterward. A similar session was used by first-year medical students during “Mission Statement Day.”¹⁷

First, it is important to remember that the process of

creating these statements is not necessarily straightforward. Sometimes it is difficult to identify the key features that belong in the VMCV. Although most references describe the importance of vetting these statements to peers, mentors or supervisors,⁹ it can be unsettling to share these intensely personal statements for fear of criticism. It is particularly hard to create a BHAG. The time spent struggling with the VMCV is time well spent. This investment of your time will help you find a direction by which you can influence and lead in your focus area of education.

Second, it is important to remember that the VMCV are not static. While you may choose to stand with an original vision, it is common to have adjustments as the context changes. Therefore, returning to your statements can be helpful especially in times of transition, as well as to reset or reframe your goals. Finally, some leaders choose to keep their VMCV private while others espouse them publicly. Regardless of how open you choose to be with your VMCV, it is most important that your behaviors demonstrate these statements. Moreover, most leaders operate within a social network; therefore, ensuring that the people you work with know your VMCV is key to teamwork and success.

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Moving From Faculty Development to Faculty Identity, Growth, and Empowerment

Recently, over a 24-hour period, I had three experiences that caused me to reflect upon faculty development.

The first happened when one of our new faculty members came by my office to ask for help with an article he was hoping to submit to a journal. I read the article, made a few changes, and asked him where he was in the submission process. He admitted sadly that the article had been rejected twice and that he was almost ready to give up on it. As we discussed why it had been rejected, we began to dissect the article, its strengths and weaknesses, and why he had felt that it was important to publish it. His face lit up as he explained the importance of his findings, which had not been clear to me in my initial reading. He went on to show how the information contained in his article could potentially improve care and might prevent errors. His passion caused me to reread the article and help him refocus it so that the message he felt was most important came through clearly. We also looked at journals that might be most interested in his findings and how to get the attention of the editor and the reviewers with his submission letter. He left the office with renewed optimism.

A few minutes later, a midcareer faculty member joined me for a scheduled mentoring session about medical education research and the manuscript review process. As part of her learning experience, we read a research report that had been submitted to *Academic Medicine* and discussed the report's strengths and weaknesses. We then looked at the reviews it had received and compared them against our impressions about the report. This led to a spirited discussion about the report's topic and methodology and why our opinions about the methodology diverged from those of one of the reviewers. When we consulted the literature about the type of methodology used in the report, we

found that the reviewer's concerns had some basis after all.

Finally, I received an e-mail reminding me to submit my slides and questions for a lecture I was giving as part of a professional conference for practicing emergency physicians. The talk was meant to be provocative and conceptual, with more questions raised than answers. I struggled with the meeting's evaluation instrument, trying to identify points that could make good multiple-choice questions, and to design questions so that they had clear answers without ambiguity. I was frustrated at having to shoehorn my presentation into an evaluation system it did not fit, and wondered what the participants would remember.

Here were three examples of faculty development of differing degrees of formality. I suspected that the one with the greatest impact was when I helped the new faculty member refocus his article, even though that was the least formal activity and the one I would get the least recognition for. This paradox led me to reflect upon faculty development to better understand the state of the field and how we in academic medicine might improve our approach to this confusing topic.

The first problem with faculty development I encountered in my search of the literature was the term *faculty development* itself. There is confusion about what we mean by *faculty* and what we mean by *faculty development*. Block et al¹ describe the current dilemma around the definition of *faculty* that has been precipitated by the expansion of academic health centers' (AHCs') clinical activities. They note that as medical student education has moved from the hospital to the ambulatory setting, new roles for clinicians as supervisors of students and residents have raised questions about how to define these clinicians. Are they faculty? Are they staff? What training and evaluation should they receive? How should they be rewarded? If they are included as

faculty, what are the implications for existing faculty? Block et al state that the fundamental requirement for persons to be faculty is that they be involved in the educational and/or scholarly activities of the institution. They note that there will be variability in what constitutes the key activities of faculty; these activities may involve leadership, quality improvement, and teaching, as well as scholarly activities using Boyer's expansive four-part definition of scholarship: discovery, integration, application, and teaching.²

Deciding whom to include as faculty and what activities are key for faculty is important as one attempts to consider what might be appropriate activities to "develop" faculty. Steinert³ described faculty development as a planned program designed to prepare institutions and faculty members for their various roles, including teaching, research, and administration. Unfortunately, I have heard faculty development being used to describe activities ranging from a one-year sabbatical to a one-hour training session on billing and documentation, which illustrates the confusion about the meaning of the term.

Another problem with that term is that it implies a somewhat passive role for the faculty member, as if he or she were the substrate for some kind of chemical reaction. However, adult learning theories emphasize the importance of motivated, self-directed, active learners who learn because of a need to know and to solve problems.^{4,5} A passive, standardized approach to faculty development would likely fail to engage faculty in the process of their own development. O'Sullivan and Irby⁶ have proposed a model of faculty development in an attempt to capture the complex interactions between the individuals involved in the learning activities and the work environment. In their model, participants, facilitators, programs, and an educational context are all necessary and are embedded within a workplace community that can facilitate or impede development. The model of O'Sullivan and Irby moves away from the

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idea of faculty development as a linear process, in which individual faculty acquire a new skill or knowledge, to something more dynamic and interactive.

Keeping in mind the problems with the concept of faculty development, I suggest that we consider a different frame: that of identity, growth, and empowerment.

Identity acknowledges the broad range of individuals currently employed at AHCs who contribute to the education and scholarship that Block et al defined as fundamental for faculty. By placing identity at the center of faculty development, it also becomes possible to envision a developmental trajectory of professional identity for each faculty member similar to that described by Cruess et al⁷ for students. Professional identity formation for faculty development would allow the differentiation of faculty activities primarily into research, education, administration, clinical care, or some combination of these, recognizing that scholarship can be a component of any of them and that identity is fluid, allowing for various mixes of activities by faculty at different times and with different priorities for experiences to augment those identities.

Growth recognizes the intrinsic need for faculty to continue to learn and improve, and a work environment that will nurture and facilitate growth. Inclusion of growth as part of faculty development enlarges the scope of activities—such as reflection, narrative expression, and meditation—that can contribute to a healthy and productive academic career and can also incorporate individual differences.

I included *empowerment* in this frame in recognition of the hierarchical structure of AHCs that is particularly difficult for junior faculty, underrepresented minorities, and women to successfully navigate without assistance. Pololi et al⁸ described a peer mentoring program that identified empowerment as an important component, and several of the programs described in this issue of *Academic Medicine*^{9–14} similarly have emphasized the importance of empowerment in faculty development.

Most of those programs tend to follow an apprentice perspective,¹⁵ depending upon senior mentors and creating a supportive

motivated community of practice using work activities to provide the stimulus for growth and learning. The programs are mostly clustered on developing medical educators, although there are examples of programs focused on clinical research, quality improvement, and clinical care.

Newman et al⁹ describe a longitudinal evaluation of graduates of a previously described educational fellowship^{16,17} compared with a control group, showing superior achievement of the fellowship graduates. Coates et al¹⁰ describe interviews with directors of eight medical education fellowships for faculty to learn how the fellowships influenced future faculty members' activities, identity, and retention. These fellowships were institutionally based, generally one or two years in length, provided lectures on medical education theory and practice, and involved faculty from multiple specialties. They also typically granted at least 10% release time. Coates et al found that graduates of the programs often assumed leadership roles in medical education and developed a supportive community of education scholars. One participant noted:

Everybody says when they leave the program they feel re-invigorated, re-energized, and connected with people who love to teach. It is their passion, but not necessarily culturally valued. So I think that creating the community within the system is the most important [benefit] for these folks. It's really an antidote to burnout.

Gooding et al¹¹ describe another approach to the development of a community of scholars through creation of a hospital-based teaching academy to bring together those interested in scholarly activities associated with medical education. Members were chosen based on their commitment to medical education scholarship shown by their interest in pursuing an education project. In a survey of the members, the authors found that the academy enhanced the networking opportunities of participants and helped them—particularly women—develop identities as educators.

In the area of patient-oriented clinical research, Libby et al¹² describe a two-year faculty development program at the University of Colorado Anschutz Medical Campus that provides 50% protected time with salary support for junior

clinical faculty participants' research and the support of senior mentors. The participants demonstrated increased grant success compared with that of a matched cohort of junior faculty who were not in the program. The authors felt that creation of a community of scholars with peer and senior mentors helped to make the program successful.

Baxley et al¹³ describe a faculty development program focused on, among other things, quality improvement and patient safety called the Teachers of Quality Academy. This program involved training faculty in both the content and process of quality improvement and patient safety over a year and a half, with each participant presenting a quality improvement project at the end of the program. Grant support provided release time for the 27 faculty who participated. Like other academies and fellowships described in this issue of *Academic Medicine*, this program also developed a cohesive learning community and resulted in scholarly presentations, the development of educational materials for students, and changes in clinical processes consistent with the new knowledge gained from the program's quality and safety education.

The clinical arena is also amenable to faculty development through mentorship of junior faculty by senior faculty. Iyasere et al¹⁴ describe a clinical coaching program for hospitalists in which junior hospitalists can discuss difficult cases with more senior faculty. The program recognizes the importance of feedback and continued clinical growth in the newly graduated resident. Participants found the program to be valuable for learning and for improving patient care outcomes.

As I considered the programs described in this issue and my own recent experience with faculty development, it became apparent that there is something lacking in our current approach to this activity. While some faculty have the opportunity to benefit from excellent programs, they are the exception. For most faculty, their development is limited to occasional conferences and lectures, such as the one I was preparing.

Unlike undergraduate medical education and graduate medical education, which have defined competencies, individual assessments, clear goals, and leaders

responsible for oversight of the programs, we have no defined approach for fostering the next phase of a faculty member's career. It is during this next phase that faculty create their identities as teachers, researchers, clinicians, scholars, or administrators, and it is during this phase that they grow from being competent to expert and engage in activities that create new models of health care, discover new clinical treatments, and influence the careers of the next generation of health professionals through teaching. It should be our responsibility to help faculty become the best that they can be, just as we are responsible to help our students and our residents become the best that they can be. With our knowledge about adult learning theory, we could create programs tailored to the needs of each faculty member to help that individual reach his or her full potential.

Our current academic departmental structure, with chairs responsible for the oversight of faculty, is not up to task. Chairs are pulled in too many directions, particularly clinical chairs, who must oversee clinical operations, and faculty are often left drifting without direction. We are wasting talented faculty as they slip through the cracks fulfilling clinical needs but ignoring their own growth and identity formation. As AHCs continue to expand their activities to address population health, complex illnesses, quality improvement and patient safety, and personalized care, we cannot afford to waste our faculty talent.

We could begin by recognizing that faculty growth and development is a lifelong process. We should define, value, and nurture each faculty member's growth, find alignment with institutional and population health needs, allocate resources such as mentor training and support to help meet individual goals, and monitor outcomes. Programs that provide collegial support and individual growth and the development of professional identity, such as those described in this issue, should become the standard and not the exception at our institutions. We need to move away

from considering faculty development as a course or a training session and into a more comprehensive vision for faculty development. That vision could lead to a healthier, more capable workforce of medical educators, researchers, clinicians, scholars, and administrators who would be able to anticipate and address the educational needs of their students and the health care needs of the public and, in so doing, also meet their full potential as individuals and faculty.



With this issue of *Academic Medicine*, we initiate the next topic for our New Conversations feature: global health education. Farmer and Rhatigan¹⁸ begin this series of New Conversations with a Commentary, "Embracing Medical Education's Global Mission." One other New Conversations piece also appears, by Afkhami.¹⁹ We look forward to additional submissions to this New Conversation, which was initially described in our May issue.^{20,21}

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Editor's Note: The opinions expressed in this editorial do not necessarily reflect the opinions of the AAMC or its members.

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