Ready, Set, Grow!
Innovative Paths for Professional Development

Carol R. Bradford, MD, MS, FACS
Professor of Otolaryngology-Head and Neck Surgery
Executive Vice Dean for Academic Affairs
University of Michigan Medical School
President-Elect, American Academy of Otolaryngology-Head and Neck Surgery
With increasing demands on academic faculty and residents, professional development can easily be supplanted by other Department or Institutional needs. In order to further the academic growth of faculty and residents, at all levels, we will explore key considerations and innovative ways to foster professional development.
Career Development, Why Does It Matter?

• Professional Satisfaction
• Recruitment and Retention
• Wellness
• Professionalism
• Success in
  – Scholarship/Discovery
  – Education
  – Care
  – Service
• Leadership Development
Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.
Office of Faculty Development

• **Our Mission**
  – To support faculty skill acquisition in teaching, research, and leadership as well as navigating the complex organizational structures in which they practice.
  – To maintain high levels of faculty satisfaction with their professional experience at the Medical School.

• **Our Objectives**
  – To improve faculty members' ability to achieve success in their careers while increasing their satisfaction with their professional experience at the University of Michigan.
  – To advance the recruitment and retention of high-quality faculty members by the Medical School.
Professional Development Strategy

We will invest in our people by providing professional development opportunities and support to help each person reach their greatest potential.
Professional Development Tactic

• Performance valuation process and individual development plan
Panelists

• **Stephanie Joe, MD, University of Illinois Chicago**
  – Faculty Development: Creating an environment conducive for learning

• **Maurits Boon, MD, Jefferson Health**
  – Development of an Educational Alliance Program

• **David Chang, MD, University of Missouri-Columbia**
  – Effects of a Reward System on Resident Research Productivity

• **Gregory J Wiet, MD, FACS, FAAP, The Ohio State University and Nationwide Children’s Hospital**
  – Initiating the Promotion and Tenure Process from Day #1

*We have saved plenty of time for discussion, so please think about questions and comments*
Discussion Questions

• In a resource-constrained environment, how would you go about prioritizing resources for career development?
• How do you think the performance review process can inform career development approaches and an individual learning plan?
• How do your organizations support leadership development and succession planning?
Initiating the Promotion and Tenure Process from Day #1

Gregory J Wiet, MD, FACS, FAAP
Professor of Otolaryngology, Pediatrics and Biomedical Informatics
Nationwide Children’s Hospital
The Ohio State University
Conflict of Interest

- Nothing to Disclose.
Background

- 12 years as P&T Chair
- COM P&T committee
- COM P&T document revision committee
- Re written the department P&T document
- 43 full time faculty:
  - 14 Tenure track (4 full, 5 associate, 5 assistant)
  - 2 Research track
  - 27 Clinical track (4 full, 9 associate, 14 assistant)
Pearl #1

Regular Face to Face Communication
Be Involved in the Interview Process

• Meet with faculty candidates at time of interview:
  – Review CV
  – Discuss various tracks available
  – Review process of promotion and tenure
  – Review specific criteria for promotion
  – Make yourself available for questions
Get Initial Meeting

• Discussion with Chair regarding expectations.
  – Letter of offer
  – Often times new faculty do not see/know specifics
• Verify track chosen (Clinical vs. Tenure)
• Review criteria for promotion
• Encourage area of expertise (clinical or research)
• Discuss Department Mentorship program
• Provide copies of P&T and mentorship Documents
Pearl #2

Keep the Chair in the Loop
Mentorship

- Work with new faculty to identify mentor:
  - Institutional (field of interest)
  - More than one mentor

- Discuss mentorship relationship

- Importance of developing a mission statement/5 year plan based on P&T criteria

- Importance of developing network of contacts
Mentorship

• Personal Mission Statement/5 year plan (REACH):
  – Research: time, interests, strengths/weaknesses, barriers, goals
  – Education: time, expectations, strengths/weaknesses, skills to develop
  – Administrative/Leadership: time, expectations, goals
  – Clinical Care: time, expectations, areas of interest, clinical focus (niche)
  – Humanism: work/life balance, advocacy/outreach, goals for life outside of work
Follow up

• Early on (bi annually):
  – Mentor identified?
  – 5 year plan developed
  – Review criteria for promotion
  – Discuss VITA database and Dossier preparation*

• Annually:
  – Review progress spreadsheet
  – Dossier preparation
Pearl #3

Keep the CV/Dossier up to date
Promotion Reviews – Start Early

• Dossier preparation:
  – Encourage early preparation:
    • Notify approximately 8 months prior (reappointment review vs. promotion)
    • Review versions of Dossier including narratives
• Discuss candidacy and processes
• Communicate outcomes
• Keep Chair in the know
Conclusion

Regular face to face communication
Keep the Chair in the loop
Keep the CV/Dossier up to date
Educational Alliance

Maurits Boon, MD
Co-Director Jefferson Voice and Swallowing Center
Department of Otolaryngology – Head and Neck Surgery
Disclosures:

• Inspire Medical: Consulting, Research support
Educational Alliance

- Started in 2015
- Edmund Pribitkin, MD
- Collaborative relationship among 5 institutions
- Target: Junior faculty
Educational Alliance
Framework:

- Each institution nominates 2 junior faculty
- They rotate at 2 of the 5 institutions as invited guest speakers for grand rounds
- Each site hosts 4 speakers per year
Goals:

- Enhance CV of junior faculty for purpose of promotion
- Establish opportunities for inter-institutional collaboration
- Disseminate information about state of the art
- Improve speaking skills
Practical Aspects

• Administrative oversight is coordinated by one institution with support from other sites
• With GR spots available, hosting 4 speakers/year is challenging
• Over time, exhaust junior faculty eligible to participate
• Can consider including a greater number of institutions and have them participate every other year
Conclusions:
Problem based learning
1 page synopsis of literature reviewing a particular problem and best practice guidelines, complete with sources: 50

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  - Acceptance: 200*/300**
  - Total: 350-450 First author
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CATEGORY OF POINTS SPENDING,
2006-2019

TRAVEL (MEETINGS, COURSES) 61%

BOOKS, QUESTION BANK, JOURNALS...

EQUIPMENT (LOUPES, TOOLS, ETC)...

MISC (DUES, ETC) 8%

$182,000

$35,000

$55,000

$25,000

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$182,000
Creating an Environment Conducive for Learning

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Faculty Efforts

– Internal and external resources
– “Giving Effective and Constructive Feedback in Health Professions Education”
  • Univ of Illinois at Chicago Dept of Medical Education
– “Flipping the Classroom”
  • Vanderbilt Center for Teaching
– “ORL Essentials Bootcamp”
  • University of Michigan
– “Career Advancement and Leadership Skills for Women in Healthcare”
  • Harvard University
– American College of Surgeons resources
– Specialty society and subspecialty society meetings
Department Resident Courses

- Sinus Dissection Course
- Temporal Bone Dissection Course
- Soft Tissue Skills Course
- Rhinoplasty Course
- Sialoendoscopy Training Course
- Robotic Surgery Training Course
Local & Nationally Sponsored Courses

– ORL Essentials Bootcamp
– Voice Conference
– Skull base Course
– Facial trauma
– Airway
– Robotics
– Academy and subspecialty society courses
Department Focus

- Resident-Faculty mentorship
- Feedback
- Approach to didactics
- PSQI Didactics & Projects
- Online resources
- Mindfulness rounds
Table 1 Summary of guidelines for the individual clinical supervisor giving feedback

<table>
<thead>
<tr>
<th>Do’s for the process of feedback</th>
<th>Strength of recommendation</th>
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<tbody>
<tr>
<td>1. Do realize that feedback is not just one person providing information to another to help them improve. Feedback is part of a social interaction influenced by cultures, values, experiences, personality traits, and power. Do treat feedback as a conversation rather than as a commodity.</td>
<td>Moderate</td>
</tr>
<tr>
<td>2. Do recognize that trainee’s reactive feedback is credible in order for it to be influential. Credible feedback is informed by direct observation of the task or event, and it comes from a trustworthy source. Make sure that you as supervisor set a good example as a credible role model.</td>
<td>Moderate</td>
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<td>3. Decide the timing of feedback depending on the competence level of the trainee and on the complexity of the task.</td>
<td>Moderate</td>
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<td>4. Do encourage trainees to look for feedback and use it to enhance their performance.</td>
<td>Moderate</td>
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Do’s for the content of feedback

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<td>5. Do tailor bespoke feedback to the individual trainee. The trainee might benefit from:</td>
<td>Strong</td>
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<tr>
<td>– Reinforcement of key points done well</td>
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<td>– Identification of key points which might have been done better or omissions</td>
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<td>– Work out strategies for improving the quality of their work</td>
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<td>– An increased self-awareness</td>
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<td>6. Do give specific feedback, focused on how the task was done and how that type of task should/might be done</td>
<td>Strong</td>
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<td>7. Do make sure to indicate whether feedback is about necessary improvement for minimally acceptable performance or whether it is on reflection on possible variations to built upon adequate performance. Consider offering grades as an element of formative feedback if it seems that receiving grades will enhance the ranking of strategies for improvement. Conversely, avoid giving grades to trainees who you suspect will stop trying to learn if they just get a good enough grade and to those who will give up if they get a poor grade.</td>
<td>Tentative</td>
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<td>8. Do ensure that feedback is actionable, enabling the trainee to construct strategies for improvement. After discussing the trainee’s performance of a task, provide some guidance or “scaffolding” to enable them to step beyond their current competence.</td>
<td>Strong</td>
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<td>9. Do attend to trainee motivation when discussing strategies for improvement. Regardless of the specific approach to feedback that is used, do engage the trainee in a reflective conversation that maintains their self-investment with your observations and reflections.</td>
<td>Tentative</td>
</tr>
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<td>10. Several approaches have been described in the literature, including: Pondering, reflexive feedback conversation, agenda-based outcome-based analysis, feedforwardly, but no single approach has been established as the most effective. Rather, the ideal best approach varies according to the learner, the teacher-trainee relationship, and the context.</td>
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Don’ts

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<td>11. Don’t assume that a single approach to feedback will be effective with all trainees or in all circumstances.</td>
<td>Moderate</td>
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<td>– As the preceptor and the context change, so too does the most useful approach to feedback. Don’t assume:</td>
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<td>– You know what a trainee wants to learn</td>
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<td>– You know why a trainee is struggling</td>
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<td>– You know how a trainee reacts to feedback</td>
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<td>12. Don’t provide feedback without follow-up. Trainees are unlikely to be influenced by feedback that is not followed by an opportunity for them to demonstrate improved performance.</td>
<td>Moderate</td>
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<td>13. Don’t provide feedback that is poorly informed (or is based on hearsay), doing so diminishes the value that trainees assign to feedback in general.</td>
<td>Moderate</td>
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<td>14. Don’t underestimate the emotional impact of feedback that is perceived as negative, emotional distress may be a barrier to acceptance and use of feedback.</td>
<td>Moderate</td>
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<td>15. Don’t give grades without explaining the criteria for allocation of grades and providing strategies for improvement.</td>
<td>Moderate</td>
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Guidelines: the do’s, don’ts and don’t knows of feedback for clinical education
Feedback

• Proactive & timely efforts rather than just a set time point
• Surgical evaluation forms, residents make the decision
• Recognize people are receptive at different times & in different ways
• Be specific, avoid vague descriptions
• Make it actionable
• Provide strategies on how to complete a task
• Use multiple approaches
• Follow up, allow opportunities to demonstrate improvement
• Regularly review & modify methods
Varied Approaches to Didactics

• Flipped classroom methods
  – Learner centered
  – Basic topic information provided ahead of time
  – Time in classroom focused on reviewing and executing concepts, problem-solving, exploring aspects of topic
  – Mentor aiding the discussion
• “Ear Week” – based on international surgical campaigns
  – Select residents (e.g., PGY-2 & PGY-4)
  – Otology surgical procedures
  – Temporal bone dissection
  – Personalized didactics, journal club
PSQI Projects

- Experts in the College of Medicine aid in didactics
- Each class participates in development and execution of a project
  - Clinic throughput
  - Operating room turnover time
  - Patient satisfaction
  - Patient education
  - Simulation based emergent airway
  - Patient appointment scheduling

- Morbidity & Mortality Conference
  - RedCap database

— Resident & Faculty engaged in relevant change
Diversity