AADO Panel:
Strategies for recruitment and more importantly retention of faculty

Cherie-Ann Nathan, MD, FACS
Jack Pou Endowed Prof. & Chair,
Dept. of Otolaryngology/HNS, LSU Health-SHV,
Director of Head and Neck Surgical Oncology Feist-Weiller Cancer Center
INTRODUCTION

• Full-time academic medicine educators, clinicians, and researchers number > 165,000

• Successful leaders understand that engaging and retaining valuable faculty members helps create a productive and positive work environment and
  • saves hundreds of thousands of dollars in turnover costs
  • retains organizational knowledge
  • There are negative effects on remaining employees of faculty turnover

• Diversity Drives Innovation—”When we limit who can contribute, we in turn limit what problems we can solve”: Telle Whitney. Institutions are prioritizing DEI in an effort to improve the recruitment, retention, and leadership advancement of faculty who are under-represented in medicine.
AAMC Standpoint Survey 2017

Improvements to TALENT MANAGEMENT STRATEGIES

Higher Levels of FACULTY ENGAGEMENT

Better FACULTY PERFORMANCE
Higher RETENTION
Better ORGANIZATIONAL PERFORMANCE
2/3rds of Faculty are Satisfied with their School

<table>
<thead>
<tr>
<th></th>
<th>Number of Respondents</th>
<th>Very Satisfied or Satisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Dissatisfied or Very dissatisfied</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>All Faculty</td>
<td>21,337</td>
<td>67%</td>
<td>22%</td>
<td>11%</td>
<td>3.72</td>
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>80% of Otolaryngologists are Satisfied with their Department
Almost a third of faculty are planning to leave or considering leaving their medical school in the next 1–2 years.

Who Stays and Who Leaves?

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

10% Yes
71% No
19% Don’t Know
Figure 1. Average Five-year Retention Rates for Clinical M.D. Faculty by Department (1999-2003 Cohorts)

Source: AAMC Faculty Roster
<table>
<thead>
<tr>
<th>Job Satisfaction Survey Items</th>
<th>In departments with lowest intent to leave</th>
<th>In departments with highest intent to leave</th>
<th>( P ) value</th>
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<tbody>
<tr>
<td>Satisfaction with hours worked</td>
<td>53.3</td>
<td>52.5</td>
<td>ns</td>
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<tr>
<td>Satisfaction with control over schedule</td>
<td>63.0</td>
<td>62.7</td>
<td>ns</td>
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<tr>
<td>Satisfaction with your autonomy in your work</td>
<td>76.8</td>
<td>74.5</td>
<td>ns</td>
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<tr>
<td>Satisfaction with overall compensation</td>
<td>52.0</td>
<td>49.8</td>
<td>ns</td>
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<tr>
<td>Satisfaction with “fit” in your department</td>
<td>76.6</td>
<td>75.3</td>
<td>ns</td>
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<tr>
<td>Agreement that departmental colleagues are respectful of efforts to balance work and home responsibilities</td>
<td>73.6</td>
<td>73.2</td>
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<tr>
<td>Agreement that departmental faculty get along well together</td>
<td>82.2</td>
<td>78.7</td>
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<tr>
<td>Agreement that workplace culture cultivates collegiality</td>
<td>68.7</td>
<td>60.6</td>
<td>&lt;.01</td>
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<tr>
<td>Agreement that workplace culture cultivates excellence</td>
<td>67.2</td>
<td>58.4</td>
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<td>Agreement that work is appreciated by faculty</td>
<td>80.0</td>
<td>76.6</td>
<td>ns</td>
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<td>Agreement that work is appreciated by dean’s office</td>
<td>40.4</td>
<td>37.6</td>
<td>ns</td>
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<tr>
<td>Agreement that work is appreciated by patients</td>
<td>93.5</td>
<td>75.1</td>
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<td>Satisfaction with your ability to provide high quality patient care</td>
<td>75.5</td>
<td>66.6</td>
<td>&lt;.001</td>
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<tr>
<td>Satisfaction with how well your clinical location functions overall</td>
<td>67.1</td>
<td>57.7</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

\( ns = \) not significant
Topic Overview

- Work life balance
- Bidding wars and poaching
- Recruitment & Retention
- Negotiation Creep
- Surgeon scientists
- Longevity and Commitment
- DEI
SUO | AADO | OPDO
COMBINED MEETING

Nov. 4-5, 2022
Moving Forward: Next Century Otolaryngology

AADO Panel:
Strategies for recruitment and more importantly retention of faculty

Kathleen Yaremchuk, MD MSA
Chair,
Department of Otolaryngology-Head & Neck Surgery
Henry Ford Health
Interviewing and checking references

Kathleen Yaremchuk, MD MSA
Chair,
Department of Otolaryngology-Head & Neck Surgery
Where to start?

• Letter from applicant
  – Usually CV is attached
  – ENT is a small community, not unusual to know someone where the applicant has spent time or worked with

• Search firm (talent acquisition)
  – The person assigned may not be familiar with the specialty
  – Start with the CV

• Interview the candidate?
  – Virtual with zoom, web ex etc.

• Check references?
Critical Review of CV

• Educated abroad
• General surgery internship and residency in USA
• Board Certified
• Assistant Professor
• Spoke with the candidate
• Very impressed
  – Committed, interested, sincere
• Contacted fellowship Directors
Emails from fellowship directors

• “He did not complete a fellowship with us. The fact that he puts it on his CV speaks much. He started, but he was let go (nice way to say fired) after 6 months.”

• “I’m not sure he even received a certificate of time served with us. Having said that, he met only (very) junior resident level head and neck surgical skills”
Lesson learned

• Review CV critically
• Check references
• Don’t take anything for granted
AADO Panel:
Strategies for recruitment and more importantly retention of faculty

Andrew H. Murr, MD, FACS
Professor and Chairman
Department of Otolaryngology-Head and Neck Surgery
University of California, San Francisco
School of Medicine
Negotiation Creep

• You have an open recruitment in a competitive field of OHNS
• Several academic institutions, likewise, are known to be recruiting
• You have several excellent candidates and you have a top candidate but also a very acceptable second candidate
• Your top candidate has visited twice, but not with her significant other
• She has a written offer that is quite standard for an entry level faculty member who is coming in after fellowship
Negotiation Creep

- The candidate first asks for additional research time of 20% beyond the initial 20% offered, but is not considering a K application within the first three years for her database outcomes.
- After that issue is settled, the candidate mentions that her mentor recommended that she secure a full-time clinical research coordinator.
- After that issue is settled, the candidate asks for a signing bonus beyond what is already offered.
- And after that, the candidate asks for a third visit with her significant other.

How do you handle this situation? What are you doing about the #2 candidate?
AADO Panel: Strategies for recruitment and more importantly retention of faculty
Importance of family and work life balance

Dr. Mari Taldistress is Associate Professor of Otolaryngology-HNS. She is in excellent standing in the Department and is a highly productive faculty member academically and clinically. She serves as the Program Director for a program with 4 residents per year (total complement of 20 residents) that is fully accredited without any citations. The 10-year site visit and Self Assessment will occur next year. She requests a meeting with the chair and vice chair. In that meeting she describes considerable marital distress, and she is contemplating stepping down from her role as Program Director. What are the key issues? What solutions can be proffered?
Assessment of longevity and true commitment: cost with on boarding people, everyone says interested in research and academics

- Recent increase in population of your community and footprint of the Happy Valley University Medical Center, has provided an opportunity to increase M.D. Faculty Size. The Medical Center is interested in broadening it’s regional prominence in Oncology and Pediatrics. The Medical School Dean and Health System CEO meet with you as Chair to discuss increase in scope and size of these elements in the Department of Otolaryngology-HNS. Currently you have 4 Head and Neck Surgeons (one Associate Professor and three Assistant Professors) and only two Pediatric Otolaryngologist (One professor and one Assistant Professor). You are empowered to recruit one additional head and neck surgeon and two pediatric otolaryngologist-hns. What are your priorities? Who should you recruit?
AADO Panel:
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Nishant Agrawal, MD
Chief of Otolaryngology-Head and Neck Surgery
Co-Director of Head and Neck Surgical Oncology
The University of Chicago Medicine
Professor of Surgery
The University of Chicago Pritzker School of Medicine
Recruitment of (Surgeon-)Scientists

• Protected time
• Start-up package/resources/space
• Salary

• Challenges
  • Triple threat (733)
  • Limited pool with deep experience and track-record
  • Sustainability
  • Mentorship

• Opportunities
  • Collaborative team science
  • Scientists
Diversity Equity Inclusion

“Real change, enduring change, happens one step at a time”
RBG, 1993

• Charged with building a faculty from a diversity of backgrounds
• Highest values on diverse perspectives and viewpoints
• Cultivate an inclusive community

• Challenges
  • Denominator
  • Retention

• Opportunity
  • Pipeline
  • Retention
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Michael Yim, MD, FACS
Cherie-Ann O. Nathan Endowed Professorship Program Director
Rhinology and Skull Base Surgery
LSU Health Shreveport
Checking the Pulse of Junior Faculty

Michael Yim, MD, FACS
Cherie-Ann O. Nathan Endowed Professorship
Program Director
Rhinology and Skull Base Surgery
AAMC Standpoint Survey 2017

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

- Focus on Medical School Mission
- Compensation and Benefits
- Collegiality and Collaboration
- Relationship With Supervisor
- Faculty Recruitment and Retention

Growth Opportunities
My Job
Informal Survey of Junior Faculty (<5 years out)

- Quality of Life
  a.k.a. “Am I happy at the end of the day?”
- Feeling supported / Concerns being addressed
- Job expectations vs reality
- Transparency
- Non-value added work
- Resource allocation
Informal Survey of Junior Faculty (<5 years out)

- Personal growth
  - Mentorship

- Professional growth
  - Research
  - Education
  - Clinical practice
  - Promotion & Tenure

- Institutional opportunities

- National opportunities
Why Do Junior Faculty Move?

Better conditions elsewhere

Bad conditions currently
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Andrew H. Murr, MD, FACS
Professor and Chairman
Department of Otolaryngology-Head and Neck Surgery
University of California, San Francisco
School of Medicine
Benefits and other Incentives during Recruitment

- Defined Contribution Plan
  - Pre tax dollars (401K, 403B)
  - Tax deferred until retirement
  - Not guaranteed, voluntary participation
  - Typically rides with the market and the selections by the employee
  - Required Minimum Distribution begins age 72
  - Withdrawals before age 59.5 - 10% penalty

- Defined Benefit Plan
  - "Pension": retirement income generated by employer
  - Linked to a formula: salary history, length of employment
  - Guaranteed
Benefits and other Incentives during Recruitment

- Faculty Recruitment Allowances
  - Often front loaded income that is forgiven over a period of time
- Preferential loans
- College tuition coverage or partial coverage
- Health care benefits
  - May extend through retirement
- Housing
- Outside income allowances
- Signing Bonuses or guaranteed clinical incentive
- Childcare
- Family leave
- Parking!
- Real estate values
Benefits and other Incentives during Recruitment

• How do you present benefits to candidates during the recruitment process and how do you promote apples to apples comparisons so that the package has proper valuation by the prospective faculty member?
Jeffrey M. Bumpous, M.D., F.A.C.S.
J. Samuel Bumgardner Professor and Chair
Department of Otolaryngology-HNS and Communicative Disorders
University of Louisville, School of Medicine
Louisville, KY
Recruitment of junior faculty vs senior faculty

• Recently, your Department, medical school and in particular, your health system has grown. With this expansion, the need for an expanded general Otolaryngology service at your affiliated VAMC has become an opportunity. Currently, you have two part-time senior faculty at the VA, one who will retire within two years and a second that is an Associate Professor with 2/8\textsuperscript{th} part-time appointment. The current compensation system at the University Medical Center is financially more advantageous to individual faculty members making recruitment or transfer to the VA more difficult. How do you recruit into this situation to preserve/transition/enhance the VA service? Who do you engage regarding compensation issues?
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Poaching

• Exploring
• True value
• Bidding war
  • Salary, protected time, resources
• Challenges
  • Yankees
  • Fish and pond
  • Adjusted salary
  • Equity
• Opportunities
  • Diversity
  • Grass is green (or brown) everywhere