## Self-reported barriers and solutions to clinical and research productivity – perspectives of junior faculty

Rebecca M. Speck<sup>1</sup>, Emily Conant<sup>2</sup>, Jeane Ann Grisso<sup>3</sup>, Mary D. Sammel<sup>4</sup>, Patricia Scott<sup>4</sup>, Lucy Wolf Tuton<sup>4</sup>, Alyssa F. Westring<sup>6</sup>, Stephanie Abbuhl<sup>5</sup>

Departments of <sup>1</sup>Anesthesiology & Critical Care, <sup>2</sup>Radiology, <sup>3</sup>Family Medicine & Community Health, <sup>4</sup>Biostatistics & Epidemiology, <sup>5</sup>Emergency Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA. <sup>6</sup>Department of Management, DePaul University, Chicago, IL.

## **Objectives & Background**

In many academic medical centers, the Clinician Educator (CE) track (or equivalent) requires primary dedication to clinical practice, as well as participation in significant scholarship and teaching.

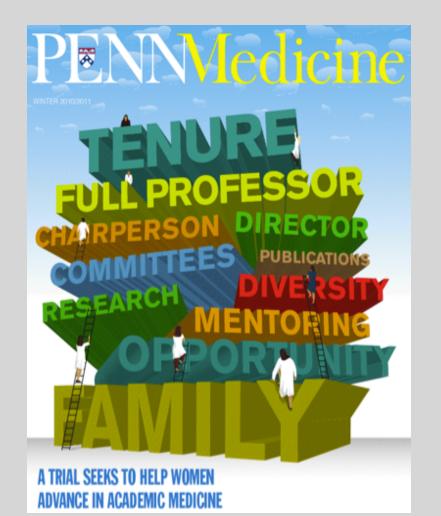
The objective of this qualitative study is to understand the experiences and perceptions of CE track faculty regarding their faculty position.

This information will help to better design interventions and programs that specifically target the career needs of these faculty.

# Components of Penn Medicine Mission









## Methods

<u>Qualitative – one-on-one, semi-structured</u> interviews

#### **Semi-structured Interview Questions**

- 1. In your own words, what are the responsibilities of your job?
- 2. Think about the last time you shared something about your job with someone close to you, who were you talking to and what did you say?
- 3. Think about the last couple weeks, and tell me about a good day, what made it good?
- 4. Think about the last couple weeks, and tell me about a bad day, what made it bad?
- 5. What would make your job better?
- -- if one thing about clinical work could be improved, what would it be?
- -- if one thing about academic work could be improved, what would it be?
- 6. If your chair/chief could give you a gift, what would you want it to be?

#### **Procedures:**

- -Faculty signed consent form for participation
- -All interviews took place in the faculty members' office
- -All interviews conducted by a single investigator
- -Interviews were digitally audio recorded, and transcribed into word documents
- -Data management and analysis was completed in Nvivo

#### Participants:

- -Purposive sampling strategy six departments/divisions within Penn Perelman School of Medicine
- -All within four years of starting their Assistant Professor appointment
- -Sought balance of men and women participants
- -44 Assistant Professors were eligible to participate

## Results

	Mean	SD
Total N = 16	or	or
	N	%
Gender		
Men	8	50%
Women	8	50%
Degrees		
MD	9	56%
MD, PhD	1	6%
MD, Masters	5	31%
PhD	1	6%
Specialty		
Emergency Medicine	3	19%
Gastroenterology	2	13%
Hematology/Oncology	5	31%
Neurology	2	13%
Surgery	4	25%
Years in appointment	2.5	0.77
Married		
Yes	14	88%
No	2	12%
Children		
Yes	12	<b>75%</b>
No	4	25%

## Recommendations from Junior Faculty

More structured mentoring, including career development goals and research tasks

Receipt of additional formal research training through workshops or Masters programs

Better use of resources for clinical work – scheduling, staffing, technology – in order to increase people's efficiency and productivity

## Most common challenges identified

### Lack of clarity in research expectations (N=12)

"I was told the academic requirement to get promoted was high and I sort of knew that coming in, but with every conversation I have, it sounds like its getting higher and higher."

#### Lack of research training (N=5)

"I feel like at times there is pressure to just do something and get something started, so I start a project, start collecting data, and I could have done it a better way. It never feels good to have already done a decent amount of work and realize you didn't really do it the right way... its probably not the best I could do because I feel like I don't have the formal training."

#### Clinical scheduling and support (N=12)

"The multiple electronic medical records is killing me.
I find we spend an awful lot of time charting and not a
lot of time taking care of patients."

"I'm told from my leadership that I need to get smarter about how I'm seeing patients and documenting things. I used to see patients, and talk to them, and make eye contact, and take notes. Those days are gone. I have to finish the note by the time the patient leaves, otherwise I'll be stuck the next day."

Encroachment of clinical demands on research time (N=14)

"My days are full of rounding, operations, you know...
so I find it very difficult to squeeze in an hour or two a
day or a couple of times a week to do any sort of
research, data analysis, or whatever I need to do."

## Conclusions

<u>Challenges and barriers to academic productivity</u> identified by early-career CE track Assistant Professors <u>are similar</u> regardless of their department or division.

Solutions and interventions to assist faculty with their research-related challenges and career development could be similar across departments and divisions.

Clinical-related demands faced by faculty are unique to their department or division and will require targeted solutions specific to those environments.