

Mistakes Made; Lessons Learned

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Background

- Appointed Interim Chair 2012 unexpectedly
- No formal preparation or coaching for the role
- In the process of unprecedented growth with need for approx. 40 anesthesiologists and 100 CRNAs over the next 3 years
-also in the challenging process of negotiating a new PSA




State of the Department 2012

- 33 Anesthesiologists
- 35 Residents
- 19 CRNAs
- 72 SRNAs
- No formal divisions
- No division directors
- Requests for critical care coverage growth
- Anticipated doubling of anesthetizing locations



Dr. X

- Excellent faculty member—early to mid career
 - Great clinician and program builder
 - Outstanding educator – motivated many medical students to consider a career in anesthesiology
 - Highly productive clinical researcher, published regularly in high IF journals
 - Engaged in various national initiatives
 - Very collegial and involved in several health system initiatives, Director of the Neuro ICU
- His excellence was recognized and was designated division director of a growing and vibrant division
- Appointed chair of several important departmental committees
- Compensation at the top end for our group



Departure


- Better opportunity for professional development
- Mentorship
- More variety in role



Factors Affecting Faculty Attrition


- Faculty morale
- Perceptions of work-life balance
- Perceived support from the institution
- Faculty development
- Recognition and rewards
- Protected time
- Relationship with superiors
- Role clarity

Jeanmond R. Retaining talent at academic medical centers. Int J Acad Med [serial online] 2016 [cited 2018 Oct 7];2:46-51





The Case for Strategic Talent Management in Academic Medicine – AAMC 2011

- Human capital – academic medicine’s workforce talent – can represent a key driver of transformation within academic medical centers
- An evidence-based approach to attracting, developing, and retaining talent is a necessary foundation for supporting transformative change
- Activities
 - (1) engage the workforce as a key driver of organizational performance, including quality of healthcare
 - (2) promote a strategic and systemic approach to building and sustaining the workforce as a critically important organizational resource




Impact of Strategic Talent Management

- **High levels of employee engagement and retention**
 - These are important intermediate outcomes that have been linked to positive organizational performance, defined by productivity or financial measures
- **Positive individual-level performance of faculty and staff, including job performance and organizational citizenship behaviors**
 - Robust talent management practices in recruitment, employee development and morale-building can directly improve individual performance
- **Positive organizational-level performance**
 - including quality of patient care, hospital mortality rates, customer service quality, productivity, and various measures of financial performance




Mistakes Made

- Faculty turnover is a major problem at academic medical institutions
- Failed to recognize burnout – spread too thin
- Failed to recommend/create a mentorship structure
- Failed to recognize gaps in managerial skills
- ?Too much responsibility too soon?
- Not aware of the importance of strategic talent management for achieving departmental and institutional goals



Lessons Learned

- Recruit with intention to retain – Strategic Talent Management
- Mentoring Program
 - Career Development Programs appear to offer retention advantage
- Faculty Fulfilment
 - Purpose, autonomy, escalating levels of responsibility,
- Burnout Recognition
 - Focus on Wellness, “Wellness Committee”
- “Work-Life Balance”
- Recognition and reward programs
- Formal faculty development – VC Fac Development
- Attention to faculty professional and personal goals – annual assessments