New Faculty Development Plan:
A strategy for supporting new DFMCH faculty

Revised May 2020

Rationale: Learning the culture of academic life and balancing clinical, teaching, and scholarly roles can be challenging for new faculty. A formal plan for new faculty development will help acclimate new faculty members to academic culture.

A strong new faculty development plan will be an effective recruitment and retention tool. The following structure will help new faculty gain and maintain momentum in their academic career, and lead to more faculty achieving promotion and tenure in a timely manner.

Plan components:

1. **Formal faculty development instruction.** New faculty will automatically be enrolled in:
   - **TEACH.** New faculty will take the TEACH course that begins the January after starting with the department (time commitment 6 half days). Course content orient the new faculty member to the demands of resident and medical student individual and group teaching, learner and programmatic evaluation, curriculum development, and delivering feedback. All participants are required to complete a curriculum project.
   - **CSI.** The September following completion of TEACH, new faculty will take CSI (time commitment 6 full days). Course contents instruct on developing collaborations, scholarship and research basics, scholarship and research support, developing manuscripts, advancing along the academic promotion pathway, proctored writing time, and mentoring/mentorship strategies. Attendees submit a manuscript and present a poster by the end of the course. Following CSI completion, new faculty will be provided with continued support through a Writing Accountability Group (WAG) that will meet monthly for the subsequent year (or longer if new faculty prefer to continue) to emphasize discipline in writing and promote a collaborative scholarly approach to clinical and teaching activities.

2. **Mentoring.** An intentional, multifaceted focus on mentoring will allow for:
   - **Peer group.** New faculty will form a peer group to help address the issues that confront beginning faculty. The group will meet every-other month for the initial 2 years after hire, with the potential to continue at the desire of its members. The group will follow the successful model already implemented in the department. Well-being, professional development, leadership growth, and mentoring are primary areas of focus for the group; time management, work-life integration, and self-advocacy are others. The group will be oriented to the department through: (1) Connecting with the Executive Team, the members of which will each attend a peer group meeting to address their specific area of focus and responsibilities in the department. (2) Rotating meeting location so that new faculty can visit and learn about each programmatic and clinical site within the department.
• **Individual mentoring.** Initially, each new faculty member will be assigned a DFMCH advisor. This advisor relationship may turn into a mentoring relationship, or may change as the new faculty member meets other people in the department and potentially feels more connected to someone else. New faculty members will be encouraged to develop relationships with multiple mentors as they work to harmonize their clinical, teaching, and scholarship and research roles.

• **Mentorship instruction.** As part of their own mentoring plan, each new faculty member will learn to function effectively as a mentor. Attracting, guiding, and tracking mentees will be included in this focus.

3. **Promotion plan.** During their first year as a new faculty member, each person will meet individually with the chair of the P&T committee to discuss criteria for promotion, steps for advancing, and the promotion process. This will ensure that new faculty begin thinking about the P&T process early in their academic career and are aware of expectations for seeking promotion. From there, an individual promotion plan will be developed to identify supports needed to place each person on a promotion trajectory early on, meet benchmarks for promotion in a timely manner, and increase the number faculty who transition from assistant to associate and full professor. This promotion plan will emphasize regular CV updates to capture clinical, teaching, and scholarly and research activities, as well as service, advocacy, and philanthropic activities. Subsequent annual meetings with the chair of the P&T committee will monitor new faculty progress on the plan and incorporate needed revisions. The P&T plan will also be shared with each new faculty member’s program director for continuity with the annual review process.

4. **Robust clinic schedule.** To help new faculty gain important clinical experience, their schedule will prioritize clinic shifts over precepting, medical school teaching, and other administrative duties. Program Directors at each site will determine when the new faculty is ready to transition to a more traditional clinic schedule.

5. **Equity, Diversity, and Inclusion (EDI):** To promote a more diverse faculty and support the unique needs of all new faculty, and especially faculty from groups that have been Underrepresented in Medicine (URM), DFMCH will equitably align resources to support new faculty in their new role. Possible resources include:
   a. Loan repayment programs: Faculty will be given assistance in creating and maintaining a career focus that aligns with existing loan repayment program options, as well as exploring and accessing other options for loan forgiveness or repayment.
   b. Individual EDI plan: During their first year as a new faculty member each person will meet individually with the Director of Equity, Diversity, and Inclusion to develop an individual EDI plan. This plan will identify institutional, social, and interpersonal barriers to an engaged academic career, explore options for addressing these barriers, align existing resources with need, and innovate solutions to unique challenges. This plan will be dynamic and progress over time, with particular attention to URM faculty needs and evolving institutional resources.
   c. UMN resources for EDI: New faculty will be connected with resources from across the university that are working to promote an inclusive, supportive academic work
life, such as the Office of Faculty Affairs (OFA) and Center for Women in Medicine and Science (CWIMS).

d. Peer support for URM individuals: Given evidence to support that meeting together with people of a similar URM background is beneficial for a sense of belonging and inclusion, new URM faculty will be offered the opportunity to connect with peer support by affinity group (e.g., LGBTQIA+, BIPOC, 1st generation physician) either within DFMCH or across the greater University.

This Faculty Development Plan will simultaneously (1) address harmonized care, which has been a focused cultural shift within DFMCH over the past 6 years and includes clinical care, teaching, and scholarship and research; and (2) allow for the 6 areas of focus within Faculty Affairs (well-being, P&T, teaching, mentoring, scholarship, and leadership) and EDI to be addressed intentionally and strategically.

This plan would commit the department to supporting nine days away from clinic for TEACH and CSI spread over two academic years, and 2 hours per month for the subsequent 3-5 years for WAG, peer mentoring, individual mentoring, and support around EDI. This time should be in addition to allotted for Continuing Professional Development (formerly CME) time, which is also critical to early faculty development.

Many of the elements in this plan already exist separately, but are often not utilized or promoted. This plan ensures that resources are maximized in a way that is intentional and purposeful to enhance the success of new faculty.