Anticipatory Guidance as a Principle of Faculty Development: Managing Transition and Change

Nina F. Schor, MD, PhD, Ronnie Guillet, MD, PhD, and Elizabeth R. McAnarney, MD

Abstract

Although one cannot anticipate every individual’s unique responses to the transitions and changes that regularly occur in academic medicine, a department-wide faculty development program, based on predictable transition points and supporting faculty at all levels, can minimize such negative responses to change as stress and burnout. In 2007, the authors implemented a new, formal faculty development program in the pediatrics department built on the principle of anticipatory guidance, defined as providing guidance in anticipation of future academic events. The primary components of the program are mentoring committees for individual junior faculty, group leadership development and teaching forums for midlevel faculty, and events that focus on life and career changes for senior faculty. Other department-wide activities augment the program, including review of grant submissions, annual review by a senior faculty committee of the progress of National Institutes of Health mentored research (K-) awardees, women faculty luncheons, and discussions about faculty development at regular faculty meetings. The department’s faculty also participate in the University of Rochester Medical Center’s active faculty development program. Feedback on the faculty development program has been constructive and mainly positive and will serve to guide the continuing evolution of the program.

Anticipatory guidance is advice and information that prepares its recipients to deal with possible future circumstances. In the context of faculty development, senior faculty traditionally provide their newer colleagues with informal anticipatory guidance, preparing them for professional, personal, and environmental transitions. But as the missions of academic medical centers and the corresponding demands on individual faculty have grown more complex, we can no longer assume that an informal, top-down system of anticipatory guidance can ensure the success of the majority of the faculty.

Modern faculty development programs are designed to not only guide and enhance academic success but also prevent or alleviate stress, burnout, and early career termination. In response to such ongoing challenges as career–family balance, quality of life outside the ivory tower, and personal fulfillment, institutions—including our own (http://www.urmc.rochester.edu/education/faculty-development)—have created comprehensive educational and mentoring programs, peer mentoring programs, and programs for underrepresented minority and women faculty members. This institution-wide approach, however, often fails to anticipate and facilitate the evolution of skill sets and activities of individual and collective faculty members within a specific department or center. To meet this need, we developed a formal faculty development program, based within the University of Rochester’s Department of Pediatrics, that supplements our medical center’s general faculty development programs.

The Department of Pediatrics, housed primarily at Golisano Children’s Hospital at Strong, has 145 faculty members, profiled in Table 1. Each faculty member is assigned to 1 of 14 divisions, each administered by a division chief who reports to the department chair. Since the department’s founding in 1926, an informal mentoring system has existed between senior and junior faculty.

Our mentoring program has always been available to all department faculty, including full-time academic clinicians, physician–scientists, and full-time investigators, all of whom have doctoral degrees. We have observed no differences in the satisfaction of the junior faculty member by degree or by academic assignment. It is difficult to estimate the number of tenure-eligible faculty in our department’s junior faculty mentoring program at any one time because decisions about tenure eligibility are made, at the earliest, in midsecond appointment (i.e., approximately in year 5) for assistant professors and, for some “tracks,” as late as on promotion to professor.

Since 2007, we have enhanced this informal mentoring program with a more formal one whose goals are to:

1. anticipate both the next stage of academic development for each faculty member and the concomitant impending changes in the health care environment to proactively ease transitions;
2. provide ongoing guidance to faculty members so that each can reach his/her fullest potential, both professionally and personally;
3. ensure regular review of faculty members’ progress;
clinical and teaching responsibilities and clarifies expectations with respect to new roles and, quite often, new place. It helps junior faculty transition to their institutional review board. In this article, we describe the anticipatory guidance across the faculty program differed from its predecessors in benchmarking to assess the impact of this development program, use national institutional review board. In this article, we describe the anticipatory guidance across the faculty program differed from its predecessors in benchmarking to assess the impact of this development program, use national academic year, 23 full-time junior faculty members qualified for mentoring committees; 1 member opted to delay development of a committee, leaving an inaugural cohort of 22. Using annual summative reports, the department chair identified faculty who needed additional direction or resources and evaluated the progress of the department as a whole. Once promoted to associate professor, faculty are encouraged but not required to continue meeting with their mentoring committees.

In 2007–2008, the program’s initial academic year, 23 full-time junior faculty members qualified for mentoring committees; 1 member opted to delay development of a committee, leaving an inaugural cohort of 22. Using annual summative reports, the department chair identified faculty who needed additional direction or resources and evaluated the progress of the department as a whole. Once promoted to associate professor, faculty are encouraged but not required to continue meeting with their mentoring committees.

In general, faculty meet formally with their mentoring committees twice annually. An average meeting takes between one and two hours. Although the mentors do not receive additional salary for this activity, their participation is considered in the awarding of incentive bonuses, is counted when calculating percent effort allocated to teaching, and may be showcased in their promotion and tenure dossiers.

Surveys of the junior faculty conducted one and three years after inception of the program returned positive feedback. After the first year, 21 of the 22 participants found the committees helpful. At that early stage, the mentees’ comments included an appreciation of having identified and gotten to know advisors before career issues or questions arose. Feedback has continued to be positive three years into the program. Seventeen (68%) of the faculty believed their mentor committees were helpful, two (8%) believed their committees were not helpful, and the remaining six (24%) offered mixed opinions. Comments from this second survey highlighted the maturation of the mentees, including their appreciation of the diversity of their mentors’ vantage points and their mentors’ ability to push them beyond their “professional comfort zones.” In both surveys, an infrequent comment suggested that, although the mentoring committees were helpful, the mentoring would have happened even without the added formality of the committee structure and reports.

We also solicited the opinions of the 54 on-site mentors, 35 (65%) of whom responded. Nearly all believed that the mentoring committees were “very helpful” (18; 51%) or “helpful” (16; 46%). Only one mentor reported that the committee was not helpful. When asked what individuals were responsible for the success of the committee, 28 (80%) chose the junior faculty member, 18 (51%) chose the committee chair, and 18 (51%) chose other committee members. A minority of respondents felt that the division chief or department chair contributed significantly to the success of the committee. Thirty-three (94%) of the mentors believed that their junior faculty mentee regularly met the responsibility of developing meeting agendas. Mentors found that the meetings’ formal structure clarified tasks and deadlines for both mentor and mentee. They appreciated the new opportunities for collaboration that arose from the participation of faculty members from outside the Department of Pediatrics and, further, felt that the juxtaposition of diverse mentors fostered novel approaches and cross-mentoring that might not have come from separate meetings.

To supplement the departmental program, we have encouraged our junior pediatric faculty whose primary interests and goals involve becoming “master teachers” to take advantage of the medical school’s highly competitive Dean’s Teaching Fellowship program, which provides 15% salary support for two years and career and project mentoring from across all medical school departments. Since this program began in 2002–2003, 7 (19%) of the 37 Dean’s Teaching Fellows have been from the Department of Pediatrics, a higher percentage than that of any other department. All of these individuals have forged careers with predominant

### Table 1
Profile of the 145 Faculty Members in the Department of Pediatrics, University of Rochester School of Medicine and Dentistry, 2010

<table>
<thead>
<tr>
<th>Faculty characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic title</strong></td>
<td></td>
</tr>
<tr>
<td>Professor</td>
<td>36 (25)</td>
</tr>
<tr>
<td>Associate professor</td>
<td>49 (34)</td>
</tr>
<tr>
<td>Assistant professor</td>
<td>51 (35)</td>
</tr>
<tr>
<td>Senior instructor/instructor</td>
<td>9 (6)</td>
</tr>
<tr>
<td><strong>Degree</strong></td>
<td></td>
</tr>
<tr>
<td>MD, DO</td>
<td>100 (69)</td>
</tr>
<tr>
<td>PhD, DrPH, MA</td>
<td>36 (25)</td>
</tr>
<tr>
<td>MD/PhD</td>
<td>9 (6)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>75 (52)</td>
</tr>
<tr>
<td>Male</td>
<td>70 (48)</td>
</tr>
<tr>
<td><strong>Tenure</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15 (10)</td>
</tr>
<tr>
<td>No</td>
<td>130 (90)</td>
</tr>
</tbody>
</table>

4. reinforce faculty members’ successes and, in instances where the stated goals are not being met, to discuss alternatives and provide guidance for a change in goals; and

5. help faculty adapt to environmental change of the department and the medical center.

In this article, we describe the components of our departmental faculty development program, use national benchmarking to assess the impact of this program as perceived by the faculty, and define challenges for the future. This program differs from its predecessors in its comprehensive approach to providing anticipatory guidance across the faculty life cycle. The evaluation instruments, their use, and the process for individual programs within the faculty development program were approved by the University of Rochester Medical Center’s institutional review board.

### Junior Faculty Mentoring Committees

In our department, anticipatory guidance helps junior faculty transition to their new roles and, quite often, new place. It begins with the job offer letter, which clarifies expectations with respect to clinical and teaching responsibilities and basic science or clinical research. Early in each junior faculty member’s tenure, he or she selects, with the help of the division chief, a mentoring committee composed of no fewer than three MD or PhD faculty members, one of whom is a member of a department other than pediatrics. This structure is modeled on graduate students’ thesis committees and pediatric fellows’ scholarship oversight committees. Committee membership can be changed when needed. The junior faculty members are responsible for developing agendas and convening their committees at least twice each year and for submitting to the department chair a short annual report of their goals and major accomplishments.

In general, faculty meet formally with their mentoring committees twice annually. An average meeting takes between one and two hours. Although the mentors do not receive additional salary for this activity, their participation is considered in the awarding of incentive bonuses, is counted when calculating percent effort allocated to teaching, and may be showcased in their promotion and tenure dossiers.

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**Faculty**
curriculum development or advising and mentoring components.

Midcareer Faculty Mentoring Activities

Anticipatory guidance for midcareer faculty focuses on their increasingly deep academic pursuits, growing independence as scholars, development of unique teaching portfolios, establishment as master clinicians, and consideration of departmental leadership roles. As we formulated our departmental faculty development program, we surveyed our associate professors to determine their perceived faculty development needs; over three-quarters (37/49) responded. The areas in which they were the most interested in obtaining information and guidance were the requirements and timetable for promotion (28; 76%), how to “redefine” their careers (18, 49%), and how to network effectively (17; 46%). They were less interested in guidance on how to become a medical director (27%), how to position oneself to become a division chief (24%), and how to transition from a mentored K- to an independent R-award (14%) for research. A total of 35 (95%) respondents felt that one-on-one meetings with their division chief would be helpful or extremely helpful in career advancement. (In fact, at the time we wrote this article, 96% of the department’s midcareer faculty were meeting at least annually with their division chief to formulate and discuss progress toward career goals.) When asked if they would participate in a formal mentoring committee, 15 (40%) answered that they would not, a similar proportion thought they might find one helpful, and only 6 (16%) said that they would definitely use such a committee. In general, the surveyed midcareer faculty did not believe that formal lectures, four or five informal peer meetings each year, or half- or full-day retreats would be helpful.

A subset of our associate professors were interested in administrative leadership positions. The University of Rochester School of Medicine and Dentistry runs an annual leadership development seminar series in which 2 of the approximately 12 participants are from the Department of Pediatrics. In addition, the department chair uses twice-monthly meetings to instruct the division chiefs on key expectations of their role. The more seasoned and successful division chiefs also present at these meetings so that newer chiefs can learn from them.

Senior Faculty Mentoring Activities

Anticipatory guidance for senior faculty presents unique challenges. It may include discussion of both academic and personal aspects of the transition to retirement. Senior faculty may want to explore part-time opportunities with similar responsibilities or with significant changes in their job description. In our experience and that of national colleagues, most departments of pediatrics lack a formal means of anticipating this developmental stage and supporting senior faculty through the evolution of their professional and personal responsibilities. We decided that our first effort on behalf of the senior faculty would consist of four educational sessions to cover topics not addressed through other mechanisms. All four sessions were well attended.

At the first session, a facilitator and three married couples, of whom one or both of the spouses were full-time faculty members at the medical center, discussed late-career issues and personal options, including the pace of transition from one role to another, succession planning, moving from “doing” to “teaching” to “mentoring and directing,” and the possibility of discordance between spouses in their desires for transition from one role or “percent effort” to another.

At the second session, a senior officer from the human resources department led a discussion of health insurance coverage after retirement. We found that the detailed questions that arose might have been better answered through individual interactions with human resources personnel. The third session was led by the senior associate dean for academic affairs, who discussed part-time academic options and the academic and personal implications of such a change in status.

The discussion at the fourth and last session, led by a local financial planner familiar with the university’s retirement vehicles and options, was less active than the previous discussions; it seemed that this topic had already been well explored by the faculty. The University of Rochester has now developed a robust series of seminars on retirement options, so, in the future, we will concentrate these departmental seminars on professional and personal transitions (i.e., “reinventing” oneself) and offer them to all, rather than just senior faculty.

Department-Wide Mentoring Activities

Review of grant submissions

Another set of transitions that benefits from anticipatory guidance is the writing and submission of a first grant and the conversion of a K-award to an R-award. Although some divisions of the Department of Pediatrics are directed by extramurally funded researchers, others are not. If their leaders are not invested and skilled in grantsmanship, faculty may find it challenging to obtain funding for the first time. Therefore, we offer a service to all faculty through which an experienced independent investigator, who is generally a scientist outside the immediate field of the faculty members’ research, critiques their grant proposals.

These critiques are not mandatory for institutional sign-off on the application. The process gives the department’s leaders a broad and deep understanding of the research endeavors taking place under their watch and demonstrates how seriously they take the mentoring and academic success of their faculty.

Over the past four years, independent investigators have reviewed 85 federal and private grant applications, offering comments and suggestions on the grant narratives and study designs. Of the grants reviewed, 74 (87%) have received funding, a proportion that compares very favorably with the 8% to 10% success rate of all NIH submissions over the same time period. The rise in grant funding of the department from just over $14 million in 2005 to just over $20 million in 2010, although it cannot be ascribed solely to the grant review program, stands in sharp contrast to the decline in funding rates nationwide.

K-award progress review

Anticipatory guidance for K-awardees must address the transition to an R-proposal early in the grant period of the K-award. It is critical that the awardee regularly meet with all of his or her project mentors, that those mentors carefully monitor the research and clinical time commitments, and that the awardee regularly make “work-in-progress” presentations to peers. K-awards are expensive to administer, so
both departments and individuals have a stake in a successful transition from mentored to more independent research funding.

To understand why some faculty succeed in converting their K-awards to R-awards while others do not, we initiated an annual review of the K-awardees’ research mentoring and progress in 2005. In the first year, six K-awardees presented research progress reports to the chair and associate chairs of the Department of Pediatrics as well as to the awardees’ division chiefs and research mentors. They received specific recommendations that addressed improvement of the science, other scientific consultations that might be helpful, and resource and time allocation. Since then, a total of nine individuals have presented their work-in-progress in these annual sessions.

The awardees’ perceptions of the value of this annual review were mixed. Of the nine responses, four (44%) found the process helpful, three (33%) were ambivalent, and two (23%) found it unhelpful. Faculty members who were further along in their K-award research and those who regularly met with active, involved mentors had less need for this additional input. Most of the awardees had formed close mentoring relationships with their research advisors, and although they found it helpful to prepare, present, and receive critiques of their talks, they felt that the input of the audience members on the substance of the research did not add much.

At the time we wrote this article, four (44%) of the nine K-awardees who participated in these formal reviews had received R-funding, two (22%) had received non-NIH research funding, one (11%) was early in his award, and two (22%) were finishing the last years of the award without securing new funding. One additional faculty member, who was a K99/R00 awardee and who did not present to the group, had successfully transitioned from the K99 phase to the R00 phase of his research funding. This success rate compares very favorably with national statistics. The formal mentoring committees in which all junior faculty now participate may serve the original purpose of these presentation and feedback sessions.

Women faculty’s luncheons
Anticipatory guidance for women faculty consists of ensuring understanding of the nuances of academic promotion for each track, balancing multiple professional and personal roles and reconciling transitions in both that may not coincide, creating opportunities for younger and new faculty members to become acquainted with the senior faculty, particularly other women, and ensuring comfort in seeking guidance in their careers. Although many of these issues are not unique to women, many women find it easier to explore these issues in a gender-homogeneous setting. Seventy-five (52%) of our faculty are women. A monthly series of luncheons for women faculty, led by a senior female faculty member, addresses topics such as development of academic careers, finding a primary academic focus in a multidimensional department, developing mentoring relationships, networking at national meetings, writing academic papers, time management, stress management, and informal information-sharing related to both academic and personal issues.

Of the 75 women faculty, a core group of approximately 20 regularly attend the luncheons, providing continuity during the academic year. Others participate as schedules allow. The group is not divided by age or academic level because it was thought that networking and interchange across age, skill, and experience would be helpful to all participants. Both formal sessions with invited discussants and informal sessions are scheduled. The first year concentrated on issues related to women’s academic lives: promotion and tenure, research careers, educational scholar programs, and the grant application process. The second year focused on the “context” within which women work (e.g., balancing career and family). Topics of general interest to the entire pediatric faculty were subsequently presented at departmental faculty meetings.

At the end of the second year, we surveyed women faculty to assess the success of the luncheons and to plan future meeting topics. Thirty-four respondents completed surveys; 31 (91%) reported having attended one or more luncheons, and all 34 (100%) felt that the luncheons should continue. The overwhelming majority of the comments referred to the value of establishing a network of women who could support each other both professionally and socially. Bringing together women of a variety of ages, life stages, and interests provided perspectives not readily obtained elsewhere.

Faculty development discussions at faculty meetings
Anticipatory guidance through the vehicle of the departmental faculty meetings addressed concepts of interest to faculty at all levels and of both genders. We devoted our monthly, hourlong faculty meeting to these topics on a quarterly basis. To start this series, the goals of the department’s mentoring program were explained. At a follow-up meeting, two outstanding mentors (one MD and one PhD basic scientist) and two of their protégés presented. Each of these junior faculty members had been appointed to our faculty within the previous six years and was the principal investigator of an R-01 grant. For a third session, the medical school’s senior associate dean for academic affairs reviewed the different tracks for promotion and tenure in detail and explained how the faculty could access more information from the dean’s Web site. At the fourth session, the department chair discussed her personal decision to become an administrative leader and the roles and responsibilities of a division chief. These educational sessions provide an opportunity for department-wide consideration of issues that impact all of our faculty.

**Anticipatory Guidance for Faculty**
In many fields of medicine, anticipatory guidance is an important part of the culture. In pediatrics, anticipatory guidance usually refers to the provision of information to parents in preparation for their children’s development in the time between physician visits. This article describes a program that systematically provides anticipatory guidance to faculty members between stages in their careers.

Junior faculty members must pass several important milestones, including defining one’s area of focus, deciding which tangential issues to pursue or forego, obtaining external recognition, and balancing family and career. Anticipatory guidance in our program comes from...
mentoring committees that appraise the progress of junior faculty at each stage and set expectations for the next.

Other programs for junior faculty development, previously described and proposed, have focused mainly on the physician–scientist. Whereas that track poses unique challenges in the current environment, faculty in the clinician–educator and PhD researcher–educator tracks are likewise under great pressure to succeed. We have therefore established mentoring committees with track-appropriate members for each of our junior faculty regardless of career emphasis. Virtually all mentoring programs match trainees with topic-appropriate senior faculty, but our program, consistent with the recommendations of Chapman and Guay-Woodford, seeks a balance of appropriate mentors—research investigators, educators, and administrative faculty—in a committee that meets regularly with the junior faculty member.

For midlevel faculty members, the key is to move beyond the very narrow, specific focus of one’s own work and sphere and make an impact in the broader arena. Defining how one will do this—whether through administrative responsibility, nationally collaborative research, major teaching and curriculum design roles, clinical innovation, or community and national service—is a major milestone. For a subset of the midlevel faculty, anticipatory guidance includes discussions of what constitutes leadership, how one decides whether to take on administrative roles, how to mentor and give positive or negative feedback, and balancing individual scholarly accomplishments with academic contributions as a mentor and facilitator. Garnering a national and international reputation is also an important topic for discussion and guidance. Our faculty and division chief meetings that deal with leadership development serve an important purpose for a subset of our midlevel faculty.

Our midlevel faculty who are not division chiefs responded to our survey saying that the most useful mentoring mechanism for them would be one-on-one meetings with their division chiefs. Such discussions might broach the subject, in anticipation of future need, of the trajectory and focus of those faculty members’ senior years in their careers.

Several programs described in the literature use anticipatory guidance to develop future mentors among the midlevel faculty. Many use role-playing and peer critiquing as methods to operationalize guidance and advice. In addition, the majority of medical school deans surveyed valued the national Executive Leadership in Academic Medicine program as a way to develop leadership skills in select midlevel women faculty and provide them with a broad, national array of mentors that include senior faculty and midlevel peers, in anticipation of their need for strong networks for future leadership.

It is the unusual senior faculty member who has fully, honestly, and realistically thought through the best use of his or her skills and interests in the future, taking into consideration the context of the department’s and institution’s future imperatives and emerging strategies and initiatives. Beginning this conversation with senior faculty can be politically delicate and may engender defensive reactions. However, we anticipate that the development of routine anticipatory guidance strategies for late-midlevel and senior faculty will be critically important to the academic health of these individuals and their institutions.

Beck et al. describe a program that develops both senior and junior faculty to care for medically underserved populations. Transecting all faculty levels, the program juxtaposes the “inventing” and “reinventing” of oneself. Senior faculty, even though they are new to the specific field, bring their prior experiences and well-honed clinical skills, many becoming de facto mentors to the junior faculty. Junior faculty are likely to have had more interaction with and awareness of underserved populations, bringing to their senior colleagues new insights into such fields as international medicine and community engagement. This program offers a model for combining senior faculty’s prior experience—in whatever field—with junior faculty’s exuberance to form a bidirectional mentoring relationship that yields useful anticipatory guidance.

One limitation of our study is our choice to evaluate the program qualitatively by asking the faculty what they perceive is helpful or not helpful to their career development and well-being. Qualitative data, which are subject to bias, seldom prove an argument definitively. However, it is also difficult to impute causation when assessing quantitative data from, for example, sources such as faculty curricula vitae and grant funding lists, because multiple factors affect those academic outcomes.

We suspect that anticipatory guidance at every faculty level may help to prevent needless expense, faculty and administrative frustration, misdirection of faculty effort and talent, and avoidable burnout of valuable members of the academic community. Mismatches between faculty members’ skill sets and their job descriptions or career goals frequently cause faculty discontent and administrative ineffectiveness. A mentoring program that, through anticipatory guidance, discovers such mismatches proactively, early, and in a faculty-driven way enhances the likelihood of successful navigation of the academic ladder for faculty at all levels and is likely to enhance all facets of the administrative enterprise.

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Ethical approval: The evaluation instruments, their use, and the process for individual programs within the faculty development program were approved by the University of Rochester Medical Center’s institutional review board.

References


Dieter PE. A faculty development program can result in an improvement of the quality and output in medical education, basic sciences, and clinical research and patient care. Med Teach. 2009;31:655–659.

