

Top 10 Ways to Add Value to Your Department as Junior Faculty

Jessica Mason
Jon Giordano
Tom Fadial



1. Evaluate the needs of the department

Where can you make an impact?

1. Department
 - a. Education
 - b. Research
 - c. Clinical
 - d. Administrative
2. Medical School



Needs Assessment of the Department

- Are there holes to fill?

Education

- Lectures, SIMs, procedure labs, evaluation, mentoring, remediation, faculty development

Research

- Ongoing projects?, start your own?

Clinical

- Be excellent clinically, be flexible with colleagues, quality assurance > Some of the best advice I was given as new faculty was to join our department's QA committee - it was an excellent opportunity to be on a committee and also learn from others mistakes early in my career

Administrative

- Interact with colleagues to improve department relationships, departmental and hospital processes; community engagement

Medical school

- Committees, course leadership, etc
- If interested in UME, sitting down with your Dean of Educational programming (or equivalent) to discuss your strengths/interests as well as the school needs will open up significant opportunities and mentoring possibilities

2. Find your niche

Nietzsche sources

1. Prior work/life experience
2. Current interest or passion
3. Growth mindset
 - a. Department needs
 - b. Emergency medicine needs
 - c. Medicine needs



Intro:

- Let's suppose that you haven't completed a fellowship, or you did and you're not sure if it's right for you. How can you find your niche?

Prior work/life experience:

- Your work and life experiences are what led you to this position, continue to build on those strengths in your new niche.

Current interest or passion:

- Have you rekindled an interest in critical care or extra-medicine activities? [Dr. Cleavon](#) creates amazing rap videos on emergency medicine topics.

Growth mindset:

- "Skate to where the pucks going to be"
- Analyze your department's needs as Dr. Giordano suggested
- Go further, how do you think emergency medicine and medicine more-broadly are changing. Do you want to be the person who's called on to tackle the problems of the future?

3. Be part of the social fabric

Getting to know your colleagues

1. Friendships → collaboration
2. Advocacy for each other
3. Events for fuddy duddies



- Example:
 - My friendship with my co-fellow → constantly leaning on each other for advice and collaboration, bouncing ideas off each other, EMRAP segments, med student evaluations, med ed journal club, etc
 - Part of the reason we want to help each other is rooted in our friendship
- Friendships open up opportunities to work together and advocate for each other
 - Example: Knowing my dept leadership → invited to be on the executive advisory committee → I worked to revise our parental leave policy
 - Example: Knowing my dept leadership → they advocated for a generous fellowship budget for the education fellows
- Social events
 - They are not just for fuddy-duddies. Hospital staff social events are worth going to. You get to know your colleagues in a setting outside the ED and you get to know your consultants. These relationships are meaningful both on and off shift.

4. Don't be afraid to ask for what you want

What do I want?

1. Define your preferred route for support
2. Look for help everywhere



Intro:

- Why not just ask? Some aspects of your contract may simply be non-negotiable - asking for what you want is the only to find out what those parts are and will clarify where there *is* flexibility.

Define your preferred route for support:

- What are you going to ask for?
- Excelling in your new role requires support. But do you know what kind of support you need, can you describe it in detail and justify every aspect?
- Buydown is not the only, or even the best route to get the help you need to succeed. If your role would require hours of repetitive tasks that could be performed by not-you with some additional training, asking for labor assistance can be very helpful - freeing you to spend time more productively.

Look for help everywhere:

- You may find that your work aligns with activities in other departments or with UME objectives - you can ask for what you want from anyone who might benefit from your work.

Hopefully, now you've got the time to say yes to some activities - to Dr. Mason.

5. Say yes!

Yes leads to...

1. Opportunity
2. New experiences
3. Relationships and networking



- I often feel maxed out and unsure I can fit more into my life, but then an opportunity comes up...
 - Example: Cal ACEP conference chair, 4 year term, seemed like way too much to take on. Sage advice from my husband (“A man would say yes”). Now I am so grateful I said yes.
- Of course there are some boundaries but I challenge you to push yourself and add a little more, even when you think you can't, because the unforeseen benefits can be career changing

6. Learn to say no*

...with caution

1. What are your priorities?
2. Give yourself a timeline



We all must prioritize what is most important to us - saying no can make you miss out on life/career changing opportunities

- What do you have to sacrifice to do this?
- Clarify expectations/deliverables
- Is support available?

If you are concerned you won't have enough time, be honest.

Avoid over promising and under-delivering, do not miss deadlines.

7. Understand your institutional promotion and tenure process

P's and T's

1. Attend informational seminars if available
2. Meet with faculty affairs/development leadership
3. Build your promotions checklist
4. Keep CV/narrative up to date



Intro:

- Your institution's promotion and tenure process is unique. Learn about the available tracks, general and accelerated timelines, restrictions, and penalties through seminars if held by your institution or by meeting with faculty affairs leadership if not.

P's and T's

- Find out what the benefits of promotion are at your institution and honestly gauge their importance to you. You may determine that a new title and small pay increase may not justify a large diversion from your career plan.
- Once you're on the track, create a promotions checklist and start building your promotion portfolio, including a "living" institutional resume (treat it like a todo list), and promotion narrative.
- Use the checklist to identify possible challenges early and target them with your mentor and Dr. Giordano is going to help you find one.

8. Find a mentor

Look far and near!

1. Within your department/school
2. Conferences
3. Within your niche
4. Social media
5. Faculty development programs



Having mentors near and far can serve many purposes

- Within your department: can help you day to day, growth within the department, opportunities
- Within you med school: can help navigate UME opportunities
- Within your niche: opportunities for research/presentations
- Social media: many projects come from social media discussions/interactions
- Faculty development programs: interact with people who were recently in your position

9. Be a mentor

Be a manatee

1. Junior faculty are uniquely positioned
2. Wellness partner
3. Support remediation plans



Junior faculty are uniquely positioned:

- As junior faculty, we're uniquely positioned to connect with residents and more likely to be viewed as a peer. Our proximity to residency training and recency of shared experiences gives more weight to our validation of residents' concerns and struggles.

Wellness partner:

- Become a wellness champion, listen to their concerns and work to make changes.

Support remediation plans:

- Tackle other sensitive aspects of residency training, residents may be more open to sharing their struggles with you than more senior faculty members. Becoming a mentor and advisor for residents on remediation plans can make their experience more productive.

5. Give positive feedback

Word travels fast

1. Focus on the positive
2. Build trust through genuine relationships
3. Critiques will come with time



- We were all residents once and we remember how we talked about our attendings - “Yay I have a shift with ___!” Or, “Shoot, I have a shift with ___!”
- When a resident perceives a bad interaction with you that spreads like a wildfire to the rest of the residents. You can sabotage yourself really fast as a new attending.
- I was given the advice that during my initial 6 months as new faculty/fellow to only give positive feedback and save the critiques for later (unless there was something egregious), and I followed this advice.
- I still like to focus on the positive with residents because they are constantly judged and constantly down on themselves.
- How can we frame feedback in a way that builds trust and makes us better? Part of that means it comes from a place of an established trust.

Engage
Be positive
Communicate