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An Exploration of Part-Time U.S. Medical School Faculty: A Thematic Overview

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An Exploration of Part-time U.S. Medical School Faculty: A Thematic Overview

Sarah A. Bunton, Ph.D. and April M. Corrice

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CONTENTS

Introduction	2
Method	3
Results	4
Reasons for Part-Time Status	4
Areas of Satisfaction with Medical School and Department	5
Concerns about Part-Time Status	7
Suggestions for Improving the Workplace	10
Discussion and Next Steps	12

INTRODUCTION

Despite the fact that many medical schools have increased their reliance on part-time faculty over the past several decades and that the number of part-time faculty is likely to continue to increase in the future, scant information about their experiences, satisfaction, and engagement exists in the literature.¹ This report contains salient themes from focus groups with part-time faculty in academic medicine designed and conducted to provide insight into the issues that comprise workplace satisfaction for these faculty and to explore the unique concerns that they may face.

In the report we first present a summary of the reasons faculty reported for being part-time. Next, we present themes about what comprises satisfaction for these faculty members. Third, we present unique challenges that these faculty members face because of their part-time status and suggestions that they have for their schools for improving the workplace for faculty in part-time employment arrangements. Highlights include:

- Part-time faculty members in these groups were engaged in their work and, despite the unique concerns that they may face, reported largely enjoying their part-time status because of the balance that it affords.
- Faculty in these groups reported the most satisfaction in their work stemming from professional relationships with colleagues, residents, students and patients; from the academic culture of their institutions; and from the flexibility that they have with their part-time status.
- Salient concerns that part-time faculty expressed included perceptions of negative attitudes from colleagues and administrators (e.g., about their commitment and work ethic), and frustration with working over their contractual FTE to manage and balance various kinds of responsibilities and expectations.
- Suggestions for improving the workplace included some type of centralized resource or support for part-time faculty at the institution, and policy development for part-time faculty with clearer expectations around their work.

Part-time medical school faculty appointments, if used appropriately, can benefit both the faculty members themselves and the institution as a whole. Part-time careers can address the work-life balance many faculty hope to achieve² and can be used to accommodate different expectations of newer faculty members.³ These careers can also serve as a pathway to retirement, as many baby boomers are thinking of retiring in the decade ahead. In addition, part-time career options can serve as a mechanism for institutions to fill the roles and responsibilities of the school. Despite these potential rewards, anecdotally, some commentators suggest that part-time faculty members are unhappy with their employment status, and would take a full-time position were one to become available.⁴ These assertions may contribute to the perception that part-time faculty are less satisfied than are their full-time counterparts.

This research was designed to explore, from the faculty perspective, what comprises workplace satisfaction and prominent areas of concern for part-time faculty. As a mechanism to recruit and retain high-quality faculty, academic institutions may be well served to continue to create policies and systems to support the cadre of part-time faculty members as there will likely be increasing demand for these types of positions.

¹ Linzer M, et al., Part-time careers in academic internal medicine: A report from the Association of Specialty Professors Part-time Careers Task Force on behalf of the Alliance for Academic Internal Medicine. *Acad Med.* 2009;84:1395-1400.

² Howell L, Servis G, Bonham A. Multigenerational challenges in academic medicine: UC Davis's response. *Acad Med.* 2005;80:527-532.

³ Schuster JH, Finkelstein MJ. *The American faculty: The restructuring of academic work and careers.* Baltimore, MD: Johns Hopkins University Press; 2006.

⁴ Antony JS, Valadez JR. Exploring the satisfaction of part-time college faculty in the United States. *Rev of Higher Ed.* 2002;26(1):41-56.

METHOD

This report presents themes from eight focus groups with part-time faculty members at four different U.S. medical schools (see 'Acknowledgements' for list). The Association of American Medical Colleges (AAMC) conducted two focus groups at each institution, and each group consisted of 5 to 10 participants. In sum, we spoke with 63 faculty members (17 male and 46 female) with part-time status. The vast majority of these faculty were in clinical departments (61 of 63; 97%), but approximately a quarter had some research responsibilities in their position. Departments were widely represented including surgery, radiology, medicine, psychiatry, family medicine, anesthesiology, obstetrics and gynecology, dermatology, and family medicine, among others. We allowed each institution to define part-time according to their institutional guidelines and policies, but recommended that they use the suggested definition from the Liaison Committee on Medical Education (LCME), which is .75 full-time equivalent (FTE) or less for both clinical and basic science faculty. Eighteen (29%) of the faculty had FTE appointments of $\leq .5$, and the remaining 45 (71%) had appointments of $> .5$.

All part-time faculty at each institution (according to the school's definition) were invited to participate, and responses were taken on a first-come first-served basis until the groups were filled. This project was reviewed by the Human Subjects Research Protection Program at the AAMC and approved by American Institutes for Research's Institutional Review Board.

The focus groups at the various institutions took place in January through March of 2011 and lasted approximately one hour each. They were moderated by an AAMC research staff member using a semi-structured interview guide as the basis for discussion. The development of the topic guide was informed by related literature on part-time faculty issues and discussions with AAMC staff experts and faculty affairs professionals. It was designed to elicit respondent views on issues related to workplace satisfaction and experiences of being a part-time faculty member. Examples of open-ended questions in the focus groups include:

- *What are things that come immediately to mind when you think about what you like best about your medical school? About your department?*
- *What does 'part-time' look like for you?*
- *What are your reasons for working part-time at this academic medical center?*
- *What concerns, if any, did you have about becoming part-time?*
- *What's the one thing your medical school could do to improve the workplace for you?*

Two AAMC researchers analyzed the transcripts of the focus groups for themes around different topic areas.

While these focus groups were qualitative in nature and cannot be generalized to the entire population of part-time medical school faculty, respondents' comments do highlight and add nuances to our understanding of the facets of workplace satisfaction and unique concerns that these faculty face. A more detailed description of an institution's faculty themes will be shared at each school in a separate institutional report.

RESULTS

Reasons for Part-Time Status

Participants in the part-time faculty focus groups varied in their reasons for part-time status, though several common patterns emerged around personal reasons (e.g., for family responsibilities or lifestyle choice) and professional reasons (e.g., to manage workload or for other professional responsibilities).

Personal reasons for part-time status

Family responsibilities. First, almost half of the participants expressed needing and wanting more personal time for family responsibilities, including time for child rearing and caring for an ill family member. Many of these faculty who wanted to spend more time with family cited their choice for part-time status as one for work-life balance (i.e., they wanted to have a successful career but also take the time to raise a family).

Health reasons. Another common reason for their status was that faculty worked part-time in response to health concerns—both physical (e.g., chronic illness) and mental (e.g., stress from being overworked at full-time). One faculty explained, “I was up to 80-90 hours at one point I think, and it was taking a toll on my mental health.”

Lifestyle choice. In a slightly different vein, a few part-time faculty in these focus groups selected their status as a lifestyle choice. For example, one faculty member stated, “I am a big traveler and a big part of my life to have that freedom, so I have just decided to be part-time.”

Professional reasons for part-time status

Managing workload. The most common professional reason for participants’ part-time status was using their status as a means of managing their workload and balancing time for different responsibilities. For example, many faculty felt as though they did not have enough time for non-clinical activities (e.g., research, administration) when working full-time, and consequently, reduced their work hours to focus on non-clinical activities during their free time. One participant illustrated this point by sharing, “It has become clear that there are clinical activities that overflow and will take over the rest of your activities. I decided this was the one way to take control of my activities.”

Outside professional responsibilities. On a slightly different note, a few part-time faculty chose their status to focus on professional responsibilities or opportunities outside of the school of medicine like working at a clinic in the community.

It is worth noting that a small number of faculty in these focus groups reported that their school did not have a full-time job opening in their department at the time of hire and that was the reason for their part-time status. The large majority of faculty in these focus groups reported that working part-time was their personal choice, however. They described how they negotiated their part-time arrangements, an agreement that was easy for some faculty and difficult for others—largely depending on their department or division leadership. In general, in departments where a precedent had been set and others had been part-time before the faculty in this group worked out a similar arrangement, negotiations were easier. In some departments, where working part-time was uncommon, these negotiations involved some risk on the part of the faculty member.

Areas of Satisfaction with Medical School and Department

Part-time faculty in the focus groups reported great satisfaction around several different aspects of their workplace including professional relationships, the academic culture that their institution afforded them, and school and departmental leadership. Faculty also spent time describing flexibility in their working arrangement as a source of their workplace satisfaction.

Professional Relationships

One of the most frequently mentioned areas of workplace satisfaction was relationships with others, with many faculty citing relationships with faculty colleagues as highly important. One participant said,

Gosh, I just work with the best and the brightest here, and I am always amazed by our hallway conversations and opportunities to bounce ideas off such friendly and smart people... [We] definitely value the commitment to learning and scholarship broadly speaking, and my colleagues make me want to go to work in the morning.

Participants reported that their colleagues were great people of high caliber (e.g., *“my colleagues are phenomenal”*) with whom they shared many interests and values (e.g., *“[They] are interested in what I am interested in and we all have the patient interests at the heart of what we do”*). In addition to the quality of colleagues, many respondents felt that another facet of these relationships expressed itself in the opportunity to work with people in other departments—that collaborations were satisfying to them.

In addition to colleagues, faculty reported satisfaction regarding relationships with residents and medical students. Faculty noted these relationships are *“energizing”* and *“bring meaning”* to the work that they do. Many faculty also noted their relationships with patients as a great source of satisfaction. They reported a rewarding experience in being able to serve the needs of patients and the community. Participants also expressed that the diversity they encountered in the patient population and that meeting new people left them feeling intellectually stimulated, citing *“unique cases”* and *“exposure to things you wouldn’t see in a private practice.”*

Academic Culture

Another area of satisfaction for faculty in these groups was around the culture that is found at academic medical centers. Faculty reported deriving satisfaction from the ability to do *“meaningful work”* and contribute to the mission of the school and hospital in multiple ways. Many participants felt that their medical school *“has its mission in the right place”* and they felt *“a sense of pride to be working at such a high caliber school.”* One participant expanded on this with, *“We face challenges, to be sure, but the opportunity to be participating in scholarly work and teaching—that’s not available elsewhere.”*

In addition to the meaningful work environment, faculty went on to talk about being challenged and intellectually stimulated as important components in their satisfaction. One faculty member noted, *“I feel like I learn something every day. I feel like I am getting better over time and not stagnating.”* Being able to work at a *“vibrant medical center”* and to be stimulated in their work was a source of satisfaction and personal significance to these faculty. Others echoed this theme about being able to learn from others and to have a culture of learning surround them. Finally, faculty expressed great satisfaction with ongoing *“research and innovations”* going on all around them.

Leadership and Support

Faculty also called out the importance of—and in many cases their satisfaction with—the leadership at their school, including department chairs and division chiefs. Many of these comments on satisfaction with leadership were broad in nature, such as, *“I’d add that we have strong administration at the top, and an ongoing commitment to bring us up in rankings,”* and, *“My department chair is on top of things...[my chair] can make things happen.”*

In many cases, participants referenced leadership support of their part-time status and how having a supervisor be supportive of that role really helped them adapt and feel valued. One respondent noted, *“I worry about my chair retiring because [the chair’s] support has been paramount. A lot of my freedom and flexibility is based on who my chair is—[my chair] is my most important professional mentor.”*

Flexibility

Faculty in the focus groups spent some time discussing how the notion of flexibility played into their satisfaction. One way the term *“flexibility”* was used was in reference to the flexibility that comes with an academic career, including variety in opportunities and the ability to specialize in different types of work. They discussed the benefits of being able to establish a niche and to pursue their interests and skills within the context of large, diverse medical centers as well as the *“opportunities to be creative”* in their work.

In another use of the term *“flexibility,”* faculty talked about their ability to be part-time and, in most cases, to have the ability to shape what that time looks like. Several faculty reported that they appreciated the ability to set their own workload based on what worked for them, being able to balance work and family, and creating arrangements with their department and school that were mutually beneficial. For example, one participant explained,

I like the flexibility afforded here at this school. That’s what jumps out for me. I am able to work part-time where the school needs me, so sometimes do more research, sometimes more patient care...it’s a great set-up.

Another faculty member noted working part-time to be able to focus enough effort on scholarship, and commented, *“I am more productive in research activities than most of my colleagues and I was promoted on that. I am still working a ton but in this end the choice for this time has served me well.”* This faculty member’s resulting productivity was attributed to the flexibility as a part-time faculty member and ability to manage scheduling of activities.

Concerns about Part-Time Status

Participants reported numerous concerns around their status as part-time faculty members at their medical schools, including perceptions of devaluation, role clarity (e.g., professional advancement and expectations), and professional development.

Perceptions of Devaluation

Attitudes from Colleagues and Administrators. One of the main concerns of faculty about their part-time status involved perceptions of negative attitudes from colleagues and administrators, including perceived doubts about their commitment and work ethic. One faculty member tried to explain these perceptions by suggesting that academic medicine still has “*the culture of full-time mentality.*” Another commented, “*I was literally told to my face when I started that at .8 [FTE] I wasn’t committed.*” Faculty went on to explain:

- *I worried about my peers’ attitudes towards me. I have taken chiding about not being there all the time. I just shrug it off, but I don’t like them thinking I am a slacker—I work really hard. I know that’s an issue among other part-timers as well.”*
- *They knew I worked part-time but one of the issues was that I was not fully committed to my job. They treated me like [I was] second-class. The other side was when there were shortages, they would turn to me and [say], ‘Oh, you are off Friday, so you can come in and work since you will be around.’ So there was this unconscious attitude.*
- *My comment is that I love my work here but the stress that is created by the conflicts of being part-time is the worst part of my life. In terms of people expecting more than I can give, people being angry when I am not around. I am working very hard but being treated like I am a slacker. That stress is very palpable and that is all because of being part time.*

Faculty also noted that they felt an unsupportive attitude regarding part-time faculty from administrators:

- *My department chair makes me super self-conscious. [My chair] makes me feel like I am being given special treatment because I am part time.*
- *It is like the administration looks down on me and doesn’t recognize me as a part of the work that gets done here.*
- *You have got to devote your entire life to your career to be worthy or a real person.*

These poignant comments suggest that, despite support many part-time faculty receive from different sources, they still are subject to a host of overt and covert messages that reflect a negative attitude about their part-time status.

Implicit Value Based on Governance and Resources. Participants’ feelings of devaluation from the negative attitudes of others were compounded by the fact that many part-time faculty only get half of a vote in faculty participation in governance. In response to the issue of only counting as “*half a person,*” one faculty member shared, “*I’d like to have more voice here, especially with the hospital. Sometimes I feel like they plug me in to holes to fill gaps, but beyond that, [they] don’t care who I am or what I do. It’s like I have no value as a person as a faculty, just as a clinician to perform this service.*” A research faculty member also reflected these concerns of being less valued in terms of being provided fewer resources by stating, “*I have a cubicle and am not with the rest of the faculty in the department.*”

Letting Department Down. A few faculty members felt pressure or resistance from their department or division heads and felt as if they were “letting the department down” by working part-time instead of full-time. Some of these concerns reflected comments their department chairs had made about not having funds to replace the faculty member. For example, if one person went from 1.0 to .7 FTE, that lost FTE would not be replaced, so others in the department would have to cover, resulting in continual feelings of guilt. A faculty commented,

I was hired as a full-time person but now that I am part-time that work still has to be done. Either I have to step up and do it, or someone has to do the extra work. My chief refused to hire someone even though my department needed that so it created a lot of tension and conflict between me and my colleagues, and me and my chief. I got the blame because I created this situation and asked for this arrangement...

Role Clarity

Professional Advancement and Achieving Goals. Another common concern of part-time faculty was increased difficulty in achieving the role of a successful academic physician. One faculty member stated, *“I am the poster child for a failed academic physician...”* As part of this issue, participants cited decreased opportunities for promotion for part-time faculty, as they do not advance at the same rate as their full-time counterparts. A participant noted, *“I know that being part-time that I wouldn’t advance the same way my colleagues do.”* Another faculty member said, *“I have achieved my personal goals already since I am coming back from retirement...but if I were starting out, I am not sure that I could be part-time and still achieve my personal and professional goals.”*

Further, many faculty felt that they did not receive enough guidance or clear expectations for how to achieve career advancement while they had part-time status. One participant shared,

I know there are guidelines for promotion based on your FTE, but I am not clear about it. I have gotten no commentary from it. If you want to get promoted in my department, we have to do ‘X’ amount of teaching, research, service, etc. and that is based on full-time. So if you are part-time, it is hard to see where and how you fit in.

Protected Time. Related to the comments about advancement, many participants expressed great concern and frustration that they do not receive any protected time to accomplish the activities that would afford them a promotion. For instance, many clinical part-time faculty stated that they have to work unpaid time to be successful. In order for them to stay on track for advancing their careers, their non-clinical activities like research, education, and administrative work came from their own time. Basic science faculty expressed similar sentiments about not receiving protected time for certain activities, such as administration. A faculty member noted,

I like seeing patients and my clinic load is fine, but if I want to do research, which is expected if I want to ever move back up in time or be promoted...we are not supported at all in those activities.

Faculty also said that teaching was not rewarded but was expected of them. One faculty noted needing to come in on his/her afternoon “off” to teach. While these comments may be especially relevant to part-time faculty, faculty in these groups acknowledged that the tenor in academic medicine has changed in the past decade and that activities that faculty are expected to do are not necessarily supported or rewarded.

Expectations about Workload. Similar to those concerns about unprotected time, many part-time faculty communicated frustration with working over their contractual FTE to manage and balance various kinds of responsibilities. One faculty member expressed, *“Even though I have cut back [my hours] so much, I am working what someone in another career works for a full-time job.”* Although set at FTEs of about .5, several part-time faculty were working many more than 40 hours per week. The participants explained that working over their contractual FTE was also in response to the expectations of colleagues and administrators, and that maintaining boundaries around their time was a daily challenge and source of conflict. To illustrate, faculty members described:

- *The culture is not one that means that when I am done, I am done. People still expect me to cover and things... People still say, ‘Can you do it on your free time?’*
- *I wish that expectations would have been spelled out for me. There is no guidance for part-time work. My chair had to ask others for how to structure my contract because there is no precedent.*

Others noted that while they were part-time, the expectations were no different than full-time faculty:

- *Then when you have your annual reviews the expectations are the same as full-time. No one has figured out what the expectation for productivity is at .6 [FTE].*
- *The expectation thing is something as far as I can tell there has been no change in my full-time versus part time work.*

Professional Development

A final theme that emerged from participants around concerns was that part-time faculty have fewer opportunities for professional development (e.g., mentoring) than do full-time faculty, with decreased funds and time for development. For example, some part-time faculty indicated that they receive prorated professional development funds, but dues for memberships in professional societies and organizations deplete these reserves, so they must cover the costs of many professional development opportunities with their personal funds. As one faculty member explained, *“My funding for professional development is half of what I would be if I were full-time, even though conference rates are always the same.”* Faculty also noted that while there are some professional development opportunities available through the school of medicine that are free of charge, most part-time faculty must attend training sessions or mentoring meetings on their own, unpaid time.

Suggestions for Improving the Workplace

Largely guided and informed by the unique challenges that part-time faculty face, participants offered several suggestions for improving the academic medicine workplace. These suggestions stemmed from believing that there is great value in part-time faculty for both individuals and organizations. Many faculty in these focus groups felt that part-timers, in general, were “underutilized” but that they “enrich the medical school and the field” a great deal and “allow the university to access some high quality faculty that they wouldn’t otherwise be able.” Reflecting the notion that part-time faculty appointments will continue to increase, the tenor from faculty participants was that if institutions were more deliberate in managing and supporting part-time faculty, both individual and institutional gains would be realized. Themes that emerged around suggestions for improving the workplace include:

Continued Culture Change of Acceptance and Part-time Status

Participants suggested that institutions begin advocating for the acknowledgement of part-time faculty as valued members of the school community, in part, by having that message of value understood and conveyed by administrators. Part of this move towards greater acceptance of part-time faculty in the workforce could include education to the local school community about the value of part-time work. One participant largely encapsulated these issues by stating,

I really think we add so much value to the school, and proportionally work much more than our colleagues...I think being valued and respected by the school in a much more deliberate way would be mutually beneficial...There are so many days that I feel like a cog in a wheel, and that is never how I envisioned my professional life. So just appreciating everyone and making us feel like we are a part of the culture here, rather than making us feel self-conscious about being ‘too selfish’.

Some of the comments around this push for acceptance included suggestions to provide better feedback to part-time faculty around their work and to provide professional development opportunities, much like their full-time counterparts are afforded. Participants also suggested that part-time faculty be allowed in more leadership roles to bring attention to the contributions that part-time faculty can make to an institution. Additional opportunities for part-time faculty participation in governance could also communicate increased value.

Centralized Support/Resources for Part-time Faculty

Faculty felt that developing consistency in how part-time appointments are handled would benefit all stakeholders involved. One faculty member described how a centralized resource that primarily deals with part-time appointments would prove mutually beneficial for faculty and administration by explaining, “Then department heads would have somewhere to ask questions and faculty wouldn’t have to fight so hard to advocate for themselves.” Participants also stressed the importance of a centralized resource to assist in setting fair and consistent expectations for faculty, with statements like,

There should be a part-time administrative person who you can go to, to work through these issues—to work out some policies. You can't work through everything, but there are a lot of common issues that need consistency.

Faculty also commented that a forum or venue to talk with other faculty who are part-time would be helpful, especially for information and mentoring purposes. In that same vein, faculty noted that having mentors who were part-time would be helpful to provide guidance around appointments and navigating the part-time faculty role. One faculty member noted, *"I need someone to help me look at what part-time looks like and how I can do it better."*

Policy Development for Part-time Faculty and Clearer Expectations around Work

Defining more explicitly what faculty part-time roles are and how that translates into effort on various activities would greatly mitigate the lack of clarity around workload for these faculty. While there may be no formula for determining outside work, having fair expectations around service (departmental and institutional) and teaching commitments and how that relates to different levels of FTE appointments would go far. One participant illustrated this point by suggesting that schools *"be more explicit about percent time"* and posing the question, *"How much of the outside work are you supposed to be doing? What does that translate to into out of clinic days so that it is in proportion to the FTE? Lack of clarity around that component has been huge."* Similarly, expectations for productivity should be more clearly defined, especially regarding expectations involved in performance reviews and promotions.

Continue Developing Systems to Reward Teaching, Scholarship, and Administration

While this recommendation could hold for full-time faculty as well, our part-time faculty participants emphasized the need for institutions to support all of their work towards the school's mission areas so that individuals and institutions can be successful. Some participants expressed the need for more support and recognition in different work activities with broad statements, such as, *"There is a continual need to recognize the educational activities and pursuits of the faculty here...I think recognition for that type of work is vital to our mission."* Others suggested specific courses of action for valuing all mission areas, including providing protected time for part-time faculty. For example, one participant shared,

My time is only for patients. Anything I do outside of that comes from my own time. I wouldn't expect a huge chunk of time to do that but it should be proportional for my effort I would think. So if my colleague gets .15 of [his/her] time protected for administration and service, [s/he] is fulltime, then based on my .7 appointment, I should get like .07 or something. Even that extra few hours a week would make a big difference for me.

Additionally, some faculty suggested that schools financially reward faculty for their contributions to different mission areas with statements like, *"I think...recognizing teaching would be a good way to recognize that we in our time here can add value in other ways than patient care. We are good teachers too."*

Use Part-time Status in Innovative Ways to Bring Value to Individuals and Institutions

As part-time faculty become more prevalent in institutions, a few participants proposed using these faculty in innovative ways to address many issues in schools. For example, one faculty member proposed using faculty who may be coming back from retirement on a part-time basis as bridge for newer faculty who are emerging from their residencies with fewer training hours to smooth the transition and quality of patient care. Continuing to devise ways to effectively utilize the multitude of skills, knowledge, and commitment of part-time faculty can benefit everyone, including patients. Several faculty in these groups firmly believed that being more innovative and strategic about how part-time positions are used at institutions would result in positive outcomes at the individual and organizational level.

DISCUSSION AND NEXT STEPS

Several salient themes emerged from these focus groups around what comprises job satisfaction for part-time medical school faculty and around what issues this group of faculty face. In aggregate, most part-time faculty were satisfied with their career choice and the flexibility their status afforded them for their various reasons, despite some challenges faced like perceptions of negative attitudes around their roles and lack of clarity around expectations. Continuing to develop practices and policies that allow and support part-time work will allow institutions to attract and retain qualified faculty to perform research, perform leadership functions, and provide quality patient care.

These findings contribute rich insight into the lives of this group of academic medical faculty, and while some issues discussed were particularly relevant at the faculty's local level, there was great consistency across schools around concerns and suggestions for improving the workplace for these faculty. Our hope is that this picture of their experience can serve as the foundation for continued research and understanding of part-time faculty. At the AAMC, a commitment to addressing and researching issues related to faculty remains, and next steps include identifying and highlighting models of successful programs and policies for part-time faculty that some schools have in place, disseminating effective practices around a school's utilization of its part-time faculty members, assessing the current state of part-time faculty satisfaction relative to full-time faculty, and continuing to push to understand the part-time faculty experience for mutually beneficial relationships between the faculty and their medical school.



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