




Faculty development committee: Evolution through engagement and empowerment

Alexa Sabedra MD  | Caroline Freiermuth MD, MS, FACEP | Sally Santen MD, PhD  | Elizabeth Leenellett MD, FACEP 

Emergency Medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio, USA

Correspondence

Alexa Sabedra, Emergency Medicine, University of Cincinnati College of Medicine, Cincinnati, OH 45267, USA.
Email: sabedraa@ucmail.uc.edu

Abstract

Introduction: Burnout and faculty disengagement are critical challenges in academic emergency medicine (EM), with burnout rates as high as 70% among emergency physicians. These issues, worsened by the COVID-19 pandemic and workforce shifts, lead to decreased professional satisfaction and increased attrition. Addressing these concerns is vital to fostering a supportive, equitable, and growth-oriented environment for faculty.

Objective: The faculty development committee (FDC) was established to empower faculty to address professional development, inclusivity, transparency, and wellness through innovative and collaborative initiatives.

Methods: Faculty needs were identified based on data from a biannual department culture survey. Findings revealed key areas for improvement, including career advancement, wellness, and equity, among others. A faculty-driven approach was used to design and implement initiatives, including a mentorship program, educational curriculum, equity assessments, and flexible scheduling policies. The biannual survey and informal feedback solicitation were used to evaluate outcomes and refine interventions.

Results: The mandatory mentorship program accelerated promotions, including the historic advancement of female faculty to full professor roles. The faculty education curriculum enhanced breadth of knowledge and clinical skills, leading to increased satisfaction with educational opportunities (45% in 2022 vs. 35% in 2020). Transparent policies on leadership roles and salary equity improved inclusivity and fairness. Flexible scheduling accommodations, including age and pregnancy/lactation status-based shift exemptions, expanded vacation and holiday options, and extended parental leave, improve work-life balance and faculty engagement. Surveys demonstrated improvements in departmental culture and satisfaction.

Conclusion: The FDC effectively addressed wellness, equity, and professional growth in an academic EM group by implementing faculty-centered and faculty-driven solutions. The committee's work has fostered a supportive, inclusive, and

Supervising Editor: Teresa Y Smith

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development-focused environment, serving as a model for addressing similar challenges in academic institutions.

NEED FOR INNOVATION

Promoting wellness and combating burnout are imperatives for medical professionals today. These issues are especially germane to emergency medicine (EM),¹ made paramount in the fallout of the COVID-19 pandemic, the rise in emergency department (ED) overcrowding,² and the social and cultural shifts in the workforce.³⁻⁵ Many physicians are leaving academic medicine, oftentimes seeking jobs with more control or regular work hours.^{6,7} Academic EM groups must empower faculty to voice concerns and drive changes that enhance personal wellness, job satisfaction, and retention.

BACKGROUND

Burnout, characterized by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment,⁸ affects up to 40% of U.S. physicians.⁹ The COVID-19 pandemic and growing strains on the medical system have worsened working conditions,^{1,2,4,10} with emergency physicians (EPs) facing burnout rates as high as 70%.^{3,4} This issue leads to professional dissatisfaction, decreased productivity, and career attrition whereas professional satisfaction enhances career longevity and well-being. A lack of physician engagement leads to the opposite effect.¹¹ The daily challenges of working in academic EM, compounded by the stressors of raising a young family, can quickly overwhelm new graduates and become more apparent as the EM workforce evolves. With one-third of the workforce aged 55+ approaching retirement, Millennials and Gen Z will soon constitute the majority of EPs.¹² These younger generations prioritize work-life balance as well as opportunities to continue to learn and grow in their careers.⁵ The growing number of EPs completing fellowships and the trend to delay starting families also increases the proportion of junior faculty struggling with the balance of early career demands and personal responsibilities.^{13,14} The U.S. Surgeon General's 2024 advisory on the mental health crisis affecting working parents highlights these pressures.¹⁵ These challenges are compounded when faculty lack power to influence department operations. Acknowledging these issues, our department sought a solution that gives all faculty a voice and creates an opportunity for everyone to be involved in problem solving and departmental evolution.

OBJECTIVE OF INNOVATION

The objective was to create a faculty development committee (FDC) that empowers and engages faculty to implement programs and

TABLE 1 Themes identifying opportunities for improvement.

Leadership	Faculty wellness	Schedule/operations
Transparency	Shift lifestyle	Clinical environment
Engagement/Inclusion	Shift length	Boarding
Retention	Vacation/holidays	Transparency
Research	Circadian rhythm	Pay
	Recognition	Site selection
	Diversity and inclusion	
	Engagement/development	

policies that improve ongoing education, wellness, and professional growth. This was done while also focusing on inclusivity and transparency in the group.

DEVELOPMENT PROCESS

Faculty intermittently raised concerns about aspects of the job but lacked a coordinated way of addressing them. Faculty surveys were conducted in 2017 and 2020 to assess needs. Based on the qualitative analysis of the results, initiatives to address faculty well-being were implemented through various committees on an ad hoc basis, but not cohesively. The surveys also indicated the need for a more structured approach. In 2022, an FDC was created to unify and systematize the approach to addressing the key themes identified. Membership was open to all faculty, and an experienced qualitative researcher led the analysis.

Of 56 faculty members, 60% completed the latest survey in 2022, revealing three major themes with multiple subthemes (Table 1). This information was then presented to the group, generating discussion and proposed solutions with input from all faculty. Initiatives were prioritized based on their importance, potential impact, and feasibility, ensuring a collective, consensus-driven approach to problem solving.

IMPLEMENTATION PHASE

The FDC was launched in 2022 in response to faculty concerns and meets quarterly, with meetings open to all faculty. Meeting minutes are distributed to the faculty, allowing even those unable to attend to stay informed and engaged. Key initiatives included:

Mentorship

Early career faculty expressed uncertainty in navigating career advancement, personal wellness, and work-life balance. In response, a mandatory assistant professor mentorship program was created, pairing them with two associate or full professor mentors of their choosing and an ad hoc member of the promotions committee. The goal was to support personal and professional development and accelerate promotion.

Education

In an academic department, the focus is often placed on the education of trainees. However, the faculty wanted a pathway for new skills acquisition and competency maintenance. A faculty development curriculum was created to enhance clinical skills and address subjects like leadership, communication, ACGME topics, inclusion, and wellness. Topics of interest were solicited from faculty as well as identified by the residency leadership to address ACGME requirements; the diversity, equity, and inclusion committee; and the ultrasound and operations leadership. Volunteers were invited to present the educational sessions at faculty meetings and retreats. Topics included advanced airway, high-acuity low-occurrence (HALO) procedures such as cricothyrotomy, regional ultrasound-guided nerve blocks, clinical practice and documentation updates, implicit bias, and microaggressions.

Transparency and equity

Our faculty was concerned about both gender and race and ethnicity equity. With an increasingly diverse faculty there was a call for salary equity assessment. Based on the national landscape that recognizes gaps in gender pay, we decided to address this first.^{16,17} The evaluation revealed the heterogeneity in faculty roles and responsibilities and the complexities involved in individual compensation. It highlighted the importance of ensuring equitable pay among faculty, with standardized hiring packages.

The group also raised concerns about transparency and fairness in leadership opportunities. All leadership roles are now posted openly, eliminating the perception of behind-closed-doors appointments.

Wellness

A final concern outside of the professional development sphere centered around wellness and work-life balance. Limited flexibility in scheduling options, night shift and overtime distributions, and considerations for pregnant/lactating faculty and new parents were areas of discontent.

OUTCOMES/EVALUATION

The FDC united 56 faculty from a single academic EM group that staffs three hospitals with vastly different clinical experiences. The vast majority split their shifts between the main academic site plus either one or both community sites. The impact of the committee was assessed through an anonymous biannual department culture survey. The following policies and processes have been successfully implemented:

1. *Mentorship program:* The mandatory program supports and accelerates promotion of junior faculty. All but one faculty member participated. Even those who were skeptical or frankly hostile to the idea of “one more mandatory requirement” found value in the program and have met several times with their mentor(s). The mandatory aspect normalized the need for mentorship and made it easier for participants to ask for help. The frequency of the meetings varied based on the individual's perceived need, time constraints, and motivation. In addition to providing more structured guidance and support for the assistant professors, the program fosters a sense of community among junior and senior faculty. Since inception, there have been eight promotions to associate professors.
2. *Faculty education:* The curriculum targeting faculty development addresses leadership, communication, clinical content, ACGME topics, inclusion, and wellness. Informal feedback from sessions and the biannual survey shows increased satisfaction with faculty educational opportunities, with it now rarely cited as an area needing improvement. In 2022, 45% of faculty respondents reported being very satisfied with the departmental support targeted at professional growth and development, increased from 35% in 2020. Monthly faculty meetings include a development session such as a 15-min didactic on clinical quick hits like neonatal resuscitation, evaluation of the injured athlete, providing feedback, importance of holistic evaluations, treating patients with limited English proficiency, on-shift wellness, and the promotion process. These sessions offer education while highlighting faculty as content experts, enhancing their recognition and CVs. Increased dissemination and understanding of the promotions guidelines, which initially were introduced by the promotions committee in 2020 and reinforced by the FDC, has resulted in over 30% of the entire faculty achieving the next rank over approximately 3 years (Figure 1). Notably, this includes the historic promotion of four women to the rank of full professor, a first in the history of our department.
3. *Clinical skills program:* The curriculum addresses HALO skills, procedures, and pathways that include advanced airway training, advanced ultrasound application, and CT utilization in trauma and cardiac care. Faculty have embraced the need for continuing education for HALO procedures. It is now a mandatory annual requirement and tied to incentive compensation, which is defined by metrics set by the chair. A portion of the salary is withheld until these metrics are met, specifically the completion of HALO procedure training.

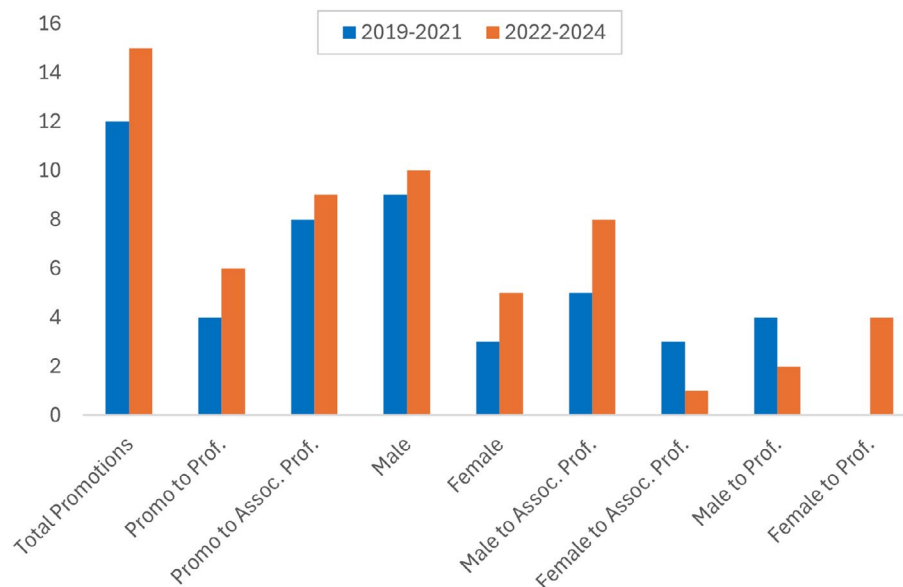


FIGURE 1 Number of promotions by rank and gender. Comparison of the number of faculty promoted in academic rank between 2019–2021 and 2022–2024. Total promotions were subdivided to examine differences in levels of promotion and gender.

4. *Salary equity*: Following the initial salary equity assessment, leadership committed to conducting biannual evaluations to ensure fairness. The first step was establishing standardized hiring packages based on position and training rather than individual negotiations. Future assessments will address other equity concerns in compensation. Additionally, discussions have begun on restructuring salaries to align with AAMC benchmarks, though this will require support from the college of medicine.
5. *Leadership opportunities*: Leadership positions are now posted internally, ensuring transparency and fairness in selection. These positions have included APP Medical Director, Associate Medical Director at the academic and community sites, Assistant Program Directors for residency, and Faculty Clinical Scheduler.
6. *Flexible scheduling*: The committee acknowledged the need for more flexible scheduling options and greater faculty input, recognizing the significant impact on professional and personal satisfaction. Changes for the group at large included expanded vacation options and a more transparent, equitable holiday scheduling policy, with over 85% of faculty receiving their first-choice holiday off. Shift lengths at the main clinical site were shortened from 12 to 8h following a majority vote. Lastly, a faculty overtime (OT) pool was created, allowing volunteers to claim overtime hours before any mandatory overtime is equally distributed. Since its creation, mandatory OT has been eliminated for those who did not request it.

Special scheduling policies were created to benefit and protect certain populations. There is abundant literature on the detrimental health effects of shift work, particularly night shift work.^{18–25} Aging shift workers are more susceptible to sleep disturbances and health risks seem to increase after age 50 years.²⁶ As such, our group now offers an opt-out night shift exemption after age 55. Likewise,

studies have shown that night shift work negatively affects pregnant physicians by increasing fatigue; disrupting sleep; and elevating risks for complications such as preterm labor, gestational diabetes, and hypertension, all of which can impact both maternal and fetal health.^{27,28} Informed by this evidence, our group adopted a night shift exemption during the third trimester for pregnant providers and no backup shifts from 36 weeks' gestation until 3 months after returning from parental leave for pregnant and expectant faculty. This policy applies to all faculty, regardless of gender and includes both birth and adoption. A workplace culture that normalizes family planning needs, including adoption and surrogacy, ensures that all physicians feel supported.²⁸ Postpartum lactating faculty also can opt out of single coverage shifts for 3 months after returning from parental leave to support lactation. This serves to prevent disruptions in milk expression and thus milk supply, thereby helping to reduce stress and prevent complications like mastitis, which can impact work attendance, breastfeeding duration, and physician satisfaction.²⁹ Concurrently, a formalized HR approved department lactation policy was implemented to reinforce a culture of support, reduce stigma, and empower female providers to advocate for their lactation needs. Lastly, while the university provides 6 weeks of paid parental leave, our department offers the option to extend this to 16 weeks, potentially fully paid through various methods, with the option to return with a reduced clinical load. Numerous studies have demonstrated that extended parental leave supports maternal mental health and promotes sustained breastfeeding and is linked to positive infant health outcomes.^{30–33} To date, 100% of eligible faculty have opted in to the special scheduling adjustments based on age and pregnancy/lactation status. All female faculty have taken at least 12 weeks of parental leave. An anonymous survey following the implementation of lactation support measures found that over 90% perceived a supportive culture for on-shift lactation.

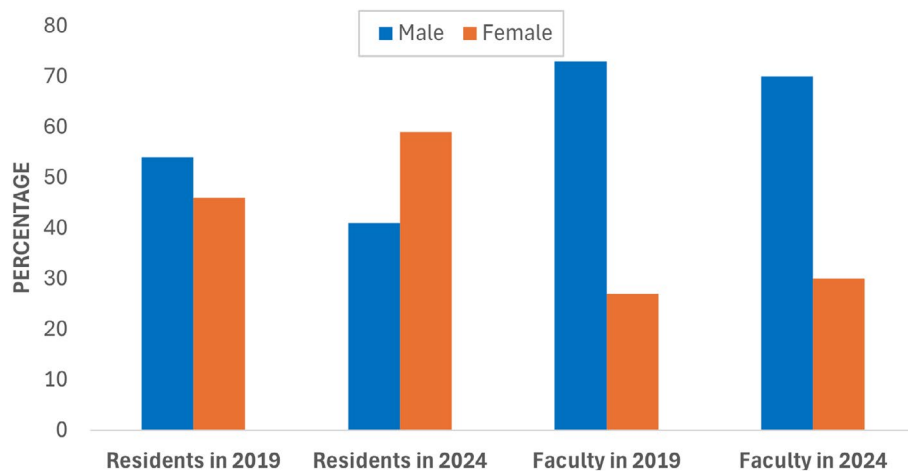


FIGURE 2 Comparison of gender composition between 2019 and 2024. Shifts in gender ratio of the department between 2019 and 2024 stratified into residents versus faculty.

REFLECTIVE DISCUSSION

The creation and implementation of the FDC led to numerous positive changes within our academic EP group. Since its inception, the rate of academic promotions has accelerated, with unprecedented advancements of female faculty to full professor. Currently, 25% of female faculty hold the rank of professor, whereas just 3 years ago there were none (Figure 1). Historically, EM struggles to build a diverse physician workforce, with women representing only 25% of active emergency physicians.³⁴ Advancing women and other underrepresented identities in EM can have direct and indirect benefits for the entire group, fostering growth and wellness through role modeling, mentorship, and sponsorship.

As the group addressed fairness, transparency, and wellness—while educating on implicit bias, microaggressions, and bias interventions—the faculty composition shifted. The department now meets or exceeds national benchmarks for gender composition, with 30% of faculty and 59% of the residency identifying as women (compared to 27% and 46% in 2019; Figure 2). Although this improvement in our department's gender ratio may be attributable to multiple causes, it is plausible that initiatives that create a more equitable and supportive milieu for females contributed to improved recruitment and retention of women to the department. Recruitment of faculty trained at other institutions climbed to 30% (compared to 19% in 2019; Figure 3). The growing diversity has enriched discussions and introduced new perspectives and ideas that, as the literature shows, lead to better overall outcomes.³⁵

For all faculty, the evidence is clear that leaders can significantly impact the career choices and success of their mentees.³⁶ Other studies demonstrate strong associations between mentoring, career satisfaction, and reduced faculty attrition from academic medicine.³⁷ Additionally, sponsorship plays a critical role in career advancement, supporting long-term satisfaction and career longevity.³⁸ The creation of mandatory assistant professor mentorship teams has fostered a sense of community and support for both personal and professional growth, enhancing faculty engagement

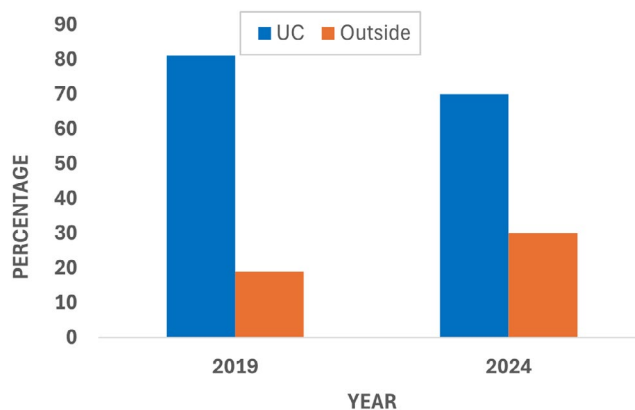


FIGURE 3 Comparison of faculty training location between 2019 and 2024. Comparison between the number of faculty in 2019 versus 2024 that completed residency training at our institution versus and outside institution.

and academic advancement. This initiative has been particularly valuable for women, who are historically less likely to receive such support.^{39,40}

Academic physicians are driven, high-achieving professionals. Younger generations seek careers that offer continuous growth and learning. A faculty curriculum focused on ongoing education enhances faculty well-being while improving patient care and safety by regularly updating clinical skills and knowledge.

Adopting more flexible, individualized, and inclusive scheduling policies has contributed to faculty satisfaction, with a significant decrease in the number of comments listing scheduling as an area that needs improvement in our department on biannual surveys. Affording physicians better opportunities to balance their professional goals and personal priorities improves wellness and engagement, enhancing both professional satisfaction and career growth.

Overall, the biannual surveys have documented faculty perception of improvements over the years. Respondents are asked, “How would you describe the culture of the department? Needs significant improvement, needs improvement, good, or excellent” and

"Compared to the last survey period, the culture of the department has significantly worsened, worsened, not changed, improved, or significantly improved." In 2020, 53% of respondents felt the culture had improved since 2017, with another 18% reporting significant improvement in the culture of the department. The survey in 2022 was conducted 9 months after formation of the FDC. At that time, 35% of respondents felt that culture within the department had improved since 2020, with another 16% reporting significant improvement. In 2020, just 11% of faculty respondents felt that the culture of the department was excellent, with a rise to 22% in 2022.

LIMITATIONS

There are limitations to this innovation. An FDC cannot address all areas of dissatisfaction. Some issues, such as those stemming from the broader health system (e.g., inpatient boarding), are beyond the department's control. Others, like aligning compensation models with AAMC benchmarks and years in rank, would require departmental restructuring and support from the college of medicine. Furthermore, not all concerns were shared by everyone, and achieving 100% satisfaction is unlikely. Nonetheless, the implemented changes are considered meaningful, practical, and universally impactful.

CONCLUSIONS

In summary, a faculty development committee creates a platform for faculty to voice concerns and address issues important at both the individual and group level. It empowers faculty at all stages to drive change and contribute to solutions and fosters a supportive, open, and inclusive professional environment.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ORCID

Alexa Sabedra  <https://orcid.org/0009-0000-7499-2688>

Sally Santen  <https://orcid.org/0000-0002-8327-8002>

Elizabeth Leenellett  <https://orcid.org/0000-0002-4072-2767>

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How to cite this article: Sabedra A, Freiermuth C, Santen S, Leenellett E. Faculty development committee: Evolution through engagement and empowerment. *AEM Educ Train*. 2025;9(Suppl. 1):S66-S72. doi:[10.1002/aet2.70017](https://doi.org/10.1002/aet2.70017)