Faculty Development

Using a Supervisory Dialogue Process in the Performance Management of Family Medicine Faculty

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Background and Objectives: *The supervisory dialogue (SD) is based on a structured series of annual discussions between faculty members and their supervisors and was initiated in 2001. Our objective was to assess the effect of a new SD performance management process on 21 academic family medicine faculty.* Methods: *The SD was evaluated through a post-implementation survey, comparisons to a broader Health System clinical faculty survey, and through descriptive analyses of existing departmental data.* Results: *The family medicine survey response rate was 90%. Of respondents, 100% of family medicine faculty indicated that their professional goals over the next year were clear to them, 79% felt their current job description accurately reflected their time allocation, 100% indicated an improved understanding with their supervisor, and 84% indicated an improved linkage between their role and the department's mission and goals. In addition, family medicine faculty scored significantly higher than Health System clinical faculty in four areas: defining goals, being informed about promotion and tenure, receiving effective mentoring, and having a collegial work environment. The department also experienced increases in clinical, grant, and academic productivity. The time required to conduct the SD was cited by faculty as the primary barrier to success.* Conclusions: *The SD improved faculty communication and faculty morale, grounded faculty in their goals, and facilitated alignment between faculty and the department.*

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As financial pressures have increased, academic medical centers (AMCs) have changed how they provide health care. Greater emphasis is now placed on expanding clinical revenue, with many AMCs developing new "clinician educator" tracks to accommodate the need for higher clinical volumes.[1] However, this shift in emphasis has placed growing strains on faculty members as they try to maintain and/or develop their scholarly productivity.[2] Clinician educators are less likely to receive promotion,[1] and in an era where junior physicians may not find AMCs a desirable place to work,[3,4] there is a need to explore how to best enhance faculty performance and how to create a more-supportive and productive work environment for faculty.[1,2,5]

Faculty members who come to productive surroundings produce more.[6] However, faculty performance management systems in AMCs often focus on individually based data that are easily measured.[7] These data typically include quantitative measures of productivity linked to clinical outcomes[8] and academic outcomes.[9] Unfortunately, relying solely on these readily measured performance outcomes does not necessarily lead to a productive department and can often lead to a pressured, disgruntled, and disenfranchised faculty. This situation can be further exacerbated by the fact that administrative leaders are not often aware of the low satisfaction levels of their academic physicians.[4]

Creating a productive department requires a vision that attracts commitment and energizes, creates meaning to the work being performed, establishes standards of excellence, and bridges the present and the future.[10] It requires a performance management system that harnesses the power of measurement and standards for success, while accentuating, through its process, the human need for communication, discussion, validation of worth, and professional and personal growth and development.[6] A successful department also integrates individual aspirations (purposes, values, personal visions) into the goals of the department and, in doing so, builds a shared commitment, a shared understanding

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of the strategies and tactics necessary to accomplish these mutual goals, and an alignment between core values and purpose.[11-13]

The purpose of this study was to implement and assess (with both quantitative and qualitative measures) a performance management system that integrated the human needs and aspirations of our faculty. The intent of the management system was to produce a productive department in which individual and organizational goals were well aligned.

Methods

Study Design Overview

This was a quality improvement study to assess the effect of a new performance management system on a group of 21 academic family medicine faculty in the University of Virginia Department of Family Medicine. The study was deemed exempt through the University of Virginia Institutional Review Board.

The performance management system incorporated a new supervisory dialogue (SD) process that was implemented in the latter months of 2001 and took place annually over 3 years. The SD process was evaluated through a post-implementation survey of family medicine faculty, a comparison between department faculty survey responses on four items and identical items from a survey administered to the Health System clinical faculty in 2003, and a review of existing department data before and after implementation comparing fiscal year (FY) 2001 with FY 2005.

Description of the Family Medicine Department

In FY 2001, the department included 22 faculty members, 18 of whom were clinical faculty, two were social science faculty, and two were education/administration faculty. Of these faculty, 14 were male, and eight were female. The faculty ranks included: three full professors, five associate professors, 11 assistant professors, two instructors, and one lecturer. Additional clinical providers included two nurse practitioners and 24 residents. During the study period, one faculty member left the department due to family reasons, and 1.5 junior faculty were hired at the end of the study period. A 1-year fellowship was also established in 2002 that accepted two fellows per year. The remaining clinical providers remained constant throughout the study period.

Description of the SD Process

The core of the SD process is based on an annual structured discussion using 10 questions that are completed by the faculty and their "supervisor" (Table 1).[14] The focus of the dialogue is on collaboration, communication, and teamwork between the supervisor-faculty pair. Supervisors are assigned from the ranks of senior department faculty who hold administrative and leadership responsibility within the faculty member's administrative area. The department chair serves as the supervisor for the senior faculty supervisors, and all faculty have access to the chair throughout the year at the faculty members' discretion.

The SD meeting process is identified in Table 2. An initial meeting between the supervisor and faculty member is used to review the timetable, the dialogue questions, and expectations of the parties involved. The supervisor and the faculty member individually prepare written responses to the 10 SD questions to be used in the dialogue session. The faculty member also completes a job description worksheet that provides an itemized description of the faculty member's activities. A 4-hour session is scheduled for the first dialogue discussion in an optional location outside of the depart-

Table 1

The 10 Questions of the Supervisory Dialogue*

1. What are your five or six greatest accomplishments or successes of the past year? Please be specific and explain why they are important to you and the organization.
2. What are the three or four things you like best about working here? How do they help you be effective in your work?
3. What are the three or four things you like least about working here? How do they hinder your ability to be successful or to be as satisfied as you might be?
4. How successful were you in achieving the goals you defined in last year's dialogue? What did you fail to accomplish over the course of the past year that you believe you should have accomplished? What were the barriers that you encountered? For each goal identified, what would you do differently if you had the opportunity to do it again?
5. What are the five or six most important goals or projects you believe would be a measure of success for you during the coming year and why? One of the goals must include your specific plans for scholarship and professional development and, if you have supervisory responsibilities, one should include supervision. What length of time will it take to accomplish each goal?
6. Considering each of the goals identified in question #5, what specific behaviorally based criteria would be used to measure your success? In other words, how will you know when you have accomplished each goal? Your goals should be concrete, objective, and measurable.
7. What are the potential blocks that could inhibit your ability to accomplish these goals and, thus, limit your success over the next year? These might include a lack of knowledge or skills, a lack of support or guidance, political realities, or any number of other factors. Again, please be specific.
8. What strategies do you recommend to reduce these potential blocks to your success, eg, being coached, taking a special class or internship, seeking out special resources, reading, etc?
9. Where would you like to be professionally in the next 5 years and the next 10 years? How can we help you reach your dream? How can I help you as your supervisor?
10. What do we need to do to strengthen our relationship? How do we increase our trust and ability to work effectively together? What can I do to be more helpful? Are there specific things I can do in relation to any specific goals or projects you are undertaking? Should we continue meeting once each month to help ensure your success this year, or should we increase/decrease our meeting time together?

* Adapted from Napier[14]

Table 2

Supervisory Process Meetings

Supervisors/Supervisees	*Timeline*	*Deadline for Completion*
Preliminary meeting to review process	30 minutes	Minimum of 3 weeks prior to scheduled SD
SD	Approximately 4 hours	September 1
Supervisee writes initial SD summary and draft of negotiated job description for review by supervisor	Two weeks following SD	Via e-mail or meeting
Supervisee writes revised SD summary and negotiated job description for review by supervisor prior to discussion with chair	Two weeks following review of initial SD summary	Via e-mail or meeting October 1
Final version is submitted to chair		October 15
Meeting with chair for clarification/discussion (if needed)		November 1

SD—supervisory dialogue

ment's facilities. An outside location is encouraged to avoid the general distractions of the workplace and to provide more reciprocity in the discussion by using a neutral location.

Within 2 weeks following the dialogue, the faculty member writes an initial summary of the SD and drafts a proposed job description for review and discussion with the supervisor. Subsequently, a final draft of the SD summary and job description is written by the faculty member and submitted for review and approval by the department chair. If the chair has any questions regarding the documents, the supervisor-faculty pair are asked to attend a meeting for further clarification and/or discussion with the chair.

Evaluation of the SD Process

The primary means of evaluating the SD process was through a post-implementation survey of the departmental faculty in April 2005. The survey was conducted using Survey Suite™ and included a combination of Likert-scale items (Table 3) and open-ended questions. The open-ended questions allowed respondents to identify the following: recommended content areas for training for themselves or their supervisor, resource needs, perceived value of the SD process, perceptions of the effect of the SD process on the department, barriers encountered in the SD process, and suggestions for improvement. The survey was developed by the department's evaluation specialist and was reviewed by the department's governing body prior to administration.

Surveys were sent to all department faculty, with the exception of the chair, via Web link in an automatically generated e-mail. All faculty responses were anonymous, and responses were automatically downloaded to a Survey Suite database, negating the need for data entry. The Survey Suite software also computed frequencies and percentages for each response and collated open-ended responses.

In addition, departmental faculty responses to questions 1, 3, 4, and 5 of the survey were compared to responses of clinical faculty from the School of Medicine via survey administered to the entire faculty in 2003 by the senior associate dean for faculty development. The wording of the comparison questions in both surveys was identical. The response options for both surveys were similar, with each using a 5-point Likert scale.

Data Analysis

Responses for both surveys were truncated to create a dichotomous variable—positive and neutral/negative. Since the samples were not independent (ie, family medicine faculty may have also responded to the larger School of Medicine survey), McNemar's chi square test with continuity correction to correct for small cell size was utilized. Analyses were conducted using S-Plus software, version 6.1.

Secondary descriptive analyses were conducted through a review of existing department data before and after implementation, including volume of patient visits, total relative value units (RVUs), total clinic charges, department reserve balance, grant dollars obtained, and faculty academic achievement.

Table 3

SD Survey Question Descriptives

Item	*Response (%)* *Frequency (#)*					
	SA	**A**	**N**	**D**	**SD**	**NA**
1. My annual faculty performance review with my faculty "supervisor" was helpful in defining my professional goals for 2004–2005.	58% 11	37% 7	5% 1			
2. During the past year, I had opportunities for professional development.	42% 8	47% 9	11% 2			
3. I am well informed about the School of Medicine process for promotion and tenure.	47% 9	47% 9	5% 1			
4. I have received effective mentoring.	47% 9	16% 3	37% 7			
5. My work environment is collegial.	84% 16	16% 3				
6. My professional goals over the next year are clear to me.	58% 11	42% 8				
7. My current job description accurately reflects my time allocation.	26% 5	53% 10	21% 4			
8. My current job description accurately reflects my personal goals.	26% 5	74% 14				
9. As a result of the supervisory dialogue process, my faculty "supervisor" and I have a better understanding of each other.	63% 12	37% 7				
10. The supervisory dialogue process has helped me to better understand the link between my role and the department's mission/goals.	32% 6	52% 10	16% 3			
11. The supervisory dialogue process has helped to resolve areas that have been personally frustrating to me.	21% 4	58% 11	21% 4			
12. As a faculty "supervisor," I have adequate training to fulfill this role. If you are not a faculty supervisor, please click "not applicable" and go to question #13. If you answer SD, D, or N, please identify recommended content areas for training.		21% 4	10% 2	10% 2		58% 11
13. I have adequate resources (eg, training, support, etc) to obtain my professional goals. If you answer SD, D, or N, please identify your resource needs.		42% 8	47% 9	11% 2		

SA—strongly agree
A—agree
N—neutral
D—disagree
SD—strongly disagree
NA—not applicable

Results

Nineteen of the 21 family medicine faculty responded to the survey (90%). Although responses were anonymous, we surmise that one of the two nonrespondents was on extended family leave at the time of the survey.

Survey descriptives are found in Table 3. One hundred percent of family medicine faculty indicated their professional goals over the next year were clear to them, 79% felt their current job description accurately reflected their time allocation, 100% indicated their job description accurately reflected their professional goals, 100% indicated that the SD process improved the understanding between faculty and their supervisor, 84% indicated the SD process helped them understand the link between their role and the department's mission and goals, and 79% indicated that the SD process helped them resolve areas that were personally frustrating to them. Fifty percent of the supervisors felt they had adequate training to fulfill their role (25% were "neutral"), and 42% of the faculty felt they had adequate resources to obtain their professional goals (47% felt "neutral" about having adequate resources).

The three barriers to success that were noted most frequently were time to conduct and complete the SD process (12 respondents), need to provide guidance and/or mentoring to supervisors (two respondents), and inability of the SD process to keep pace with the rapid changes that can take place within the department (two respondents).

The perceptions of the effect of the SD process on the department were clearer communication (six respondents), enhanced relationships (six respondents), increased morale (four respondents), improved alignment between faculty and department (four respondents), provided a grounding for faculty in their goals (three respondents), improved role clarity (three respondents), and brought attention to needs (three respondents).

The recommendations for improvement included evaluation and development of supervisors (six respondents), incorporate a mid-year review (four respondents), be sure time for the process is clear and schedules are blocked out (four respondents), and improve feedback either from the chair or from supervisors (three respondents).

Comparison questions to the survey of Health System clinical faculty (n=353; response rate=55%) are presented in Figure 1. Family medicine faculty scored significantly higher than the Health System clinical faculty in defining professional goals (95% versus 33%, *P*<.001), being informed about the promotion and tenure process (95% versus 61%, *P*<.001), receiving effective mentoring (63% versus 39%, *P*<.001), and having a collegial work environment (100% versus 75%, *P*<.001).

Departmental Measures

In comparing FY 2001 with FY 2005: total volume of patient visits for all providers increased 10%, total provider RVUs increased by 18%, total charges increased by 50%, and the department's reserve balance increased by 5%. Grant support for research and new educational programs increased just over 500% from FY 2001–2002 to FY 2004–2005. Regarding faculty academic achievement, faculty publications averaged a three-fold increase from 2001 (eight publications) through the years of the SD process (2002: 22 publications, 2003: 29 publications, 2004: 20 publications). Department faculty members were awarded the School of Medicine Dean's Award for Excellence in Teaching in 2002, 2003, and 2005, as well as the School of Medicine Dean's Award for Clinical Excellence in 2003.

Since implementing the SD, faculty are playing new roles in the functioning of the School of Medicine; one faculty member has been appointed as an associate dean, two family medicine faculty have been appointed as assistant deans, and multiple faculty have been asked to serve on a variety of institutional committees. In addition, for the first time in the department's history, three faculty were promoted within tenure track positions, and a fourth faculty member received tenure through the standard institutional review process.

Discussion

The SD method blends objective and subjective information, enhances communication, identifies developmental needs, links individual and organizational needs and goals, and is based on dialogue and professional development. We found this process to be particularly well suited to the culture of caring that exists in medicine, in that the dialogue process is inherently supportive and is based on communication, listening, negotiation, and professional development.

Similar processes have also been identified in the business literature, including the "balanced scorecard" approach[15] and creating a "culture of competence" within organizations.[16]

There are, however, limitations to directly linking the SD process to organizational outcomes. Nevertheless, we believe the department data are relational and, as such, are worth considering. The improvement in clinical volumes may be linked to three elements of the dialogue process: (1) a clear definition of individual goals and priorities, (2) a positive environment created by clear job expectations, attention to professional success, and enhanced communication, and (3) faculty satisfaction, as demonstrated by low faculty attrition. It should be noted that, during this time period, a fellowship was developed within the department and 1.5 full-time equivalent (FTE) faculty members were hired. However, the new hires took place at the end of FY 2005, and these changes do not fully account for the clinical increases. In addition, using RVUs as a unit of measurement may actually underestimate the amount of work taking place since they do not account for (1) the growing amount of "behind the scenes" work performed by primary care physicians, (2) the amount of time spent coordinating care, and (3) the inability of CPT coding to accurately reflect the reality of clinical work.[17]

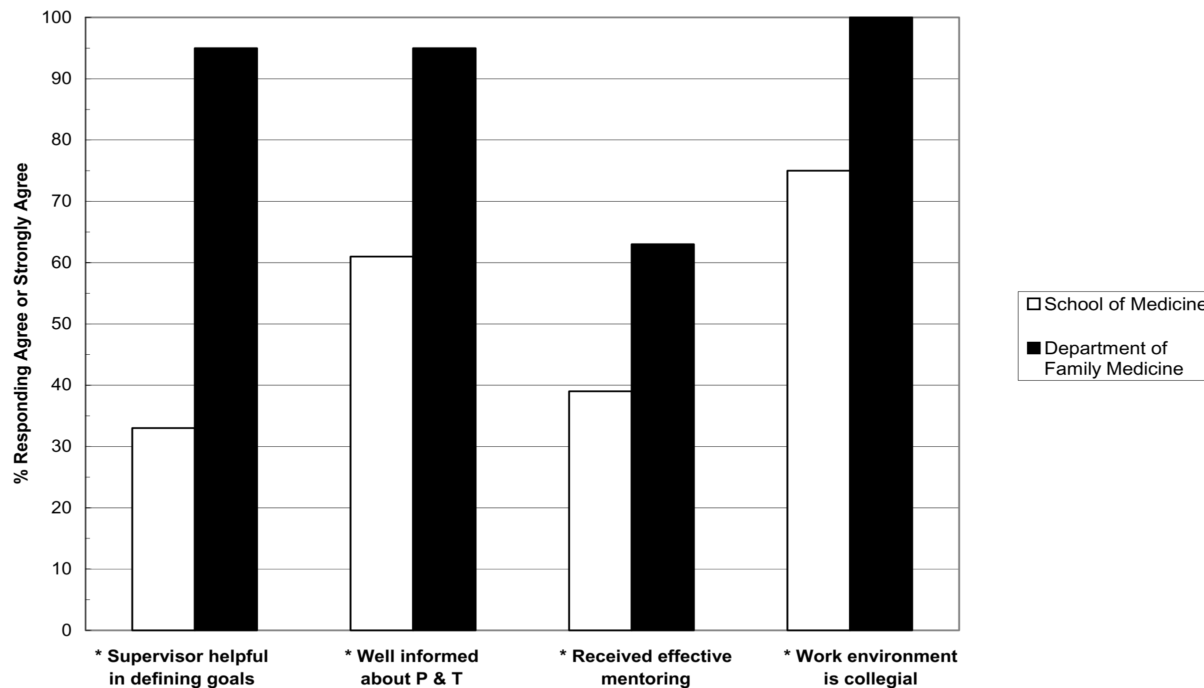
It should also be noted that the significant increase in grant support has been somewhat diminished in 2006, after the evaluation period, due to funding cuts to the US Department of Health and Human Services Bureau of Health Professions. However, department faculty continue to seek other sources of external support. In summary, our faculty reported that the SD process helped them become more engaged, improved their morale and communication with their supervisor, and helped them align themselves with their own goals and the department goals. These qualitative outcomes, in turn, have created a supportive context for success across many domains within the department.

Lessons Learned

Trust. The SD process facilitated trust through the process of discussing perspectives, listening, and developing a mutual understanding of goals and aspirations that were aligned with the department's mission and vision. However, a basic level of trust and communication was required at the outset for this process to be successful. Our department was poised for this process as a result of several faculty retreats during previous years. The SD process may be less successful in a department

Figure 1

Faculty Survey Comparison



* *P*<.001

P & T—promotion and tenure

where a context of open and honest communication does not exist or where it only exists among a portion of the faculty.

Defining Measurable Performance Expectations. We found that certain supervisors and faculty had difficulty developing clear and measurable performance expectations and required additional guidance. Performance goals must be unequivocally measurable and objective in their design to alleviate possible misunderstanding or distrust. This issue was not applicable to the majority of faculty, but it did arise occasionally and may need to be considered when developing supervisors.

Role of the Chair in the SD Process. The chair's role of reviewing the products of the dialogue was critical to the process. In this capacity, the chair (1) assured that performance objectives were tangible, measurable, and consistent with the department's needs and directions, (2) reviewed proposed changes in faculty time allocations to be certain that the effects on both the department and other faculty were anticipated and managed, and (3) approved the allocation of new resources required to achieve the performance goals. As noted in the results section, 42% of faculty felt that they had adequate resources to meet their goals, and 47% felt "neutral" about available resources. In an era of fiscal constraints, many departments are challenged to balance their budgets and prioritize activities while helping faculty continue to perform. These results reflect the ability of the SD process to facilitate a shared understanding of priorities and fiscal expectations.

Developmental Needs of Supervisors. We found that supervisors required assistance in developing their skills in support, accountability, and negotiation of performance goals. We are considering implementing a system of direct observation and feedback to enhance faculty skills in using the dialogue process more effectively.

Time. "Time" was cited as a barrier by the majority of our faculty. Although the amount of preparatory time was lessened once the first dialogue was completed, a substantial amount of time was still required in each subsequent year. We are exploring the option of pursuing a shorter version of the SD, to be completed every other year, that will focus on reviewing only the goals and job description for the coming year.

Conclusions

We found the effect of the SD on individual and department performance to be positive. Perhaps the best measures of this approach can be found through the words of one of our faculty:

> For me, it's not the discussion with my supervisor that is the most important part of the process; rather, it's my own reflection on my professional goals, direction, time allocation, and so on that make this process so invaluable to me. By institutionalizing this process, the department provides me with a structure that forces me to regularly check my compass and my supplies, thus ensuring that I'm headed in the right direction and with the tools I need to get there.

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