

The Changing Roles and Expectations of Faculty

Author Commentary

CHAPTER ABSTRACT:

Academic health centers are undergoing profound changes, and the roles and expectations of their faculty must also evolve.

This chapter discusses how competition is intense in each of the tripartite missions. The authors argue that most faculty need to focus intensively on a primary area of concentration and describe specific objectives for educators, clinical investigators, basic scientists, clinicians, deans, and other academic health center leaders.

In the midst of radical transformation, it is often tempting to focus on the short-term rather than the long-term, and to neglect the lessons of the past. We need to skate to where the proverbial puck is going to be, but we also need to appreciate where it came from. Academic medicine has been incredibly powerful and effective over the past century, largely due to our faculty. Thoughtful consideration of the changing roles and expectations for faculty can lay the foundation for success in the continued evolution of academic health centers.

We know that faculty models from an earlier epoch are now outdated. If roles and expectations do not evolve along with the other constructs of the academic health center, there will be very serious and destabilizing cracks in the foundation.

No one can know with certainty what healthcare delivery will look like ten years from now, but we do know that those leaders and institutions who deliberately and thoughtfully create new models for faculty development will rise to the top—not only in terms of the quality and effectiveness of their faculty, but also in the clinical, education, and research missions that rest on their shoulders. We need to establish the necessary training and support systems to prepare us for the still hazy future. Institutional leaders must have the courage to shake off the shackles of older models that were designed (or passively evolved) to support a previous version of the academic health center. For example, if we want to emphasize new strategies—such as team-based care, population health, and translational research—then reward systems and resource allocation criteria should be reshaped to support them. Departmental silos must give way to multi-disciplinary approaches to education, research, and clinical care.

Technology has changed the landscape, and this is especially apparent in research and education. The centuries-old model of a distinguished professor delivering a lecture to a large group of students will not meet evolving educational needs. We should embrace new technologies for active, collaborative, group learning. And we need to develop reward systems that recognize “team science” and appreciate the timelines for successful completion of meaningful interventional and outcomes research. The current generation of students grew up with a comfort and ease in obtaining information and data instantaneously. Educators need to teach them how to sift and winnow, and thereby learn from the magnitudes of information available at their fingertips.

The Affordable Care Act is just the first chapter in the ongoing narrative of changes in healthcare delivery. The growing recognition of population health management should encourage an integration of the fields of medicine and public health as a key to the advancement of all missions in the evolving academic health center.

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