

# Experiences in Academic Medicine: A Pilot Survey of Early-Career Faculty in Pediatric Mental Health

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## Abstract

**Objective.** Building a successful career in academic medicine is challenging. The purpose of this study was to survey a cohort of early-career faculty regarding their perceptions of resources available to them to support their clinical, teaching, and scholarly pursuits.

**Methods.** An online questionnaire was emailed via SurveyMonkey to 22 early-career faculty members at the Pediatric Mental Health Institute at Children's Hospital Colorado and the University of Colorado School of Medicine. Participants were asked to indicate their perception of available departmental supports in the following domains: work-life balance, initial career expectations, mentorship, and resources for early-career faculty.

**Results.** Fifteen of 22 questionnaires (68%) were completed and returned. Participants included 8 psychologists (53%) and 7 medical faculty (MDs/DOs and APNs; 46%). Early-career faculty reported mixed experiences of achieving a work-life balance. Participants reported feeling the most prepared to meet the clinical expectations, yet not the scholarly expectations of their position. Most participants indicated that they had an established mentor and were unsure if the department offered supports for scholarly endeavors.

**Conclusions.** The results of the current survey demonstrate a continued need for supports of early-career faculty in the domains of work-life balance, initial expectations of working in academic medicine, mentorship, and resources for being successful as a faculty member.

## Introduction

Careers in academic medicine can offer exciting and diverse opportunities, including direct patient care, scholarly activities, teaching, and leadership. These opportunities require substantial investments of intellectual energy, effort, and time. As a result, new faculty may find it challenging to successfully fulfill their diverse roles within academic medical centers.<sup>1,2</sup> Various personal and institutional factors, such as perceived failure of department leadership to foster a supportive climate (ie, inclusiveness, respect, and open communication), lack of professional development opportunities, limited recognition and support for excellence in both teaching and clinical care at an institutional level, and >50% of professional time devoted to patient

care may lead to high faculty turnover.<sup>3</sup> Significant concerns have been raised regarding the fact that as many as 82% of new faculty in the United States seek employment in another institution within their first year of employment.<sup>4</sup> To prevent turnover and support new faculty, the following areas were identified in the literature as essential: support of work-life balance,<sup>5,6</sup> clear understanding of career expectations,<sup>5,7-9</sup> adequate mentorship of new faculty,<sup>4,10-12</sup> and knowledge of the amount and availability of institutional resources.<sup>8,13</sup>

## Work-Life Balance

Achieving a sense of satisfaction with the relative distribution of time, energy, and resources dedicated to one's professional and personal goals is

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an especially salient issue for faculty as they navigate the formative years of their career.<sup>5,6</sup> Having a sense of control, achieved partially through setting clear scheduling boundaries for work and personal activities, is a key predictor of faculty satisfaction.<sup>6</sup> Additionally, having a sense of support from one's institution through programs and institutional policies regarding flexible workload arrangements (ie, telecommuting), schedules, and options around one's promotion clock, are important.<sup>6</sup>

### Initial Career Expectations

Across disciplines, many studies have found that new faculty members are enthusiastic and eager to begin their new positions within academic settings.<sup>8</sup> However, many early-career faculty members also feel unprepared for the multiple roles and responsibilities entailed in their positions (eg, clinical work, teaching, scholarship), which can ultimately lead to job and career dissatisfaction.<sup>7,8</sup> Based on the literature, this lack of preparation appears to stem primarily from limited understanding of responsibilities, which may be exacerbated by a lack of relevant training and career preparation in graduate programs.<sup>9</sup> Specifically, limited knowledge about the expectations for promotion is the most common complaint in the literature.<sup>5</sup> Despite having unclear expectations for job success, many new faculty members set high expectations for their performance across all domains.<sup>8</sup> These self-imposed standards may be reinforced directly or indirectly by supervisors and department leaders.<sup>8</sup> However, new faculty members' perception of time constraints and challenges in managing competing responsibilities can negatively impact their ability to consistently meet these expectations for success.<sup>7,8</sup>

### Mentorship

Research has demonstrated that mentoring has an important influence on a faculty member's scholarly productivity, career management, collegial networking, and career satisfaction.<sup>4,10</sup> Unfortunately, a relative dearth of empirical literature exists on the process of mentoring early-career faculty members in academic medicine. The traditional dyad model, where a senior faculty member mentors a junior faculty member, has consistently been shown to be the most common mentorship model, although peer mentoring has become increasingly popular.<sup>11</sup> The

most common mentoring activity reported is regular meetings between mentors and mentees, with the frequency of meetings ranging from weekly to twice yearly.<sup>10</sup> While the benefits of mentorship are evident, concerns regarding the sustainability of mentorship models have been raised, given increasing clinical responsibilities, reduction of allocated time for scholarly activities, and a decline of available senior faculty to serve as mentors.<sup>12</sup>

### Resources for Early-Career Faculty

Research has indicated that new faculty require support to establish their roles as teachers, scholars, and researchers.<sup>8,13</sup> Historically, new faculty have reported lower work-related satisfaction and increased work-related stress as time passes.<sup>8</sup> Clear guidelines and support from a faculty member's department and the senior faculty are important for junior faculty career development and satisfaction.<sup>8,13,14</sup> In a survey of residents, fellows, and junior and senior faculty members, Kubiak et al<sup>14</sup> found that in addition to mentoring, respondents requested guidelines and supports to address financial challenges such as assistance with debt management, pilot funding for scholarship and research, and academic skills acquisition (eg, teaching and presentation skills, and protected time for research and scholarly activities).

### Current Aims

The current paper examines the needs of new faculty members at 1 academic medical institution by surveying early-career faculty on their approaches to and perceptions of institutional support for work-life balance, knowledge of initial career expectations, adequate mentorship, and finally, accessibility of resources. The authors were interested in discovering the extent to which new faculty (ie, academic appointment within the past 5 years) at the Pediatric Mental Health Institute (PMHI, part of Children's Hospital Colorado and the University of Colorado School of Medicine) balanced the demands of their work responsibilities and received support as early-career professionals. The faculty members at the PMHI represent a variety of disciplines including psychiatry, psychology, and advanced practice nursing, and hold primary faculty appointments within the Department of Psychiatry at the University of Colorado's School of Medicine. The PMHI now has more than 60 faculty

members (46 at the time of this survey) and provides a continuum of psychiatric services including outpatient, partial hospitalization, inpatient, consultation-liaison, and emergency services to children and adolescents.

The authors investigated whether early-career faculty felt supported in critical areas necessary for career growth, and how satisfied they were with the support they receive from the institution. This survey aimed to discover areas of strength within our institution, as well as to identify areas in which to recommend improvement.

## Methods

### Sample

The sample was comprised of early-career faculty within their first 5 years of initial appointment at the PMHI. At the time of the survey, this institute had a total of 46 faculty members, comprised of psychiatrists, advanced practice nurses, and psychologists. A total of 22 early-career faculty met criteria for inclusion and were invited to respond to the survey (48% of all faculty at the PMHI). Responses were received from 15 faculty members, a participation rate of 68%. Some participants did not provide answers to every question. Pairwise deletion was used to address missing data when calculating percentages pertaining to the age and racial ethnic group demographic characteristics of the sample. Demographic questions were included in the study to gather information about age, sex, race, marital status, number of children, graduate degree(s), post-degree training, current faculty title, and previous faculty appointments (Table 1).

Those who completed the survey were largely female ( $n=12$ ), white ( $n=14$ ), and between 30 and 39 years of age ( $n=12$ ). Most participants also reported that this was their first faculty appointment. In terms of degree status, 8 participants had a PhD, 3 participants had an APN degree, and 4 participants had a DO/MD. The majority of participants were ranked at the assistant professor level ( $n=8$ ), while the remaining 7 participants were ranked at the instructor/senior instructor level (Table 1).

### Survey Development

The authors conducted a review of the literature on issues relevant to early-career faculty. Four areas of

interest were selected for focus in this survey based on their salience in the literature: (1) work-life balance, (2) initial career expectations, (3) mentorship, and (4) resources for early-career faculty. Survey questions were developed to address each of these areas (Appendix). The 34-question survey included a section on basic demographics (9 questions); a series of questions pertaining to mentorship (5 questions), departmental supports (7 questions), and work-life balance (7 questions); and perception of preparedness to meet clinical, research/scholarly, and supervisory/teaching expectations (3 questions). Question response sets included the following:

1. Forced-choice and dichotomous question types to collect demographic data and the participants' perceptions of the availability of particular programs or resources within the department (eg, "My department offers a new faculty orientation program," "Yes, No, or Not Sure").
2. Five-point Likert scales to measure the participant's attitudes and opinions regarding the selected topic (eg, "Not at all" to "Much more than I would like," or "Not at all prepared" to "Fully prepared").
3. Check all that apply questions to solicit as many responses to questions as participants perceived were applicable to them (eg, "In which ways, if any, do you set clear work-life boundaries").
4. Open-ended questions that allowed participants to offer detailed comments on their experiences.

See Appendix for a full description of the survey introduction, questions, and response sets.

### Survey Administration

The survey was programmed into SurveyMonkey for self-administration. A link to the survey was emailed, along with a request for participation, to early-career faculty during the Fall of 2015. Within the email, participants were informed of the estimated length of time to complete the survey (5–10 minutes), that their responses would remain anonymous, the rationale behind the survey (to improve the supports for faculty members at PMHI), and that the results may be published in a scholarly journal. The participants were encouraged to contact the research team with questions or concerns. No incentives were offered for participation. Participants were asked to complete

the survey within 1 week and a follow-up request was made 2 days prior to the deadline to encourage a higher response rate.

### Data Analysis

Data was transferred from SurveyMonkey to SPSS version 22.0 for data analysis. Descriptive analyses of responses were conducted and open-ended responses were reviewed to identify key themes. Results for each of the main areas of inquiry are described in the section that follows.

## Results

### Work-Life Balance

Eight of the 15 participants felt their faculty position had allowed them to achieve a work-life balance at a moderate to very-high level, while the remaining 7 participants indicated having achieved considerably less balance than they would like. In responding to ways in which they achieve work-life balance, faculty endorsed the following strategies: (1) protecting specific personal times in one's schedule (n=7), (2) checking email only at designated intervals or times (n=6), and (3) scheduling work time around childcare (n=5). When asked to outline additional strategies employed that were not explicitly listed in the survey, participants identified strategies such as completing all work on-campus, leaving cell phone/pager off when not on-call, not working on days off, and setting boundaries around work hours. For example, one faculty member reported, "Don't engage in after-hours talks or activities except on limited basis for national meetings."

Most participants reported making minimal modifications to their professional activities in order to create more work-life balance, with 8 participants responding either "not at all" or "a little" to this question. For those who endorsed having made some level of modification to their professional activities, the following strategies were endorsed: (1) engaging in fewer activities for promotion (n=7), (2) declining invitations to participate in professional activities (n=6), (3) selecting support rather than leadership roles (n=5), (4) delaying or pausing the promotion clock (n=3), and (5) reducing his/her work schedule (n=2).

Faculty overwhelmingly acknowledged that they have modified their personal life in order to engage

in professional activities, with 11 of the 15 participants indicating that they had made moderate to high modifications to their personal lives. A large majority of faculty members reported that they got less sleep than was ideal (n=11); worked nights, early mornings, or weekends (n=4); and spent less time attending social events (n=12).

### Initial Career Expectations

Participants reported strong readiness to assume the clinical expectations of their positions with 9 participants indicating that they felt prepared or fully prepared to meet the clinical demands of their role. Participants endorsed moderate readiness with regards to fulfilling teaching/supervisory expectations, with 7 participants feeling prepared/fully prepared. Only 2 participants felt prepared/fully prepared to accomplish research/scholarly expectations required of their positions. Participants noted feeling largely dissatisfied (n=11) with the amount of time they are allotted to accomplish all tasks required of them in their professional roles (eg, clinical, research, teaching, etc).

### Mentorship

The majority of participants (n=11) had established either a formal or informal mentoring relationship with another faculty member, with 2 participants receiving mentorship from an individual at another institution. Of those with an established mentoring relationship, 11 participants reported they informally sought out their mentor. Ten of the 11 participants with an established mentorship relationship reported they meet regularly with their mentor, with the majority estimating the frequency of these meetings to be weekly or monthly. The most commonly endorsed objectives that faculty felt were important in a mentoring relationship included assistance with promotion (n=13), clarification regarding department/university faculty expectations (eg, teaching, research, clinical responsibilities; n=13), peer support (n=11), and research/scholarly support (n=11). The majority of faculty members (n=10) endorsed feeling somewhat to very satisfied with their mentor's ability to clearly delineate university expectations regarding academic promotion and support them in meeting these expectations.



### Resources for Early-Career Faculty

Nine faculty members indicated they were unsure or did not believe that there was a new faculty orientation available to them. Of those who endorsed attending a new faculty orientation, only 2 participants felt they gained new knowledge regarding programs available on-campus to assist faculty with teaching or scholarly activities. When queried as to whether participants were aware of formal support/resources available to them for scholarly activities, over half (n=11) indicated they were aware of these resources, while 5 participants reported being unsure about the availability of these resources. The overwhelming majority of participants reported their department did not offer protected time or grant opportunities to support them in advancing their research/scholarly activities (n=6), or were unsure if their department offered these supports (n=8).

### Discussion

The aim of the current pilot was to highlight the current perceptions of early-career faculty at an academic medical center, particularly with regard to whether they felt supported in domains critical to their career development. Despite the small sample size (n=15) and limited demographic range (predominantly white, female, ages 30–39), the responses from this survey are consistent with the literature in regard to new faculty's perceptions of work-life balance, initial career expectations, mentorship, and resources for early-career faculty. Overall, participants surveyed in this study continued to endorse the need for support in work-life balance; understanding clinical, scholarly, and teaching expectations; access to a senior-level mentor; and additional resources such as time and monetary support, especially for scholarly projects. Each critical area is discussed more in depth in the sections that follow.

#### Work-Life Balance

Findings from this survey suggest that self-care activities are the most common personal sacrifices that faculty make in order to fulfill work-related duties, which research points out could negatively impact one's overall sense of well-being and job satisfaction.<sup>2</sup> Specifically, a majority of participants indicated that they slept less in order to work during the nights, early mornings, and/or weekends. Additionally, a ma-

jority reported reducing the time they spent engaged in recreation with their families. Faculty members in this survey expressed interest in working at the institutional level to create policies to support work-life balance. In general, they recommended a need for policies that support flexible schedules, streamlined processes for using personal and professional leave time, and mentorship relationships that address work-life balance. Results of this survey support findings and recommendations within the current literature regarding the importance of institutions supporting an open discussion of work-life balance issues, both for the personal well-being of their faculty, as well as for the productivity of the institution. Readers are referred to Lee et al<sup>15</sup> for recommended questions that institutions may pose to faculty to facilitate such discussion, including “am I willing to make the personal sacrifices that are required to become the top person in my field—would ‘well-respected’ be good enough?”

#### Initial Career Expectations and Mentorship

Survey results demonstrated that new faculty members felt most prepared for their clinical responsibilities and least prepared for their research/scholarly expectations. It should be noted that as clinical educators, early-career faculty within the Department of Psychiatry at the University of Colorado School of Medicine have scholarship expectations that may include, but are not limited to, research activities. A shift in academic medicine has been noted in the literature with regards to research expectations.<sup>16,17</sup> Authors have argued that academic institutions should seek to support faculty's involvement in teaching, dissemination, and application of knowledge (ie, “scholarship”), as well as more traditional investigational research. O'Meara<sup>16</sup> noted that a common definition of scholarship has been difficult to agree upon and it is possible that faculty who completed this survey may have been unaware of the distinction between research and scholarship. Given that this survey specifically queried faculty about their perceived ability to accomplish research expectations and did not directly inquire about scholarly expectations, it is possible that faculty might have reported higher rates of feeling prepared to accomplish their scholarly expectations, in comparison to their research expectations, had they been asked to report on both.

Knowledge and support about the promotion process, which is typically an area of concern for most new faculty members, continues to be a target for ongoing institutional improvements. Additionally, this information highlights how a one-size-fits-all mentoring/support approach may not meet the needs of faculty who come with different levels of comfort/experience across different domains (eg, clinical, teaching, scholarship). Departments may also want to explore effective ways to balance the competing demands for new faculty, as well as the amount of time allotted to each activity, as this seems to be an area of perceived difficulty for early-career faculty.

### Resources for Early-Career Faculty

On the whole, results from this section suggest a need to ensure that faculty are aware of the resources that are available to them. As over half of the participants responded that they either did not receive a new faculty orientation or were not sure if they had (n=9), this survey indicates that departments may benefit from explicitly labeling and defining new faculty orientation processes and considering the timing of orientations. Suggested components of a new faculty orientation from the literature include information regarding the distinction between research and scholarship, the day-to-day responsibilities, and also addressing ways to foster relationships between new faculty and the department in which they work.<sup>8</sup> While information about the promotion process is being provided, faculty may benefit from further support in how to achieve the promotion requirements. Time and money are finite resources, so educating faculty on what resources are available to support them may improve productivity and job satisfaction as only 1 participant acknowledged that these resources are available to early-career faculty.

### Limitations

There were several limitations to the current study including a small sample size, all participants coming from a single department within a single institution, and exclusivity within the disciplines of psychology and psychiatry. Additionally, the sample is not demographically diverse as it is comprised primarily of Caucasian women, ages 30–39. While the results of this pilot survey may not be representative of all early-career faculty, which limits the generalizability of the study, the findings from this survey are consistent with the findings from prior studies conducted on this topic.

### Conclusions and Future Study

The results of the current survey demonstrate a continued need for supports of early-career faculty in the domains of work-life balance, initial expectations, mentorship, and resources. Survey responses indicated that the concerns of early-career faculty remain consistent with those noted in the literature over the past 30 years. While some faculty reported having adequate support, most reported a desire to receive additional supports in order to succeed in their careers. The faculty who were surveyed expressed an interest in assistance with work-life balance, preparedness for scholarly activities, mentorship, and feeling connected to other faculty.

Survey results depicted a preference for institutional support for maintaining a work-life balance, individualized and dynamic mentorship experiences, and explicit communication regarding resources and supports available to early-career faculty. While the experiences of early-career faculty are now well documented in the literature, future studies should continue to examine ways in which early-career faculty experiences could be improved, and how institutions can better support them in establishing themselves as professionals within academic medicine.

**Table 1.** Demographic Characteristics of Commentary Sample (n=15)

Note: Pairwise deletion was used to address missing data when calculating percentages.

Characteristic	Number	Percent
<b>Age</b>		
30-39	12	85.7
40-49	1	7.1
50-59	1	7.1
Missing*	1	--
<b>Gender</b>		
Female	12	80
Male	3	20
<b>Degree</b>		
MD/DO	4	26.6
APN	3	20
PhD	8	53.3
<b>Married/Partnered</b>		
Yes	14	93.3
No	1	6.7
<b>Children</b>		
Yes	10	66.7
No	5	33.3
<b>Racial Ethnic Group</b>		
White	14	100
Missing*	1	--
<b>Prior Faculty Positions</b>		
Yes	3	20
No	12	80
<b>Years with Current Dept</b>		
<1 year	4	26.7
1-2 years	5	33.3
2-3 years	4	26.7
3-4 years	2	13.3
<b>Faculty Title</b>		
Instructor	2	13.3
Senior Instructor	5	33.3
Assistant Professor	8	53.3
<b>Years of Post-Degree Training</b>		
1 Year	7	46.7
2 years	3	20
5+ years	5	33.3
<b>Training from Current Dept</b>		
Yes	7	46.7
No	8	53.3

## Appendix. Early-Career Faculty Survey

### Introduction

We appreciate your time and support of our project, which is examining the experience of early career faculty. Please note that your responses will remain anonymous and the questions have been designed to help protect your anonymity.

If the following questions ask for your opinions regarding your “department,” this references the Pediatric Mental Health Institute (previously known as the Department of Psychiatry & Behavioral Sciences) at Children’s Hospital Colorado.

Questions with an asterisk (\*) identifies a question that requires a response.

### Questions

#### Mentorship

Several studies have indicated that development of a mentor relationship when new faculty members are hired impacts the overall success of those members’ assimilation into the culture of the institution, their job satisfaction, and their ability to smoothly navigate their career path. Please tell us about your mentoring experience regarding our present position at PMHI.

1. Have you established a mentor relationship with another faculty member? (Select all that apply)\*
  - a. No, I have not established a mentor relationship.
  - b. Yes, I was formally assigned a mentor from this institution.
  - c. Yes, I informally sought out a mentor from this institution.
  - d. Yes, I informally sought out a mentor from another institution.
  - e. Other (please specify)
2. How do you access mentorship from your mentor?\*

  - a. Not applicable. Do not have a mentor.
  - b. Informal pop-in meetings
  - c. Communicate primarily through email
  - d. Do not meet/communicate
  - e. Regularly scheduled meetings (please specify frequency)

3. What objectives do you feel are important in a mentor relationship? (Select all that apply)\*
  - a. Promote faculty development/assist with promotion process/tenure process
  - b. Peer support
  - c. Liaison with others in the department/regionally/nationally
  - d. Resource concerning university/department expectations for faculty (eg, teaching, research, clinical responsibilities)
  - e. Formal support for research and scholarly work
  - f. Not applicable. Do not feel a mentor relationship is important
  - g. Other (please specify)
4. How helpful has your mentor been in assisting you with socializing and developing collegial relationships with your colleagues in the department/regionally/nationally?\*

  - a. Not at all helpful
  - b. (intermediate choice)
  - c. Somewhat helpful
  - d. (intermediate choice)
  - e. Very helpful



5. How satisfied are you with your mentor's ability to clearly delineate department expectations regarding research, teaching, and clinical responsibilities?\*
- Very unsatisfied
  - (intermediate choice)
  - Somewhat satisfied
  - (intermediate choice)
  - Very satisfied

### Developmental Supports

Below are some ways a department can support their new faculty. Please think of the supports provided by PMHI/CHCO Department of Psychiatry & Psychology when responding to the following questions.

6. My department (PMHI) offers a new faculty orientation program.\*
- Yes
  - No
  - Not sure
7. The new faculty orientation program at PMHI helped me to build relationships with other faculty members.\*
- Yes
  - No
  - Not sure
  - Not Applicable. Did not have a faculty orientation program.
8. The new faculty orientation program at PMHI supplied me with information about teaching, research, and campus programs.\*
- Yes
  - No
  - Not Sure
  - Not Applicable. Did not have a faculty orientation program.
9. My department has a formal support program for research and scholarly work.\*
- Yes
  - No
  - Not sure
10. My department offers released time and/or grant-in-aid opportunities to provide resources to advance and strengthen my research record.\*
- Yes
  - No
  - Not Sure
11. How satisfied are you with the time you have been provided to complete required tasks (clinical, teaching, supervising, research)?\*
- Not at all satisfied
  - (intermediate choice)
  - Somewhat satisfied
  - (intermediate choice)
  - Very satisfied
12. Have you been provided guidance about the promotion/tenure process?\*
- Yes
  - No
  - Not Sure

13. How satisfied are you with the level of support/guidance you have received in starting to accomplish tenure requirements (teaching, research, committees)?\*
- a. Not at all satisfied
  - b. (intermediate choice)
  - c. Somewhat satisfied
  - d. (intermediate choice)
  - e. Very satisfied

### Work-Life Balance

For the purposes of this survey we are defining work-life balance as a sense of clear boundaries in time and attention focused on professional versus personal activities.

14. To what extent has your faculty position allowed you to achieve work-life balance?\*
- a. Much less than I would like
  - b. (intermediate choice)
  - c. Somewhat
  - d. (intermediate choice)
  - e. Achieved a very high level
15. In which ways, if any, do you set clear work-life boundaries (check all that apply):\*
- a. Have not set boundaries
  - b. Check email only at designated intervals or times
  - c. Protect specific personal times in your schedule
  - d. Schedule non-negotiable writing time
  - e. Schedule work time around child care
  - f. Other (please specify)
16. To what extent have you modified your professional activities to create more balance in your personal life?\*
- a. Not at all
  - b. (intermediate choice)
  - c. Somewhat
  - d. (intermediate choice)
  - e. Much more than I would like
17. In which ways, if any, have you modified your professional activities to create more balance in your personal life (check all that apply):\*
- a. Have not made modifications
  - b. Reduced work schedule
  - c. Selected support rather than leadership roles
  - d. Delayed or paused the tenure clock
  - e. Declined invitations to participate in professional activities
  - f. Chose a mentor based on impressions of their own work-life balance
  - g. Engaged in fewer activities for promotion (eg, teaching, clinical activity, research, service, scholarship). Please specify.
18. To what extent have you modified your personal life to engage in professional activities?\*
- a. Not at all
  - b. (intermediate choice)
  - c. Somewhat
  - d. (intermediate choice)
  - e. Much more than I would like

19. In which ways, if any, have you modified your personal life to engage in professional activities (check all that apply):\*
- Have not made modifications
  - Delayed having, spacing when, or choosing to not have children
  - Get less sleep than is ideal
  - Worked nights, early morning and/or weekends
  - Spent reduced time on nights and weekends attending personal/family activities
  - Did not attend certain personal/family activities
20. To what extent do you perceive that there are policies in place to support adequate work-life balance (eg, availability of and ability to use leave time; availability for coverage)?\*
- Not at all
  - (intermediate choice)
  - Somewhat
  - (intermediate choice)
  - Very much
21. What would make it easier to have more work-life balance as an early career faculty (eg, working remotely, flexibility in schedule, research partnerships)?\*

### Expectations

22. Many academic positions include expectations for success within clinical, research, and supervisory domains. How would you describe your preparation to meet the clinical expectations of your role?\*
- Not at all prepared
  - (intermediate choice)
  - Somewhat prepared
  - (intermediate choice)
  - Fully prepared
23. How would you describe your preparation to meet research expectations?\*
- Not at all prepared
  - (intermediate choice)
  - Somewhat prepared
  - (intermediate choice)
  - Fully prepared
24. How would you describe your preparation to meet the supervisory expectations?\*
- Not at all prepared
  - (intermediate choice)
  - Somewhat prepared
  - (intermediate choice)
  - Fully prepared

### Demographics

Thank you for taking the time to complete this survey. We appreciate your responses. Below are questions regarding demographic variables. You may answer as many, or as few, as you like. Please note that your responses help us to better understand our data and ultimately in helping our department.

25. Age
- 21-29
  - 30-39
  - 40-49
  - 50-59
  - 60-69

26. Gender

- a. Male
- b. Female

27. Race

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or Other Pacific Islander

28. How many years have you been a faculty member at PMHI/CHCO Department of Psychiatry & Behavioral Sciences?  
Please do not include the time you were in formal training with this department.

- a. <1 year
- b. 1-2 years
- c. 2-3 years
- d. 3-4 years
- e. 4-5 years

29. Faculty Title

- a. Instructor
- b. Senior Instructor
- c. Assistant Professor
- d. Associate Professor
- e. Full Professor
- f. Other (please specify)

30. Degree

- a. MD
- b. APN
- c. PhD
- d. PsyD
- e. Other (please specify)

31. Years of Post-Degree Training

- a. 1 year
- b. 2 years
- c. 3 years
- d. 4 years
- e. 5+ years

32. Did you receive any portion of your training (pre-degree, post-degree, or both) at PMHI/CHCO Department of Psychiatry & Behavioral Sciences?

- a. Yes
- b. No

33. Married/Partnered

- a. Yes
- b. No

34. Children

- a. Yes
- b. No

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