

**2011 AAMC Women in Medicine Poster Session**  
**Poster Session Theme: “Changing the Culture of the Academic Medical Center”**  
**Location: Denver, CO**

**Title of Abstract:** “Local” interventions at the department level: a key component of a multi-tiered approach to promote institutional change

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**Institution:** University of Pennsylvania School of Medicine (Penn Medicine)

**Purpose of program or project:** Capitalizing on 15 years of experience, a 4-year, \$1.3 million dollar NIH RO1 grant, “NIH-TAC (Transforming Academic Culture) Trial,” was awarded to the leadership of FOCUS on Health & Leadership for Women. The hypothesis of this ongoing cluster-randomized intervention trial is that a multi-level, coordinated intervention will improve academic productivity, job satisfaction, and overall quality of life for junior women faculty in intervention units compared to their control counterparts. A key trial component is the “mid-level” of a 3-tiered intervention called the Task Force Initiative. The 3 levels simultaneously advance institutional change through multi-faceted interventions aimed at individual faculty, local department culture and the larger academic medical center environment. With this 3 level effort, the goal is to create a tipping point for change, taking advantage of the creativity and leadership of faculty across the institution toward a common goal.

**Methods of design and evaluation:** Task Forces (TF) were assembled of predominantly senior rank faculty (women and men) within each of 13 intervention departments. An experienced outside facilitator was hired to guide the Task Force discussions. Each TF was charged with developing specific local interventions tied to pre and post-implementation metrics after analyzing work practices, policies, recruitment, retention, mentorship and cultural attitudes in their department. TFs were also asked to identify “bigger picture” issues regarding the academic environment of the entire institution.

**Summary of Results:** Each TF met 3 times individually and twice jointly. Each TF created a “grid” outlining local and larger institutional change ideas. The local interventions ranged from discipline specific approaches (providing home reading stations to radiologists so that off-hour in-house coverage could be decreased) to strategies that were potentially applicable across departments (improving departmental mentoring programs, including financial incentives and developing a new position of Vice Chair of Faculty Development). Larger institutional ideas for change were formatted into a “Blueprint for the Future” and included issues surrounding the promotion criteria within the range of academic tracks and the need for improved infrastructure support within the institution. Outcome measures are being collected for each local intervention and will be shared with the Dean, the Chairs, and TF members and faculty of the intervention departments.

**Conclusions:** Interventions proposed by the 13 department Task Forces were specific to their “local” environment, and are currently being implemented. Local environments in academic medicine can be quite unique given specialty specific challenges, reimbursement issues, and leadership, among other factors. The department TF approach encourages change at this important level, capitalizing on the creative problem-solving talent of faculty in that environment. Recommendations are innovative and ambitious while tied to measurable outcomes being tracked over time. The larger institutional issues that have emerged will be addressed in the next phase of the trial and will complete the 3-tiered approach to institutional change. The TF interventions have significant potential to drive culture change to improve the success of all faculty at Penn. This model of a multi-leveled approach to change, if successful, could be implemented at other academic medical centers.